

# Appeal 2006-2007



International Federation  
of Red Cross and Red Crescent Societies

## CENTRAL EUROPE

Appeal no. MAA66001

Appeal total: CHF 3,924,945 [<click here for budget summary>](#)

National society homepage s: [<Bulgaria>](#) [<Croatia>](#) [<Poland>](#)

C.Europe National society profiles: [<click here>](#)

Secretariat 2+2 support strategy: [<click here>](#)

For more on Europe (inc Bosnia & Herzegovina and Serbia & Montenegro/Kosovo appeals, news articles etc): [<click here>](#)

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Secretariat Programmes	2006 budget (CHF)	2007 budget (CHF)	2006-2007 Total (CHF)
Health and care	427,000	363,000	790,000
Disaster management	451,000	423,000	874,000
Humanitarian values	119,000	119,000	238,000
Organisational development	1,123,000	630,000	1,753,000
Implementation & coordination	221,000	49,000	270,000
<b>Total</b>	<b>2,341,000</b>	<b>1,584,000</b>	<b>3,925,000</b>

### Regional context

Humanitarian assistance continues to be needed in the Central Europe region for a number of reasons: socio-economic, the risk of health and natural disasters, as well as due to the post conflict context. Continuing economic, social and health sector reforms are a common characteristic of ongoing state-led processes in the countries of South Central Europe. These reforms have had an impact on the most vulnerable groups in society, whose access to health and care networks is diminishing as a result of privatisation and cost-cutting measures. Against this background, new vulnerabilities are emerging in the region including old and new health problems such as tuberculosis, and HIV/AIDS and drug and other substance abuse especially among young people. Without investment in prevention at this stage, these new health problems could easily develop into larger scale disasters. The impact of natural disasters

in the region is growing on an annual basis. Flooding has become an annual emergency and one, which cannot be predicted in geographical terms. National disaster preparedness planning and preparations on a state and municipal level is still limited in some countries, leaving many communities vulnerable to such disasters. The region is also vulnerable to earthquakes, landslides, and forest fires in the heat of the summer. Man-made hazards include soil contamination from abandoned mines and factories, poisoning the living environment for already marginalized groups with a restricted choice of where they can live. Industrial leaks into rivers can also threaten water sources and livelihoods. Following an initial emphasis on operations issuing from the conflict in the Balkans, the Regional Delegation has shifted its focus from relief to capacity building work with National Societies. The more stabilised situation in the Balkans has recently allowed the Federation to reduce its presence at the country level, having the RD coordinate support in response to NS demands. Although tensions have eased, there continue to be some sensitive areas and issues, which require close monitoring and contingency planning.



**HIV/AIDS is one of the priorities of RC work in the region.**

National Societies in the region have long histories – some celebrating more than 100 years as key humanitarian actors in their countries. Before the turbulent decade of the nineties, many national societies had also played major roles as donor national societies internationally. This is a role they continue to play, albeit to a lesser degree than in their past. The past decade and a half has seen the societies adjusting to changes in the political system, from a centralized one where they tended to be part of the state system, often as implementing agencies of the Ministry of Health with full funding, to a system where they have become more independent, but as a consequence often lost financial support from the authorities. This has left them struggling with heavy and expensive structures and traditional programmes which are difficult to fund while new important needs are emerging, requiring from them new skills and approaches both regarding financing and managing their activities and their relations with the authorities. The national societies of the Balkans face the additional difficulty of reconciling their structures in a post conflict situation. Against these challenges the national societies have built their capacities, as well as staff and volunteer skills and experience and have developed internationally recognized profiles as leaders in specific fields from harm reduction to disaster management, and from tackling discrimination and integration issues to working with marginalized communities.

Since its establishment some 12 years ago the Regional Delegation in Budapest has shifted its focus from relief in the Balkans to capacity building work with National Societies. Its current role and tasks closely resemble the list of membership services included in the proposal for redefined core functions of the Secretariat. The RD now focuses on general organisational advice, technical programme guidance in disaster management and health and care, training of staff and volunteers, assistance in disaster response, and facilitation in regional cooperation and networking. In order to consolidate achievements in programme areas, more emphasis has been placed over the last three years on strategic planning, organisational development, particularly governance and management, statutes, financial management and fund-raising. The RD has been supporting national societies in developing partnerships to access funding directly to the national societies not just through the Federation. Key partners in the health and care area are the Ministries of Health, national blood collection, TB and HIV/AIDS institutes, as well as the Global Fund to fight AIDS, TB and Malaria. These partnerships are enabling national society initiatives to contribute to national poverty reduction strategies, in turn feeding into the Millennium Development Goals. Other key partners include the People living with HIV/AIDS network (PLWHA), Global Network on People Living with HIV/AIDS (GNP+). Partnership with WHO, United Nations Office on Drugs and Crime (UNODC), International Organisation of Migration (IOM) are a potential source of expertise and resource exchange. In Disaster Management key partners are national civil protection bodies and government ministries, as well as the Stability Pact Disaster Preparedness and Prevention Initiative (DPPI), in which the countries of south east Europe committed themselves to make a determined effort to create conditions for peace, stability and prosperity the region. Working at a national and/or municipal level, UNDP is a partner in promoting community based disaster preparedness and response

