

Annual report

 International Federation
of Red Cross and Red Crescent Societies

East Africa Sub-zone

Appeal No. MAA64003

29/04/2009

This report covers the period 01/01/2008 to 31/12/2008



Volunteers preparing for disinfection in Burundi. IFRC

In brief

Programme purpose:

During the year 2008 National Societies in the East Africa Sub-zone i.e. Burundi, Kenya, Rwanda, Tanzania and Uganda Red Cross Societies were able to respond to numerous and diverse humanitarian challenges faced by millions of people in the region. This was possible through the international support realised through the 2008-2009 appeal. Disaster response and management programmes as well as response to health epidemics took prominence. While responding to these challenges the National Societies strengthened their capacities to effectively and efficiently deliver quality services to the most vulnerable persons in their respective countries as well as actively promote respect for diversity and human dignity, while reducing intolerance, discrimination and social exclusion in their programming.

It will be noted that donor response to the 2008-2009 appeal during the year was quite low with some programmes such as the communications in Rwanda and Burundi receiving no funding at all. Despite low funding and the fact that some of the funds were received in the middle of the year, National Societies embarked on programme activities implementation earnestly while receiving technical support from the Zone technical departments in programme planning, monitoring and evaluation as well as reporting. Some programme activities such as those under the Global Alliance on HIV and AIDS in Tanzania have been postponed to 2009. The five National Societies successfully implemented the Lake Victoria Programme supported by Swedish RCS, with the Sub-zone office coordinating technical support.

Financial situation: The total budget is CHF 8,393,973 (USD 7,324,580 or EUR 5,562,686), of which 25 per cent covered. Expenditure overall was 76 per cent; this is attributed to delays in donor response for some programmes.

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

See also

Burundi, Uganda and Rwanda : Population Movement from DRC: MDR64004

Kenya: Floods: MDRKE003 and MDRKE007; Cholera: MDRKE005; Drought: MDRKE006

Tanzania: Floods: MDRTZ006; Technical Accident and Floods: MDRTZ007

Uganda: Population Movement from Kenya: MDRUG008; Hepatitis E Virus: MDRUG009; Epidemics:MDRUG010,Food Insecurity: MDRUG011

No. of people we help: The total number of people reached by the five NS has been articulated in the table below:

Table 1: Number of people reached by Burundi, Kenya, Rwanda, Tanzania and Uganda RC

Country	Programme/operation	Number of beneficiaries targeted/reached
Burundi	Disaster Management	<ul style="list-style-type: none"> • 210 houses built for returnees in Bugesera and Kirehe districts benefiting 567 persons • 19 disaster management volunteers from Kayanza district trained in safer access and camp management. Branch committee members from 15 Districts trained in Safer Access • 50 Red Cross section teachers and students trained and sensitized on disaster risk reduction • 200 households and volunteers equipped with disaster response tools
	Health and Care	<ul style="list-style-type: none"> • 450 Sanitation Platforms fabricated and distributed to households in Kayanza Province • 31 PLHIV exposed to income generating activities initiation • Five water sources renovated in three communes of Kayanza Province • 14 instructors and 78 volunteers trained in CBFA
	Organizational Development	<ul style="list-style-type: none"> • 8,666 most vulnerable persons received support from volunteers • 1,000 volunteers and 60 branch governance members exposed to the national volunteer policy
	Population movement from DRC	<ul style="list-style-type: none"> • Approximately 60,000 people
Kenya	Health and Care	<ul style="list-style-type: none"> • 16,411 community members reached with messages on ART uptake • 300 PLHIV, 218 orphaned and vulnerable children (OVC) and 1000 affected families (including IDPs) received psychosocial support • 1,000 people were reached with variety of IEC materials on HIV and AIDS • 24,000 condoms distributed to community members

		<ul style="list-style-type: none"> • 300 clients supported with food baskets • 60 CHW and 68 primary care givers trained in HBC • 1,720 households sensitised on hygiene promotion
	Cholera	<ul style="list-style-type: none"> • Approximately 330,000
	Drought	<ul style="list-style-type: none"> • Approximately 300,000
	Floods	<ul style="list-style-type: none"> • Approximately 300,000
Rwanda	Disaster Management	<ul style="list-style-type: none"> • 137 DM action team members trained on safer access and camp management targeting • 23 districts benefited from a distribution of nursery bed seedlings for planting • Risk maps set up in 27 districts
	Health and care	<ul style="list-style-type: none"> • 600 households of people living with HIV (PLHIV) benefited from condom distribution • 170 community peer educators and 40 Volunteers taken through a refresher course in home base care for PLHIV in four districts • 128 volunteers trained • 8,785 insecticide-treated mosquito nets (ITN) distributed • 2,510 people attended hygiene and sanitation training • blood donor recruitment sessions reached over 1500 persons and 1,259 blood units collected • 1,185 toilets built • 54 refuse pits dug • 900 sanitation platforms fabricated and distributed • 164 volunteers and 35 local leaders trained in PHAST approach
	Organizational development	<ul style="list-style-type: none"> • 30 District committees trained in management skills • 35 district committee members and 30 staff members trained in planning, monitoring, evaluation and reporting (PMER). • 28 headquarter staff members and district committees members facilitated to learn French and English • RRCS acquired seven desktop computers and one lap top and modems • 59 staff members and eight volunteers taken through refresher courses on the principles and values of the Red Cross Movement, monitoring and evaluation of programme activities and information technology
	Wind destruction	<ul style="list-style-type: none"> • Approximately 1,000 households (5,000 people).
	Floods	<ul style="list-style-type: none"> • Approximately 5,400 people
	Population movement from DRC	<ul style="list-style-type: none"> • Approximately 60,000 people
Tanzania	Organizational development	<ul style="list-style-type: none"> • 65 volunteers and branch disaster management committee members taken through refresher courses on the humanitarian principles and values, volunteering and branch development.
	Floods	<ul style="list-style-type: none"> • Approximately 5,000 people
	Technical accident and	<ul style="list-style-type: none"> • Approximately 1,500 people