## **Federation Secretariat support to Central Europe region**

The vision presented in the Strategy 2006-2009 is the following: The Regional Delegation (RD) in Budapest will act as a resource centre in areas defined by its proven competence and by demand from National Societies, providing tailor made services to those NS requesting them. It will offer membership services in the areas of organisational development and capacity building, in participatory approach to community programming, advocacy for new vulnerabilities, and a regional approach to disaster response. To do this it will use staff from the RD and country delegations and offices and from its human resources pool of experts. Regarding the geographical coverage and the respective resources required, several options exist depending on the decisions to be taken concerning decentralisation: The Budapest RD could be converted into a Regional Centre for Europe, to a centre covering Western and Central Europe, or continue as currently covering the countries of South Central Europe plus Latvia and Poland, and connected to a larger centre elsewhere. Furthermore, in view of the politically uncertain developments in the Balkans it is foreseen that a Federation presence in Belgrade, Pristina and Sarajevo will continue, complemented by services from the RD.

This four year vision builds on the work of the Regional Delegation over the past 12 years, reflecting the shift from relief to capacity building, the humanitarian context, the current funding possibilities as well as the evolving geopolitical panorama. Still more countries are lined up for accession to the EU: Bulgaria and Romania have their sights set for an 2007 accession, Croatia has been conditionally put on the list, while the rest of the Balkans are also planning their future within the EU and streamlining their legislation accordingly. It takes the vision of the previous Regional Strategy for Central Europe 2004-6 – which focused on the increasing coordination role of the RD in identifying and mobilising specific resources, consultants and guidance at the request of national societies – a logical step further.

The two year plan presented here is built on the priorities expressed by the National Societies of the larger Central Europe region (including the new EU NS), which have focused on organisational issues: governance and management, statutes, and finance and resource development; as well as to promote knowledge sharing, networking and partnerships in technical programme areas. At the same time as assuring continued tailored technical programme support, organisational development advice and other membership services to National Societies in the region, the plan also provides for further developing the Regional Delegation's role as a centre of expertise. These key roles will be supported by increased regional resource mobilisation – whereby the needed expertise can be provided to the requesting National Society on a short term basis and coordinated by the RD. The issue of the longer term Federation structure in the region will continue to evolve within the strategic four year vision.

## **Support to national societies**

### **Health and care**

Since 2001 the regional Health and Care programme has been supporting NSs in Central Europe in the field of Health and Care, contributing to building their capacity to promote the health and well being of vulnerable individuals and communities. During this period the NS have shown their competence and commitment, even with limited financial and human resources, in prioritising and dealing with health and care issues, and as key partners for governments in delivering on the Millennium Development Goals relating to health.

Against an unstable socio-economic environment and with the appearance and spread of diseases and conditions that are relatively new in the region, the achievements of the recent past need to be consolidated in order to create an adequate RC response in the region. In many health and care fields NS have poor cooperation with government agencies and local NGOs. Community involvement is still limited and volunteer management has not been comprehensively developed. Partnership building, community based programming, strategic planning and volunteer management will be priority capacity building areas over the coming four years cutting across the following technical areas: the prevention of the spread of HIV/AIDS and TB, First aid and blood donation activities and child survival projects.

In a region that has a growing incidence of HIV and TB, NS are working together with other stakeholders, creating a comprehensive response to the needs in the country. Most NS work as partners of the government in implementing the Global Fund (GF) to fight HIV, TB and Malaria projects in those countries, which have been approved. In the area of HIV/AIDS prevention, projects are targeting prevention of sexually risky behavior among different target groups, principally working with youth, The RD is promoting Federation guidelines in HIV/AIDS/STD preventative projects and in the coming years will assist NS in identifying the most vulnerable groups (youth, CSW?, victims of

trafficking) through community based approaches and more effective involvement of people living with HIV/AIDS (PLWHA).

In cooperation with the Villa Maraini foundation of the Italian RC, the Bulgarian, Croatian RC and Macedonian RC are involved in Harm reduction (HR) programmes and have received training. The Croatian RC was the first in the region to develop HR activities and continue to do so in cooperation with their government and supported by the GF. In Bulgaria and Macedonia project started in 2005 with HR activities working directly with intravenous drug users (IDU) and raising awareness in the respective countries about the importance of HR in the battle against HIV/AIDS. The RD continues to support NS in implementation of HIV related HR programs in coordination with the Secretariat and the Italian RC.

In the area of TB, NS are engaged in supporting TB patients to complete treatment providing incentives in Romania and Serbia. Due to the very high incidence of MDR-TB, the Romanian RC is implementing a prevention campaign. In 2004 the Macedonian RC used a community-based approach to mobilize TB affected persons to improve their situation. In 2006-07, the RD will assist and support development of NS strategic plans related to TB, and projects focusing on patient treatment compliance and awareness raising among vulnerable groups.

One of the most important activities of the NS in the Central Europe is awareness-raising against stigma and discrimination surrounding PLWHA and TB affected families. In 2005 campaigns were launched marking World TB Day, 8<sup>th</sup> of May, World AIDS Day and national events. The Federation will promote bigger and better involvement of HIV and TB affected persons in campaigns with the goal of reducing stigma and discrimination present in communities. All NS are members of ERNA, and the RD will continue to encourage NS to take an active role in the work and future development of ERNA, as a forum to develop excellence through experience and information exchange.

Child survival projects to decrease mortality rates for under fives and health education for females of a reproductive age have been developed in Albania and Kosovo, including a large number of trained volunteers who are community representatives, working directly in the most affected regions.

The RD will continue to promote an integrated approach to health and disaster management (DM) activities focusing on reducing community vulnerability to the effects of emergencies and disasters through community based First Aid (FA) programmes and increased involvement of health staff and volunteers in DM trainings. Commercial FA is developing in all countries and NS are usually the only agencies implementing first aid for drivers. The Bulgarian and Romanian RC are taking an active part in road safety campaigns.

Limited financial support has been available over the last few years to promote the further development of voluntary non-remunerated blood donation (VNRBD), although this is an area where NS continue to grow in competence and have been traditionally involved. During 2005, the RC of Macedonia, Albania and Kosovo met to exchange experience and further develop VNRBD. NS have presented an interest to have common meetings on regional level related to the issue. The RD will support the promotion of safe blood supplies through information sharing about the risks with regular blood donors.

In the light of the new cooperation agreement between the Federation and WHO, the RD will assist NS in improved cooperation with WHO in the field of HIV/AIDS/TB, health in emergencies and blood donation.

Psychological support is a relatively new programme in the region and is in the process of being introduced in the Macedonian, Croatian and Bulgarian NS. The RD encourages the inclusion of psychological support elements when working with vulnerable groups.

A new challenge for the NS in the region is how to tackle the issue of trafficking in human beings when planning and implementing health and care activities and developing specific strategies to include this emerging vulnerable group (in HIV/AIDS, Drug Prevention, Social Welfare, Psychological Support). The victims and family members of trafficking face considerable health and social risks. The Bulgarian and Croatian RC have already started to implement activities (e.g. information campaigns in schools) in response to trafficking.

NS are traditionally involved in different care activities, depending on the specific needs in each country: the RC of Serbia & Montenegro, Bulgaria and Bosnia & Herzegovina & H RC are very active in home care, with specific activities to support the elderly and socially vulnerable.

The RD strategy for capacity building in health/care is to support expertise exchange amongst NS, providing a forum for experience, knowledge and skills exchange, international representation and financing small scale projects. Emphasis will be put on supporting NS in planning and strategy development, with clear goals and priorities.

**Goal:** Health and Care situation in the region is further improved [<click here for logframe>](#)

**Objective:** National Society Health and Care programmes are well functioning in identifying and responding to the needs in the country

**Expected results:**

- 1: NS have increased skills and knowledge to work on prevention of HIV/AIDS among groups vulnerable to HIV in CE region.
2. NS have access to skills, experience and knowledge to contribute to TB control in the relevant countries through promotion and support of DOTS
3. The capacity of NS to reduce the vulnerability of communities to emergencies and disasters has been increased
4. NS have increased cooperation on safety of blood supplies in the region
5. NS consider PS as an integrated part of their Health and Care programs
6. NS have increased capacity for strategic planning and partnerships development to contribute to Health and Care control in the country

**Disaster management**

The impact of natural disasters in the region is growing on an annual basis. Flooding has become an annual emergency and one, which cannot be predicted in geographical terms. National disaster preparedness planning and preparations on a state and municipal level is still limited in some countries and therefore local populations will continue to be affected until dykes, dams, river protection and drainage systems are established and/or maintained in proper repair. More than half of the counties in Romania were flooded in July 2005, following previous waves in April-June affecting Bosnia & Herzegovina, Bulgaria, Romania and Serbia & Montenegro. The winter 2004/5 saw heavy snow storms cutting off isolated communities in Albania, Bosnia & Herzegovina and Serbia & Montenegro. The region is also vulnerable to earthquakes, landslides, and forest fires in the heat of the summer. Man-made hazards include soil contamination from abandoned mines and factories, poisoning the living environment for already marginalized groups with a restricted choice of where they can live. Industrial leaks into rivers can also threaten water sources and livelihoods.

An important element of the disaster management programme is to ensure that national societies are recognised by their governments in national disaster and contingency planning, and to broker partnerships with other agencies. The Federation's involvement in the Stability Pact Disaster Preparedness and Prevention Initiative (DPPI) is one way of supporting this. In the immediate aftermath of the cessation of hostilities in Kosovo, the international community and the countries of South-East Europe committed themselves to make a determined effort to create conditions for peace, stability and prosperity in this region. In March 2000 the Stability Pact launched the Disaster Preparedness and Prevention Initiative (DPPI), to offer a framework for regional co-operation by pulling together ongoing activities and identifying unmet needs which lend themselves to regional co-operation either in training or response. Although the Stability Pact's DPPI is aimed at the respective governments, the Federation was invited to take part in the process and the regional delegation in Budapest is representing the Federation in DPPI since the start of 2000. All national societies in the region are engaged in ongoing discussions with their respective governments regarding the future role of the Red Cross in national disaster management plans.