	floods	
Uganda	Organizational development	<ul style="list-style-type: none"> • 8,851 members recruited • 3,200 youths reached through 320 dissemination sessions conducted in 19 branches. • Three regional offices equipped (three laptops, one printer and a photocopier)
	Population movement from Kenya	<ul style="list-style-type: none"> • 3,000 refugees supported with shelter, basic non-food relief items, and basic health care • 3,000 refugees provided with emergency latrines, bathing facilities and safe water
	Hepatitis E Virus	<ul style="list-style-type: none"> • Approximately 1,223 households
	Epidemics	<ul style="list-style-type: none"> • Approximately 425,095 people
	Food Insecurity	<ul style="list-style-type: none"> • Approximately 25,000 people (5,000 households)
	Population Movement from DRC	<ul style="list-style-type: none"> • Approximately 60,000 people

Our Partners: The East Africa Sub-zone countries are supported by ICRC, American, Finnish, French, German, British, Netherlands, Norwegian, Spanish, Swedish and Swiss Red Cross Societies. Other partners include Un OCHA and DFID. Details of the specific programmes supported per country are indicated in the table below:

Table 2: Partners of National Societies in the Sub-zone

Partner	Programme/Project	Country
International Committee of the Red Cross (ICRC)	Fundamental Principles and Humanitarian Values, disaster preparedness and disaster response in conflict-affected communities	Burundi, Kenya, Rwanda Tanzania and Uganda
American Red Cross	Health and capacity building	Kenya, Uganda and Tanzania
Finnish Red Cross	Capacity building (includes finance), disaster management and health.	Burundi, Rwanda, Kenya
French Red Cross	Disaster management (preparedness) and health	Burundi, Kenya and Tanzania
German Red Cross	Health, capacity building, disaster management and social Services	Burundi, Kenya, Uganda Tanzania and Rwanda
British Red Cross	Organizational development	Rwanda
Netherlands Red Cross	Health – HIV and AIDS	Kenya, Uganda
Norwegian Red Cross	Health, capacity building and organizational development.	Kenya, Burundi, Rwanda and Uganda
Spanish Red Cross	Health, capacity building and disaster management.	Burundi, Kenya, Rwanda and Tanzania
Swedish Red Cross	Disaster management, health, organizational development and capacity building.	Burundi, Kenya, Rwanda, Tanzania and Uganda
Swiss Red Cross	HIV and AIDS (Anti Retroviral Treatment)	Kenya
United Nations OCHA	Disaster early warning and preparedness	Tanzania
DFID	Disaster management and organizational development	Burundi and Rwanda

Context

At the beginning of 2008, post election violence erupted in Kenya resulting in loss of lives as well as mass destruction of property. Cropped farms were set ablaze, people displaced from their homes resulting in food shortages. This was made worse by the 2007 drought. Various parts of the country are facing severe food shortages. During the conflict, there was a massive increase in IDPs as well population movements across the border into Uganda.

Within the same year, heavy rains resulted in floods in Kenya, Tanzania and Uganda which led to the launch of minor emergency floods operation appeals in the three countries. These National Societies were largely involved in the emergency operations alongside implementation of other long-term development programmes.

Uganda was hard hit by a series of health emergencies/epidemics (Cholera and hepatitis E virus) and the Federation launched minor emergency epidemic operation appeals to assist the most vulnerable persons in the country. Kenya was also involved in a minor emergency response for cholera outbreaks in the western part.

Towards the end of the year, unsuccessful peace talks in the Democratic Republic of Congo and continued fighting in the North Kivu Province led to displacement of hundreds of thousands of people causing a mass influx of Congolese refugees from DRC into Uganda, Rwanda and Burundi. In response to this massive population movement into the three countries, the Federation on behalf of the National Societies launched a population movement emergency appeal.

Tanzania has been prone to a series of disasters such as droughts and floods with increasing frequency. According to Tanzania historical data, droughts occur in every four years and floods have affected the country 15 times in the past twenty years. The most frequent drought hit areas are central areas of Dodoma, Singida and some parts of Pwani, Shinyanga, Mwanza and Mara while flood prone regions are Tanga, Mbeya, Pwani, Morogoro, Arusha, Rukwa, Iringa, Kigoma and Lindi.