One part of regional disaster management planning since 2001 has been the setting up of a regional disaster response team (RDRT). Following a first basic training in 2002, two more basic training courses have been held (2003 and 2005) as well as one refresher course. Today there are over 50 people on the regional roster, who form the back bone of the region's emergency response capacity. The 2005 spring/summer floods saw over 10 persons from the roster active regionally or in their own countries. No further basic training is planned for 2006/7 but simulation exercises for those already trained will be held to test the team. Exchange is already taking place with other RDRTs in the wider Europe region. Over 15 of those already trained come from the governmental sector supported by the Stability Pact Disaster Preparedness and Prevention Initiative (DPPI).

The regional approach to disaster management has focused on establishing a learning environment for national societies through networks. Closer collaboration with the regional health & care programme and participatory community development programme is planned to ensure an integration of knowledge, expertise, learning and advocacy issues between programmes. Common assessment and project development methodologies (for example: participatory community development (PCD), vulnerability and capacity assessment, psychological support) as well as advocacy concerns regarding trafficking are shared between DM and health and care programmes. Psychological support is one area, where ensuring integration in national society health and care and DM programmes, may ensure a critical life line for the victims of one of the 'newest' disasters.

One priority for the Federation is to promote community values of safety and responsibility among youth, communities, business and political leaders. Knowing what to do in an emergency demands preparation, but knowing what capacity we have as a community to meet an emergency can bolster confidence and can be life-saving in itself. Vulnerability and Capacity Assessment (VCA) is one way of taking a community based approach within disaster management, and helps local communities look at what emergencies they could face and challenges accepted perceptions of vulnerability. Building on commonalities between VCA and PCD methodologies further community based planning and training will be supported in 2006/7.

An important issue for the regional delegation is to support the national societies in creating a Disaster Preparedness plan as mentioned above. It is equally important that the regional delegation develops a regional disaster management plan – based on regional needs, opportunities, threats and resources outlining the specific roles and responsibilities of national societies and the regional delegation and how they coordinate their activities. In addition, it is also important that disaster response mechanisms are continuously updated at the regional delegation enabling it to be ready for prompt action.

**Goal:** The efficiency and effectiveness of national societies in their response to national natural or man-made disasters is increased. [<click here for logframe>](#)

**Objective:** Disaster response capacity of national societies is strengthened through the development of disaster preparedness plans and a regional disaster management strategy, including a contingency plan and regional cooperation.

**Expected Results:**

1. By the end of 2006, all national societies in the region have updated their disaster preparedness plans, including contingency plans, within their respective national contexts.
2. By the end of 2006, the regional disaster management/contingency plan – based on regional threats, needs, opportunities, and resources shown in the computerised regional database, outlining the specific roles and responsibilities of national societies – is in place. In addition, disaster response mechanisms are continuously updated at the RD.
3. Close cooperation with the regional health and care, PCD, organisational development programmes and ICRC continue to improve the quality of disaster management planning within the region and national societies by the end of 2007.
4. By the end of 2006 the Regional Delegation based on a community-based approach will have established a network of trainers in the region to support the use of VCA and PCD methodologies in the NS throughout 2007.
5. The regional disaster management programme is throughout 2006 and 2007 supporting the NSs in developing the communities' capacity to mitigate the impact of natural and man-made disasters when they occur.
6. By the end of 2006 Regional Disaster Response Team is consolidated, with clear roles and responsibilities, equipped and prepared to respond efficiently in case of disaster. Simulations for all Regional disaster response team (RDRT) members have been organised in 2006 and 2007. Basic equipment for RDRT has been purchased.
7. The regional disaster management programme is throughout 2006 and 2007 providing continued support to national societies in their work with the Stability Pact DPPI.
8. Throughout 2006 the regional disaster management programme will support the NS in establishing contacts with relevant programmes within the EU.

### **Organizational development**

Each national society develops in a specific context and capacity building needs and expectations can vary dramatically from national society to national society. Strategic and programme planning, financial management, resource development and legal and statutory issues have been some of the key areas of support in recent years. One of the major lessons learnt over this time has been the limited effectiveness of introducing elements of organisational or resource development outside a planned and comprehensive change process. In the absence of strong commitment from governance and management leaders, and without a clear legal basis in NS statutes, clarifying governance and management roles and responsibilities and key organisational questions, any organisational or resource development intervention will have a limited impact, and may only serve to further entrench obstacles to organisational change and development. Three comprehensive change processes have been supported in the Latvian, Polish and Romanian RC over the past three years. Consultancy coordination and coaching support will continue for these national societies as a logical continuation of these processes. The key issues to be addressed are strategic and programme planning, resource development, communications, branch/headquarters relationships and PR as well as human resource issues, including volunteers.

Where national societies have expressed a need for capacity building assistance outside of a comprehensive change process, the regional delegation has taken care to ensure that this support is clearly integrated with programme development in the national society. This will continue in 2006, with a focus on volunteer management, resource development, strategic planning as well as internal and external communication issues.

Programme sustainability - in terms of financial and human resources - remains a key concern of most Societies. One of major constraints has been sustainability of Red Cross network and programmes. In the recent past focus of international donors within and outside the Red Cross Movement shifted to other regions and newly arisen crisis. In view of this fact and slower than expected economic growth, National Societies are in a difficult position to adjust to new circumstances. In some countries in-country development funding is still widely available (Albania, Macedonia, Bosnia and Herzegovina and Serbia and Montenegro). European Union funding under the CARDS, PHARE and EAR funding schemes will continue to be available for the foreseeable future, but the capacity of National Societies to tap into this funding is limited. Some partnerships have been established on a country basis with other organizations, governmental agencies and international NGO's (UNDP, Swiss Development Agency, etc).