Rwanda is among the world's least developed countries, ranking 158 of 177 in the United Nations Development Programme's 2006 Human Development Index. Preventable diseases such as Malaria and HIV and AIDS are a major concern hampering the country's development with nearly two thirds of the population living below the poverty line. People of Rwanda continue facing daunting challenges compounded by rapid population growth and climatic shocks. Many do not have access to basic services such as health care, education, food and decent shelter. Recurring drought and floods destroy livelihoods and undermine local coping mechanisms. Food insecurity is growing into an endemic problem in eastern and southern provinces.

Burundi continues to face a number of humanitarian challenges mainly population movements, food insecurity, drought and flooding. Security in Burundi is improving by the day following the brokering of a peace agreement between all except one of the previously warring groups leading to elections and a new government being ushered in after decades of civil war. Towards the end of 2007, Tanzanian government decided to close all the Burundian refugee camps causing a returnee movement of the refugees into Burundi. According to the United Nations High Commission for Refugees (UNHCR), Burundian refugees in Tanzania were estimated at 149,000, with an extra 200,000 outside the camp boundaries.

Progress towards outcomes

BURUNDI RED CROSS SOCIETY (BRCS)

Disaster Management

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

Programme component 1: Disaster response

Outcome: IDPs and returnees are provided with adequate shelter, access to safe water and sanitation facilities to help them reintegrate into the society and recover their livelihoods.

Achievements

The establishment of local Red Cross units through the pilot project on mobilizing sustainable local capacity of Africa supported through the Capacity Building Fund has enabled local branches to respond to the needs of the most vulnerable. With minimal or no resources community members have assisted IDPs and returnees to reintegrate into the society and recover their livelihoods through construction and rehabilitation of houses, cultivation, food collection and distribution, fetching water, fabrication of sanplat flagstones as well as collecting fire wood. In this regard BRCS constructed 120 houses for returnees at the Bukora site in Kirehe district benefiting 567 persons and 90 houses at the Nemba site in Bugesera district. BRCS also rehabilitated the Gitasi water source in Ngozi province to reduce incidences of waterborne diseases such as dysentery through hygiene promotion.

Programme component 2: Disaster preparedness - community level

Outcome: Strengthened community awareness and preparedness for floods, drought and earthquake disasters in all provinces.

Achievements

With a network of local Red Cross units, BRCS branches are able to contribute to the national early warning system strengthening community awareness and preparedness. Through production and broadcasting of radio messages the BRCS DM department in collaboration with the Communication Department continues to strengthen community awareness and preparedness for disasters. Further to this BRCS acquired non-food items - 564 blankets and 33 bales of second-hand clothes for strategic stocks.

Programme component 3: Disaster Preparedness - institutional level

Outcomes

- BRCS staff understanding of DM increased
- BRCS technical capacity to manage logistics of emergency operations enhanced
- BRCS capacity to manage food security programmes strengthened
- BRCS capacity to manage partnerships with key DM and food security actors reinforced

Achievements

BRCS successfully trained a team of 19 disaster management volunteers in Kayonza district in Safer Access and camp management and branch committee members from 15 Districts in Safer Access. These trainings enhanced BRC technical capacity to manage logistics of emergency operations.

Through peer support, exchange visits between volunteers from different branches and between Burundi, Uganda and Comoros Red Cross Societies enhanced the technical capacity of BRCS

volunteers and staff to manage logistics of emergency operations, conducting VCA and better profiling the National Society through production of quality strategic promotion and visibility materials. The National Society held quarterly programme planning and evaluation meetings bringing together 12 disaster management focal persons, four provincial coordinators and eight assistant provincial coordinators. This ensured that their understanding of disaster management and response is increased through proper planning and programme monitoring and evaluation.

Programme component 4: Disaster risk reduction

Outcomes

- Vulnerability of target communities to food insecurity reduced
- Community ownership of risk reduction programmes strengthened

Achievements: Through the support of DFID the disaster management programme registered impressive achievement during the first half of the year. A total 25 Red Cross section teachers and 25 students from secondary schools in Bubanza and Rural Bujumbura provinces were trained and sensitized on disaster risk reduction in schools. In addition, three secondary schools in Bujumbura were taken through two training sessions on first aid. To better equip its volunteers in disaster response, disinfection tools for 200 households, chemicals and protective gear were purchased.

In order to reduce instances of food insecurity, the National Society initiated small-scale food security projects such as goat and pig-rearing to supplement family income, vegetable and fruit gardens around homesteads, small garden crops, availing water pumps for small-scale irrigation, supporting rice growers by providing simple cultivating machinery. To curb soil erosion communities were engaged in planting grass on bare land and protecting bare hills by planting fruit and agro-forestry trees. In Rural Bujumbura province 100,000 tree seedlings have been planted.

BRCS volunteers and staff from Ruyigi and Makamba branches were trained on disaster risk reduction and designed local disaster risk maps. Disaster risk reduction training manuals for volunteers and staff have also been produced.

Health and care

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

Programme component 1: HIV and AIDS and TB prevention, control and management

Outcomes

- Risk of HIV and AIDS transmission reduced among the target groups through peer education
- Health condition of people living with HIV and AIDS improved through home based care and support
- TB prevention, control and management strengthened

Achievements: BRCS organized anti-stigma sensitization campaigns in Kayanza Province reaching approximately 156 people. Two income generating activities initiation seminars were organized benefiting 31 PLHIV and 33 community members have been sensitized on provision of home based care to PLHIV.

Programme component 2. Reproductive health

Outcome: Increased access to reproductive health care for women

Achievements: BRCS health department engaged mothers in health education sessions to emphasize on the need for mothers to seek and access reproductive health care services within their areas of residence.

Programme component 3. Malaria

Outcomes

- Malaria prevalence rate reduced through community training and surveillance
- Morbidity and mortality of children under five reduced in intervention areas

Achievements: BRCS took part in the International Malaria Day celebrations 8 May 2008 where participants were sensitised on malaria prevention and treatment. Information education and communication (IEC) materials (T-shirts) to further sensitise the public were distributed.

Programme component 4. Sanitation

Outcomes

- Morbidity rate of diseases triggered by poor hygiene reduced
- Increased access to sanitation facilities

Achievements: During the period, the National Society's health and care programme, in a bid to increase community's access to sanitation facilities, fabricated 100 sanitation platforms flagstones and developed a series of educational images on the PHAST methodologies for use in trainings. A total of 33 PHAST manuals were produced and disseminated and 18 Trainers of Trainers have been trained. To further promote sanitation, 450 Sanitation Platforms were fabricated and distributed to households for use in Kayanza province and five water sources renovated in three communes of Kayanza province.

Programme component 5: Maternal and Child Health

Outcome: Increased immunization coverage through routine campaigns for children under five years and pregnant women

Achievements: BRC volunteers carried out identification campaigns targeting children under five years for vaccination during the world health day celebrated in April 2008.

Programme component 6: Blood donation

Outcome: Increased blood donors

Achievements

Blood donor recruitment was carried out attracting 100 non-remunerated blood donors. BRCS and the Burundi Ministry of Health participated in the World Blood Donor Day, during which members of the public were sensitised on the need for voluntary blood donation so as to assist the most vulnerable in times of need.

Programme component 7: Emergency Health and Psychological Support

Outcomes

- Morbidity and mortality due to health emergencies reduced

- Increased BRCS preparedness (including avian flu pandemic preparedness) and response to health emergencies
- The mental and psychological wellbeing of the community and BRCS staff and volunteers enhanced during disasters

Achievements

In a bid to increase BRCS preparedness and response to health emergencies, Community-Based First Aid (CBFA) manuals and IEC materials were produced, translated and adapted to the local language for use by volunteers. CBFA manuals have been distributed to the branches and 14 instructors and 78 volunteers trained.

Organizational Development

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

Programme component 1: Capacity building

Outcomes

- Increased BRCS presence through a countrywide network of branches appropriately resourced (with personnel, volunteers, finance and office equipment).
- Increased involvement of BRCS volunteers, youth and members in programmes and activities.
- Effective and gender-sensitive delivery of BRCS services and activities.

Achievements

During the year BRCS has increased its country presence through a countrywide network of branches as well as increased involvement of volunteers, youth and members in programmes and activities. 1,100 local Red Cross Units in nine provincial branches of the National Society implementing the pilot project on mobilizing the sustainable local capacity of Africa supported through the Capacity Building Fund were established. Through the programme, 77,545 volunteers have assisted 8,666 most vulnerable people through provision of services such as construction or rehabilitation of houses, food provision cultivation, ferrying the sick to health centres as well as tree planting. The establishment of the local Red Cross units has facilitated programme integration leading to effective service delivery in times of disasters or health emergencies.

In addition, BRCS received support from the Zone PMER unit in form of training to enhance programme staff and volunteers' capacities in programme planning and management, monitoring and evaluation and reporting. Staff and volunteers from the headquarters and branches were trained in programme cycle management including developing and using the logical framework approach.

In order to ensure effective and gender-sensitive delivery of BRCS services and activities through proper volunteer recruitment, management and retention, the National Society disseminated its National Volunteer Policy adopted during the 2008 annual general meeting reaching more than 1,000 volunteers, 60 branch governance members and its headquarters and branch staff members. Based on the National Volunteer Policy the National Society has volunteer management systems functioning at local and central levels.

The National Society organized quarterly meetings that targeting regional and headquarter staff for effective service delivery. During these meetings, members were coached in programme planning, monitoring of activity implementation as well as effective leadership and integrity. The

headquarters organizational development (OD) senior staff provided mentorship and coaching to field staff and volunteers through regular field visits.

Principles and Values

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

Programme component: Fundamental Principles and Humanitarian Values

Outcomes

- Increased understanding by BRCS volunteers and staff of the Fundamental Principles in their work with vulnerable people in times of peace or disaster.
- Increased understanding by public and private authorities on how the Red Cross Red Crescent works and facilitation of better cooperation.
- Increased visibility of BRCS.
- Communities' basic values and attitudes towards volunteering are reinforced.

Achievements

Though there has been no response from donors in respect to the programme, the National Society actively disseminated the Fundamental Principles and Values to its national and branch governance members, volunteers in the local units as well as its staff members so as to reinforce their values and attitudes towards volunteering as well as increase the National Society's visibility.