Financial management and financial resources development are clearly essential elements of any change process, but have limited impact when implemented as independent elements. The regional delegation promotes transparency and accountability in financial management as preconditions for resource development and successful fundraising. Winning the confidence of the public as well as other donors is of crucial importance to national societies in an increasingly competitive civil society sector. More National Societies are now regularly conducting external audit as a tool to gain public trust. Some Societies are even publishing (or posting on the web-page) external audit reports. In view of the requirements of EU calls for proposals this new practice can be possibly helpful in National Societies efforts to tap EU funding.

The Regional Delegation will continue to support National Societies fundraisers to upgrade their skills through externally organized training opportunities (Skillshare fundraising conference and training organized by Civil Society Development Foundation Budapest). The NS also will also be supported in accessing new funding sources – in part through the status of Bulgaria and Romania as 2<sup>nd</sup> wave accession countries to the EU. All Societies will be regularly informed about different funding opportunities under different EU funding schemes (CARDS, PHARE, EAR, etc.). Programme integration and development skills will be encouraged by working closely with national society colleagues in the development of programme proposals to new funding sources.

The approach to OD support will be increasingly based on the regional roster, with the RD coordinating the mobilisation of experts and key resources persons from the region and beyond for short term interventions on the request of national societies. In addition the RD will develop its expertise in community development tools and approaches.

**Goal:** Well functioning NSs working efficiently and effectively to improve lives of vulnerable people.

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**Objective:** Stronger and responsive NS's with good image, finance management, planning, sustainable programmes, appropriate structure and people.

**Expected Results:**

1. NS governance and management have improved skills to lead and contribute to achieving the Characteristics of Well functioning National Society.
2. NSs have a strategy and income plan leading to financial sustainability of programmes.
3. National Societies have appropriate human resource structures, policy and management for both staff and volunteers.
4. RD continues to provide support and consultancy to Polish RC in ongoing change process.
5. RD continues to provide support and consultancy to Latvian RC in ongoing change process.
6. Community based package has been developed and is supporting NS programme development.

**Participatory Community Development Programme**

The Participatory Community Development (PCD) programme focuses on empowering local vulnerable communities and raising their capacities to identify and address existing vulnerabilities through participation and community action. It is based on Participatory Rapid Appraisal (PRA) and other participatory approaches and it is being used by the Red Cross branches in the Central Europe region as a tool to empower communities to identify common problems and search for solutions, mainly in the social and health sector. The PCD programme in CE region is one example of the Red Cross response to global challenges such as extreme poverty, social exclusion and discrimination of marginalized groups on a local community level, promoting equal participation of all community members in their development.

PCD has been running in the region since 2000 with various community based micro-projects developed, following a preparatory process with vulnerable people in their communities to identify and prioritize the needs and to find possible solutions. The Hungarian, Bulgarian, Macedonian, Polish, Romanian RC and Red Cross of Serbia & Montenegro including Kosovo have all implemented PCD.

Target groups include vulnerable and socially marginalised communities such as people exposed to extreme poverty and discrimination (Roma people), forced migrants, refugees, internally displaced persons (IDPs), vulnerable minorities, disabled persons, youth at risk of human trafficking, elderly living in remote and isolated areas.

According to UNDP's survey conducted in 10 countries in Central Europe (released in February 2005), five more Roma live below the poverty line than do the majority populations surveyed in Bulgaria and Serbia; three times more in Macedonia and Romania. In Romania, 7 out of 10 Roma do not have access to running water, while 8 out of 10 Roma cannot afford essential prescription drugs. In Kosovo, only 1 out of 10 Roma aged 12 and above has finished primary school. In all other surveyed countries, fewer than 2 out of 10 Roma have completed primary education. The marginalized situation usually physically segregates the community and also defines the style of their daily life in which their opportunities are limited (employment, education, access to services, etc.). Using a participatory approach, the Red Cross facilitates the use of local resources and opportunities to improve their life situation, since the solutions identified by the community itself are more likely to have an impact and to be sustainable than those imposed by someone else.

Micro-projects implemented jointly by the communities and the Red Cross volunteers as result of the PCD process range from building community centres for vulnerable people in the community to developing 'first aid families' who can provide first aid in remote areas. These micro-projects present only a first step towards more actions to come. In many of the communities other problems were solved during the PCD process, using the links established between the local communities and relevant institutions and local donors. Local action/development plans have been in many cases influenced by the results of the PCD process. In the village of Mramoren in Bulgaria the micro-projects focused on the kindergarten and the park, but in addition, the problems of lights in the village, phone connections, renovating the old church, repairing the roads, etc. were also solved as a result of the relationships developed during the process.

One of the strongest elements of the PCD is the participation of the most vulnerable community members in the whole process, including the decision making, implementation of the micro-project and its monitoring and evaluation, which all have a strong empowering impact.

As a result of the implemented projects and knowledge of the methodology and participatory needs assessment process, National Societies have increased their capacity to identify existing vulnerabilities and to work with vulnerable people. Some of the recognised advantages and benefits of the programme are the increase in branch volunteer numbers, particularly young people, and the establishment of new branches, new partnerships and new funding opportunities.