Kenya Red Cross Society (KRCS)

Health and care

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

Programme component 1: Family health and home-based care

Outcomes

- Risk of HIV transmission reduced through peer education and public campaigns
- The vulnerability of PLHIV (clients) to water and vector-borne diseases reduced
- The clients have reduced dependence on external food aid through sustainable income generating activities established in the home setting
- Increased access to voluntary counselling and testing (VCT)
- Strengthened KRCS partnerships with in-country HIV and AIDS networks and groups
- Safe blood supplies increased through mobilisation of non-remunerated volunteer blood donors

Achievements

To contribute towards increasing Anti Retroviral Therapy (ART) uptake in the target community, KRCS reached 16,400 community members with messages on ART uptake through distribution of information, education and communication (IEC) materials and sensitisation campaigns. Psychosocial support was provided to 300 people living with HIV (PLHIV), 218 orphaned and vulnerable children (OVCs) and 1000 affected families (including internally displaced persons, IDPs) as part of enhancing adherence to ART.

A variety of IEC materials on HIV and AIDS including ART messages during an integrated mobile VCT session conducted to commemorate World Red Cross Day reached 1000 people. In addition, 130 males and 99 females were tested.

The programme volunteers (PLHIV, community health workers, CHWs and peer educators) distributed 24,000 condoms during the year and conducted proper condom use demonstrations to minimize new infections and re-infections. They supported peer group sessions in disseminating HIV prevention information with emphasis on prevention of new infections. This was done through sports tournaments with 352 youth participating in football matches and more than 5000 people were reached.

A refresher training for 20 Trainers and Trainers on peer education facilitation skills was held; they latter facilitated trainings on HIV and AIDS including ART literacy for 217 PLHIV and CHWs. A further 60 CHWs were trained in conflict resolution and disaster management so as to contribute to reduction of HIV transmission risk factors and vulnerabilities through continuity in raising awareness during emergency situations.

Training and sensitization was held for 60 CHWs and 68 primary care-givers on home-based care services, basic nursing care and counselling skills to those infected and affected including OVCs. They later conducted more than 1500 home visits.

To promote behaviour change communication and empower volunteers and staff with life skills within the workplace, 60 branch volunteers were trained on peer education, 57 on communication and attitude training. 73 branch volunteers participated in monthly focus group discussions (FGD) and quarterly reflect-and-review sessions involving more than 600 non-Red Cross youths.

Support to clients to improve the quality of their lives reached 300 out of which 120 were supported with nutritional kits and 50 with household kits.

KRCS participated in various networking meetings with stakeholders to discuss and share interventions being run, identify gaps and needs in prevention, care and support. Also on the agenda were discussions on support interventions and planning future adjustments for ART rollout together with charting ways for continued collaboration for comprehensive and quality care and support to clients. The stakeholders included the Ministry of Health at district, provincial and national levels, National AIDS and STI Control Programme task force, local authorities, Community Based Organizations (CBO) and other ART implementers. These meetings strengthened partnerships with in-country networks and groups.

Sustainable income generating activities established in the home setting helped reduce dependence on external food aid. During the reporting period, 60 support group members were sensitized on sustainable agricultural practices with emphasis on growing and consumption of vegetables for nutritional nourishments. In addition, 50 CHWs and clients were supported to form savings and internal lending groups ensuring access to financial aid for economic empowerment.

Programme component 2: Malaria

Outcomes

- Malaria prevalence rate reduced through community training and surveillance.
- Morbidity and mortality of children under five reduced in intervention areas.

Achievements

To contribute to reduction of malaria prevalence rates, 80 CHWs were sensitized on Malaria causal factors and prevention through door to door campaigns and hygiene promotion sensitisation sessions reaching 1,720 households.

Programme component 3: Water and Sanitation

Outcome: Increased KRCS capacity in water and sanitation (WatSan) programming.

Achievements

During the reporting period, the Kenya Red Cross Society (KRCS), through the support of the International Federation and other partners have been working towards restoring the livelihoods of the people affected by the 2006 drought and floods in Mandera and Wajir districts in northern Kenya. The National Society has been working to ensure sustainable access to safe water and adequate sanitation, as well as improving the capacity of its branches and community members in disaster preparedness and response. In this regard more than 20,000 persons were reached with hygiene messages in the districts. Communal pit latrines were constructed in Ganyurey, Wagalla and Barmil.

During the cholera outbreak, two cholera wards opened in Mandera while three cholera wards were managed in Wajir district. Water trucking was undertaken in Mandera West; 100 community members and 120 school club members were also trained on PHAST in Wajir district. Five centres in Mandera district were targeted for rollout of PHAST and to ensure sustainability, more than 20 members of Gagab Water Users Association in Mandera district were trained in water source management, revenue management and reporting.

Programme component 4: Maternal and Child health

Outcome: Increased immunization coverage through routine campaigns for children under five years and pregnant women.

Achievements

The National society will compliment the Governments' efforts to increase immunization coverage through routine campaigns for children under five years and pregnant women by participating in Polio campaigns during the first and second quarters of 2009.

Programme component 5: Blood donation

Outcome: Increased blood donors through community mobilization.

Achievements: The National Society equipped 14 internally displaced youths with knowledge and skills on CBFA and blood donor sensitization. Blood donation activities were carried out collecting 156 blood units.

Programme component 6: Emergency Health and Psychological Support

Outcomes

- Morbidity and mortality due to health emergencies reduced
- Increased KRCS preparedness (including avian flu pandemic preparedness) and response to health emergencies
- The mental and psychological wellbeing of the community as well as KRCS staff and volunteers during disasters enhanced.

KRCS was involved in a number of health and disaster responses (floods and cholera outbreak). In response to these emergencies, the National Society ensured that its preparedness

and response capacities were enhanced through relevant training of staff and volunteers as well as prepositioning stocks in disaster prone areas for efficient response. The National Society was also committed to contributing to the control of the cholera spread through social mobilization on personal hygiene and disinfecting the water surfaces in the affected areas thus reducing morbidity and mortality.

Programme component 7: Reproductive health

Outcome: Increased access to reproductive health care for women

Achievements

CHWs and Community Own Resource Persons (CORPS) were trained on prevention of maternal to child transmission (PMTCT). The training was for 75 CHWs and 115 CORPS. After being trained, they disseminated the importance of PMTCT to clients through home visits and door to door campaigns reaching 280 clients in 300 households leading to recruitment of 64 clients for PMTCT where two clients were assisted with alternative weaning foods for the infants.

Capacity Development

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

Programme component 1: Capacity building: Institutional level

Outcome: Strengthened KRCS service delivery to vulnerable communities through decentralised governance and management functions

Achievements

In conformity with the decentralisation of the National Society the OD department facilitated the setting up of interim regional youth committees in the six regions - Central, Coast, North Eastern, North Rift, Upper Eastern and North Eastern.

The OD department organised trainings focussing on governance and volunteering targeting all members of the committees in Upper Eastern, Central, Coast and North Eastern Regions to better equip and strengthen branch committees within the regions.

Principles and values

Outcomes:

- Gender-based violence reduced through community training.
- Discrimination of those infected and affected by HIV reduced within KRCS.

Achievements: There has been no response from donors in respect to the Principles and Values programme for KRCS and, as a result, no activity progress has been reported.

Rwanda Red Cross Society (RRCS)

Disaster Management

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

Programme component 1: Disaster Preparedness - Community level

Outcome: Strengthened community awareness and capacity to act effectively during disasters (floods, landslides, volcanic eruptions and droughts/food insecurity)

Achievements

RRCS disaster management department carried out training on Safer Access targeting 100 branch disaster response team members in Rusizi, Nyamasheke, Nyamagabe, Nyaruguru districts and Nkombo. In addition, training in Safer Access and camp management was conducted in Kayonza and Musanze Districts targeting 37 disaster management action team members; additional 24 branch committee members were trained in fifty districts of Eastern, Northern and Kigali City provinces on Safer Access.

A piece of land for construction of a disaster centre for data collection on Nyiragongo volcano movement was acquired on Rwaza hill in Rubavu district.

The RRCS in collaboration with other stakeholders participated in identification of different disaster risks and managed to set up risk maps in 27 districts.

Programme component 2. Disaster Preparedness: Institutional Level

Outcome: Increased RRC capacity to organize effective and efficient disaster response.

Achievements:

The National Society provided its volunteers with proper identification and equipments such as T-shirts, caps, raincoats, boots and first aid kits to improve their service delivery. 15 participants from Rwanda Red Cross participated in a regional training of first aid trainers in emergency situation organized by ICRC to increase the National Society's efficiency in disaster response.

Programme component 3: Disaster Risk Reduction

Outcomes

- Strengthened resilience of communities living in disaster prone areas.
- RRC has an increased capacity in managing food security programmes.

Achievements: The National Society pre-positioned disaster preparedness non-food items such as blankets, soap, kitchen sets, sleeping mats and clothes for use in future disaster response interventions. To strengthen the resilience of communities living in disaster prone areas, communities were sensitized on the importance of tree planting in landslide-prone areas and 23 districts benefited from distribution of tree seedlings with over 50 nursery beds prepared and 600,000 trees planted. Through the Swedish Red Cross-supported Lake Victoria Programme 14 district committee members trained in disaster management, 40 000 trees were planted and seeds and fertilisers distributed to 200 vulnerable families.

Health and care

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

Programme component 1: HIV and AIDS

Outcomes

- Strengthened RRCS capacities to scale up HIV and AIDS and reproductive health programmes
- Health condition of people living with HIV has improved through home-based care and support provided by RRCS trained volunteers

Achievements

Modules (ten) of minimum package of prevention, treatment and palliatives care were updated and translated into the local language; RRCS HBC-trained volunteers conducted 92 home based care visits in Kicukiro , Gasabo , nyaruguru , nyamagabe Karongi and Rutsiro districts during which they distributed three cartons of condoms reaching 600 households of PLHIV.

Several trainings were carried out to PLHIV's health condition through HBC: 170 peer educators at community level were trained in Nyaruguru, Nyamagabe and Nyagatare districts; 40 volunteers were taken through a refresher course in HBC for PLHIV in Nyagatare district. Also, the health programme provided 270 volunteers with promotional materials such as T-shirts and caps and purchased 55 bicycles to ease the movement of volunteers during service delivery.

Financial support was extended to 10 income generating activities initiated by PLHIV. 1000 households were identified for kitchen garden initiative support in five districts. This was aimed at making the target groups self dependent.

Nine districts were supported to organise and celebrate the international day against HIV and AIDS where more awareness sessions were held.