In addition the NS and RD have developed an expertise in the area, which is now recognized beyond the region. A regional PCD resource team has been established and acts as a pool of experts available for other NSs who would like to apply the PCD methodology. A PCD package including the tool kit, manual, booklets and leaflets has been produced in order to assist current and future PCD programme implementation. PCD as a method of working with vulnerable communities contributes to other Red Cross programmes and raises RC visibility and trust by community members and partners.

The future of the PCD programme will focus on sharing the skills and good practices with more vulnerable and disadvantaged communities in the region in order to empower them and facilitate their way out of poverty and marginalisation. Community based approaches to programming will also be at the heart of the RD's strategic vision for 2006-9, with plans to develop complementary training modules to offer to interested NS from the region and beyond including EU NS. The programme is based on the concept of working "with" rather than "for" local vulnerable communities.

**Goal:** Local vulnerable communities are empowered and they have capacity to cope with the challenges of vulnerability and its root causes through participation and community action. [<click here for logframe>](#)

**Objective:** NS in the region are working with the local vulnerable communities in participatory way aiming at reducing vulnerability and strengthening the process of social integration of marginalized groups

### **Expected Results**

1. PCD programme is implemented in at least 5 NS the region by the end of 2007: for the benefit of people exposed to poverty and discrimination, forced migrants, vulnerable minorities and other marginalised groups within local communities
2. Vulnerable people are empowered and encouraged to advocate for themselves through the PCD programme cycle
3. Red Cross reinforces its advocacy role for the benefit of vulnerable and socially marginalised groups such as Roma people, people exposed to poverty, disabled persons, other minorities, persons living with HIV/AIDS, victims of human trafficking
4. PCD resource team in the CE region is established and functional.
5. PCD package created at the RD is being used by NS within and outside the region in developing their community-based programmes.
6. By the end of 2007, participatory community based approach is integrated with health and care, DM activities in order to meet humanitarian needs and promote wellbeing of the most vulnerable individuals and communities

### **Population Movement Programme Croatia – Community Mobilisation**

Poor social and economic conditions, and a lack of job opportunities in return areas in Croatia remain a powerful obstacle to the sustainable return of large number of refugees still in Serbia & Montenegro (S&M) and Bosnia & Herzegovina. According to UNHCR, there are still some 180.000 refugees from Croatia in S&M and 19.000 in B&H. The number of minority returns to Croatia during the 2004 registered by the government was 7.295.

The Croatian Red Cross (CRC) provides assistance to the beneficiaries in return areas through its well-developed network of local branches, outreach mobile teams and trained volunteers experienced in working with the local communities affected by war and consequently, displacement. Five local RC branches (LRC) in return areas in

Croatia are implementing the Community Mobilisation programme: Novska, Dvor, Donji Lapac, Benkovac and Topusko.

Through programme development over the last three years, LRC branches established various community activities for children, youth or elderly people, and have implemented community mobilisation projects aimed at assisting returnees in building up their lives back in their places of origin after several years of displacement (such as distribution of livestock, agricultural tools, seeds, cleaning the water-wells, organizing various social and educational activities, vocational trainings, providing expertise and advice to returnees, enabling exchange of audio-visual messages/information sharing with refugees still in S&M, etc.)

Projects were designed and monitored by the local Committees established within the LRC branch, consisting of representatives of the local community, RC volunteers (of a different ethnic background), non-governmental organizations and returnees themselves.

This programme has been very well received by the beneficiaries, due to its emphasized "participatory" and community-based components. Returnees and other vulnerable beneficiaries are encouraged to take initiative in assessing their needs and searching for possible solutions, also beyond the scope of this programme. Facilitating the contacts and information flow between the beneficiaries and the relevant authorities, IOs and NGOs, CRC strived to ensure the inclusion of the beneficiaries in local development and reintegration projects.

Through this programme, local RC branches have facilitated communication and rebuilt confidence among different ethnic, religious, age and other groups within their community. Ten years after the war ended, there is still a long way ahead in repairing not only the economy in return areas but moreover, psychological and social damages within the community, a lack of trust and tolerance, and the Red Cross is very well placed to play an important role in this process.

There is still a need to seek support from the international community in the process since the return areas in Croatia are not yet able to sustain return/reintegration programmes themselves and the government's support is not sufficient to fulfil the requirements for sustainable return.

**Goal:** Croatian Red Cross is effectively working with the multiethnic communities in the areas of return in Croatia in order to reduce vulnerability and strengthen the process of social integration of returnees and other vulnerable persons. [<click here for logframe>](#)

**Objective:** Multiethnic local communities within the return areas in Croatia have increased their capacities to integrate the most vulnerable returnee families and to ensure basic conditions for sustainable return.

#### **Expected Results:**

1. Returnees and other vulnerable persons benefit from the small community mobilisation projects tailored to the needs of the community through participatory engagement in 5 local Red Cross branches in return area.
2. Inter-ethnic social activities are taking place within the 5 local Red Cross branches, promoting RC Principles and reconciliation and thus facilitating social inclusion of returnees and other vulnerable persons.
3. Referral system with the grassroots information volunteers and mobile teams further developed

#### **Humanitarian values**

Since 2003, the appeal for Central Europe has not had a separate programme section on fundamental principles and humanitarian values. Activities to promote humanitarian values have been included primarily in the health and care programme focusing on anti-stigma and discrimination campaigns attached to HIV/AIDS and TB, as well as through the Participatory Community Development (PCD) programme working with marginalized communities such as Roma and in producing *The Bridge* magazine. In 2006 the RD is reintroducing a separate programme section on humanitarian values, to re-energize discussion of, and a proactive response to, the issue of promoting humanitarian values and principles and working against discriminatory practices both within the Red Cross itself and when working with communities. Although there will be no additional permanent staff resources to support this programme, all RD programme coordinators will be supporting their NS counterparts to include Promoting Humanitarian Values (PHV) components in all technical training, and ensuring access to the latest tools and presentations. A PHV module will be developed within the community based tools project, building on the work of

the PCD programme and to be offered as part of the planned training package for community based approaches to NS within the region and beyond.

The RD will draw on the regional roster for any specific activities, which require additional PHV expertise. This includes mobilizing key speakers to attend regional meetings and conferences to promote the Red Cross as the humanitarian voice in the region – and to speak out on issues of vulnerability and against discrimination, stigma and marginalization. This concept is at the heart of the regional strategic vision 2006-9.

One promotional vehicle to be used in this field is *The Bridge* magazine, which has developed a pan European nature over the last year. Following a cross regional issue on the RC response to the victims of human trafficking launched in spring 2005, a second issue at the end of 2005 is to focus on health. Two issues per year are planned for 2006-7 and will reflect prevalent humanitarian challenges, to prompt debate and action and to challenge conventional thinking in the humanitarian arena. *The Bridge* will be managed on a consultancy basis with an editor and project coordinator working on a project basis.

The RD will continue to support NS in implementing anti-stigma and discrimination campaigns to support those living with HIV/AIDS and TB. These activities fall under the budget of the regional health and care programme.

Over the past two years the RD has been promoting debate on the RC response in the region to human trafficking, albeit at a limited level. One issue of *The Bridge* magazine was devoted to this subject. As an extension of this, in 2006-7, the RD will support NS to position themselves in response to human trafficking, cooperating, and coordinating this work, with the Danish RC-based facilitator of the European Red Cross/Red Crescent Cooperation in Response to Human Trafficking. The countries of Central Europe find themselves at the heart of the problem. Although statistics show a constant increase in the number of women trafficked into the EU coming from Central and Eastern Europe, the countries of the region are not just countries of origin but also transit and destination countries. Some NS in the region have already gained extensive experience working in this field (Bulgarian, Croatian RC) and others are beginning to develop new activities (Romanian RC, RC of Serbia & Montenegro). The RD will focus on raising awareness of the issue with NS not currently involved in working with this target group, and where interest is shown will support NS in planning activities, and in accessing funding. The potential for experience exchange in the region is high. Again, additional resources to support project developments here will be mobilized through the regional roster concept.

In promoting humanitarian values the RD will be looking at challenging behaviour both within the RC and in communities, to break discriminatory practices and to ensure that the work of the RC in the region is open to, and embraces, all communities and groups in any given country.

#### **Goal** [<click here for logframe>](#)

The human dignity of vulnerable communities and individuals in Central Europe is protected and respected.

#### **Objective**

The protection of, and respect for, the dignity of vulnerable and affected groups is embedded in all Ns programmes.

#### **Expected Results**

1. NS are recognized and respected as dialogue partners on national and regional vulnerability issues.
2. RD has supported NS to position themselves in response to human trafficking.
3. NS are implementing anti-stigma and discrimination campaigns to support those living with HIV/AIDS and TB.
4. NS programmes are planned and implemented with a community based approach to PHV – promoting tolerance, integration and respect within communities.
5. Two editions of *The Bridge* magazine are launched each year.

#### **Implementation and management**

At the heart of the Regional Delegation's vision for coordination, cooperation and partnership development over the next two years are two related concepts: those of the regional roster and regional resource centre.

The Regional Delegation in Budapest has been developing over the last years a unique human resource set up, based on the principles of the regional recruitment programme. From an essentially delegate-heavy delegation in the mid

90's, the Budapest office is now staffed principally by persons recruited from National Societies of the region. To further increase the Federation's capacity to support National Societies in the region, and to meet the expressed needs, even greater use of regional resources is envisaged. A Regional Resource Roster exists and will be further developed. In addition to those persons already identified or who have been deployed in the past, National Societies have been requested to provide further input to develop it. The roster is focusing on practitioners in key areas: people who have the experience and have been practically involved in implementing ideas in their area of expertise. Opportunities for personal and professional development will be provided for these practitioners to ensure up-to-date knowledge on Movement issues, and that professional and technical standards are maintained. The Regional Delegation already has the models for deployment to ensure that a specific expertise can be easily accessible to the National Societies in the region. This draws on the experience and deployment procedures of the Regional Disaster Response Team (RDRT).

The Regional Delegation (RD) in Budapest will act as a resource centre in areas defined by its proven competence and by demand from National Societies, providing tailor made services to those NS requesting them. It will offer membership services in the areas of organisational development and capacity building, in participatory approach to community programming, advocacy for new vulnerabilities through the *Bridge*, and a regional approach to disaster response. To do this it will use staff from the RD and country delegations and offices and from its Regional Resources Roster. A key area to support resource mobilisation is in strategic partnership development. Achievements to date will be followed up, looking in particular at how global agreements signed between the Federation and individual partners can best be adapted and implemented in the region.