Programme component 2: Malaria

Outcomes

- Malaria prevalence rate reduced through community training and surveillance
- Morbidity and mortality of children under five reduced in intervention areas

Achievements

- A total of 8,785 insecticide treated nets (ITNs) were distributed in Rusizi, Rwamagana, Nyamasheke, Muhanga, Nyabihu, Kigali Town and Gicumbi districts
- Health educative talks on malaria control, prevention and use of mosquito nets were carried out in five districts of Rulindo, Gakenke, Musanze, Gicumbi and Burera district; 97 educative talks were held and attended by 7,750 people
- After the educative talk, 3,015 out of 7,750 people who attended participated in 13 community activities of destroying mosquito breeding sites
- To evaluate the use of mosquito nets, 27 volunteers visited 3,658 families in 15 sectors. In addition, 27 volunteers in Ngoma district were trained in causal factors and prevention of malaria while 22 volunteers in Gatsibo district and 45 volunteers in Kayonza district were taken through a refresher training of the same and use of mosquito net.
- Under the Swedish Red Cross-supported Lake Victoria programme 24 volunteers and community members were trained in malaria sensitisation and prevention and participated in community surveillance and distribution of ITNs.

Programme component 3: Maternal and Child health

Outcome: Increased immunization coverage through routine campaigns for children under five years and pregnant women.

Achievements

No funds were received for this activity and therefore it was not carried out.

Programme component 4: Blood donation

Outcome: The country's supplies of safe blood increased through mobilization of volunteer blood donors

Achievements

RRCS opened a new site of blood donation in Gishari sector of Rwamagana district. Through vigorous blood donor recruitment drives; over 1,500 persons were reached, and 1,259 blood units collected in Kirehe, Rulindo, Musanze Kicukiro, Gasabo and Gakenke districts.

Programme component 5: Community-based first aid (CBFA)

Outcome: Community resilience to disasters and health emergencies is strengthened

Achievements

- CBFA training was done for 294 volunteers in four districts.
- To facilitate CBFA and PHAST trained volunteers in service delivery 415 bicycles, 600 slashes, 600 hoes, six wheelbarrows, 150 pairs of boots, 300 first aid books, 300 T-shirts, and 1800 PHAST tools were distributed in 30 districts

Programme component 6: Water and sanitation

Outcomes

- Increased access to safe water and sanitation (WatSan) facilities
- Morbidity and mortality of children under five of diarrhoea and other waterborne diseases reduced.

Achievements

During the reporting period, 1,185 toilets were constructed to improve sanitation facilities after promotion of PHAST approach at the community level (Kayonza, Gatsibo, Rulindo, Gakenke and Kirehe districts), 54 refuse pits were dug in Kigali town and 900 sanitation platforms fabricated and distributed in Gatsibo and Kirehe districts, 115 drying racks and, 28 bathing shelters in Rulindo and Gakenke districts.

Training in PHAST approach was conducted among 164 volunteers and 35 local leaders in six districts; 600 households were visited by 30 volunteers in PHAST and 89 PHAST sessions on hygiene and sanitation promotion carried out in another five districts in collaboration with health animators and local leaders reaching over 2100 community members. In addition, 20 PHAST groups have been set up in Rulindo and Gakenke districts with the help of 18 PHAST trained volunteers.

To increase access to safe water three water catchment areas of Kiruhura 1, Kiruhura 2 and Kiruhura 3 were protected; nine water points constructed, six water points cleaned by volunteers and community members and five temporary water chambers provided. 3,000 people are now accessing safe water as a result of water sources protection and rehabilitation by RRCS in Kicukiro and Nyarugenge districts. RRCS also organized and conducted one water point cleanliness and hygiene meeting with community members.

Programme component 7: Emergency health and psychological support

Outcomes

- Morbidity and mortality due to health emergencies reduced.
- Increased RRCS preparedness (including avian flu pandemic preparedness) and response to health emergencies.
- The mental and psychological wellbeing of the community and RRC staff and volunteers during disasters enhanced.

Achievements

In Ngoma district in the Eastern region, 17 health coordinators and 39 volunteers in were trained in reproductive health.

Capacity development

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

Programme component 1. Capacity Development: Governance and Management

Outcomes

- Strengthened governance and management capacity at all levels of the RRCS to provide effective leadership to the National Society.
- RRCS management systems are strengthened at headquarters and branch levels.

Achievements: The National Society provided infrastructural support in form of office furniture; the National Society also disseminated its policy documents including statutes, volunteer policy, internal regulations and the 2006-2011 strategic plan.

Membership recruitment was intensified to increase the National Society's presence countrywide with a total of 7210 members being recruited during the year. An orientation was conducted for the new recruits; volunteer database was updated regularly and membership cards issued upon registration for effective volunteer management.

During the year, 30 district committees were trained in management skills and exposed them to management and evaluation tools; they facilitated 30 statutory meetings at district committee level bringing together representatives from sectors and the districts committee members. Five quarterly planning and coordination meetings were held at provincial levels during which RRCS headquarter staff and district committee representatives reviewed programme implementation.

Following the decentralisation of the National Society in line with the country's administrative changes, the National Society held its General Assembly in November 2008 where a new board of governance was elected to office.