As part of the membership services to be offered to NS is support to increase their active participation in Federation governing bodies, principally through ensuring information sharing and enabling forums for the discussion of key Federation governance-led processes. As the key statutory conference meeting for Europe, the RD will play a role in preparing for, participating at and following up on decisions from the Moscow Conference to be held in April 2006.

Opportunities will also be created for appropriate regional meetings for NS leadership – to discuss key governance and management issues, planning and funding in the region, and to promote learning opportunities.

**Goal:** [<click here for logframe>](#)

Individuals and communities mobilized to reduce vulnerability and to improve the quality of life for all.

**Objective:** Effective and efficient resource mobilisation and management in the region for maximum benefit to vulnerable communities and individuals.

**Expected Results:**

1. NS are receiving the requested expertise through experienced practitioners in a timely manner.
2. Movement cooperation between NS inside and outside the region is based on mutual understanding, agreement and respect for working culture.
3. Strategic partnerships with government, authorities, UN agencies, international organisations provide a basis for more effective resource management and mobilisation and benefit national society programmes.
4. NS in the region are actively participating in Federation governing bodies.

**For further information please contact:**

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- Federation Secretariat in Geneva: Erja Reinikainen, Regional Officer; email: [Erja.Reinikainen@ifrc.org](mailto:Erja.Reinikainen@ifrc.org); phone: +41 22 730 4319.

*This appeal seeks to fund programmes to be implemented in 2006 and 2007. These programmes are aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity":*

**Global Agenda Goals**

1. Reduce the numbers of deaths, injuries and impact from disasters.
2. Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

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

*4. Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.*

*The International Federation's is the world's largest humanitarian organization, and its millions of volunteers are active in over 183 countries. Our aim is to build safer communities, able to prevent and respond to human suffering in times of crises and distress, and where people work together to promote hope, dignity and equity. We work to support vulnerable communities through neutral, impartial, independent humanitarian action, in accordance with our Fundamental Principles and in line with the Red Cross Red Crescent Code of Conduct, the Humanitarian Charter and Minimum Standards in Disaster Response, and the SPHERE Project.*

# PROGRAMME BUDGETS SUMMARY

Appeal no: C.Europe MA6601

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	0	0	0	0	0	0	0
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	683,727	0	0	683,727
<b>SUPPLIES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>683,727</b>	<b>0</b>	<b>0</b>	<b>683,727</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	0	5,500	0	0	0	0	5,500
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
<b>LAND, VEHICLES &amp; EQUIPMEN</b>	<b>0</b>	<b>5,500</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,500</b>
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	0	34,030	0	8,520	3,930	0	46,480
<b>TRANSPORT &amp; STORAGE</b>	<b>0</b>	<b>34,030</b>	<b>0</b>	<b>8,520</b>	<b>3,930</b>	<b>0</b>	<b>46,480</b>
International Staff	0	36,300	0	35,040	117,600	0	188,940
Regionally Deployed Staff	107,400	172,200	0	207,400	11,700	0	498,699
National staff	28,800	99,600	0	28,800	6,000	0	163,200
National Society Staff	0	0	0	130,039	0	0	130,039
Consultants	0	0	95,000	60,000	0	0	155,000
<b>PERSONNEL</b>	<b>136,200</b>	<b>308,100</b>	<b>95,000</b>	<b>461,279</b>	<b>135,300</b>	<b>0</b>	<b>1,135,878</b>
Workshops & Training	411,506	356,000	18,000	277,751	66,500	0	1,129,756
<b>WORKSHOPS &amp; TRAINING</b>	<b>411,506</b>	<b>356,000</b>	<b>18,000</b>	<b>277,751</b>	<b>66,500</b>	<b>0</b>	<b>1,129,756</b>
Travel & related expenses	66,500	32,000	22,500	49,500	38,000	0	208,500
Information & Public Rela	99,740	0	87,000	78,118	2,000	0	266,857
Office Running Costs	0	24,000	0	20,025	0	0	44,025
Communication Costs	14,004	50,000	0	48,720	7,000	0	119,724
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	10,200	8,000	0	11,175	0	0	29,375
<b>GENERAL EXPENDITURE</b>	<b>190,444</b>	<b>114,000</b>	<b>109,500</b>	<b>207,538</b>	<b>47,000</b>	<b>0</b>	<b>668,481</b>
Asset Depreciation	0	0	0	0	0	0	0
<b>DEPRECIATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Contributions & Transfers	0	0	0	0	0	0	0
<b>CONTRIBUTIONS &amp; TRANSFERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme Support	51,315	56,841	15,468	113,928	17,569	0	255,121
<b>PROGRAMME SUPPORT</b>	<b>51,315</b>	<b>56,841</b>	<b>15,468</b>	<b>113,928</b>	<b>17,569</b>	<b>0</b>	<b>255,121</b>
<b>TOTAL BUDGET:</b>	<b>789,465</b>	<b>874,471</b>	<b>237,968</b>	<b>1,752,743</b>	<b>270,299</b>	<b>0</b>	<b>3,924,945</b>