Programme component 2: Capacity Development (branches and national headquarters)

Outcome: Increased RRCS capacity to deliver services to the most vulnerable populations

Achievements: The National Society programme staff and volunteers received training from the Zone PMER to enhance their programme management, planning, monitoring, evaluation and reporting skills.

A new system of tracking accounting information and budget management was introduced in pursuit of the National Society finance capacity development. Through the Lake Victoria

Programme supported by Swedish Red Cross, 35 district committee members from Gatsibo district were trained in PMER.

The OD department acquired four desktop computers and one laptop while three district committees acquired three desktop computers and modems to facilitate their work. Construction of district offices in Bugesera in Eastern Province is underway.

Programme component 3. Capacity Development (Volunteer and youth development)

Outcome: Increased RRCS presence countrywide to deliver services to the most vulnerable population.

Achievements: A refresher course was held for 59 staff members and eight volunteers in Principles and Values of the Red Cross Movement, monitoring and evaluation of programme activities and information technology.

RRCS headquarter staff were trained in information technology (IT) to improve communication, documentation and information sharing. Furthermore to build the staff language skills, RRCS facilitated 28 headquarter staff members and district committee staff members to learn French and English.

Principles and Values

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

Programme component 1. Fundamental principles and humanitarian values

Outcomes

- Increased RRC capacity to promote Fundamental Principles, Humanitarian Values and International Humanitarian Law (IHL) within and outside the RRC
- Increased visibility of RRC
- Increased awareness of fundamental principles, humanitarian values and IHL throughout
- Rwanda.

Programme component 2: Communications Development

Outcome: Strengthened RRC information and public relations/communications capacity.

Achievements: There has been no response from donors in respect to the Principles and Values programme in RRCS and as a result no activity progress has been reported.

Tanzania Red Cross National Society (TRCNS)

Health and care

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

Programme component 1. Malaria

Outcomes

- Malaria prevalence rate reduced through community training and surveillance
- Morbidity and mortality of children under five reduced in intervention areas

Achievements

Activities under this component have been planned for 2009.

Programme component 2. HIV and AIDS and TB prevention, control and management

Outcome

- Risk of HIV and AIDS transmission reduced among the target groups through peer education
- Health condition of people living with HIV and AIDS has improved through home based care and support
- TB prevention, control and management strengthened

Achievements

TRCNS is part of the nine National Societies in the Eastern Africa Zone implementing the Global Alliance on HIV and AIDS programme. Initial funding towards the appeal was received from the Swedish Red Cross and due to some challenges, implementation is planned to begin at the first quarter of 2009.

With financial support from the American Red Cross and technical support from the Zone PMER unit, the National Society is developing a monitoring and evaluation system for the programme. This system will enable the National Society to assess progress, performance and possible impact of the Global Alliance programme. Specifically, the system will facilitate data entry, data analysis and generation of reports. The terms of reference for the system development have been agreed upon with the NS. Focal persons to oversee the management of the systems have been selected and training in the use and maintenance of the same will be carried out in mid-February 2009.

Programme component 3: Maternal, newborn and child health

Outcome: Increased immunization coverage through routine campaigns for children under five years and pregnant women

Achievements

To initiate and support community based health initiatives to prevent spread of infectious diseases, TRCNS participated in the 2008 Integrated Measles Campaign (IMC) in Mwanza and Serengeti regions through conducting social mobilisation campaigns. The National Society printed and distributed IEC materials (shirts, bags, and caps) with messages on the Integrated Measles Campaign. In Mwanza, 39,000 households were reached and 100,000 children vaccinated while in Serengeti 23,012 households were reached and 71,866 children vaccinated

Capacity Development

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

Programme component 1: Capacity Development - Governance and management

Outcomes

- Increased understanding of governance and management at all levels of the TRCNS
- TRCNS management systems are strengthened at headquarters and branch levels

Achievements: The Tanzania Red Cross National Society embarked on a process of developing a new three-year strategic plan. Through the support of the Swedish Red Cross the National Society conducted an initial strategic plan review workshop to orient its regional coordinators on conducting a nation-wide consultative process. In addition to this, regional coordinators embarked on a data collection exercise through administration of questionnaires to ensure that the process is all inclusive and meets the memberships' expectations. The exercise was the identification of the National Society strategic directions in the four core areas of organizational development, health and care, disaster management and information and dissemination and further defining the goals and strategies for each priority area. A draft strategic plan has been produced in English and translation into Kiswahili is ongoing after which the society will embark on dissemination and thereafter hold a partnership meeting to disseminate the plan further to their partners for possible partnerships and support.

The National Society also embarked on an audit exercise for its books of accounts for the period 2002-2007; the exercise was scheduled to be completed within the third quarter of the year, but due to challenges in retrieving information for the period from 2002, the audit did not commence and is expected to be completed within the second quarter of 2009.

Programme component 2: Capacity Development: Volunteer Development

Outcome: Basic values and attitudes towards volunteering reinforced

Achievements

TRCNS during the year developed a youth policy which will go along way in improving volunteer management. Due to financial constraints only a few regions have been able to set up and regularly update their volunteer and membership databases.

During the first quarter of the year, 14 volunteers, members from branches implementing the tsunami project and two members of the regional management committee in Mtwara region underwent refresher courses on the Humanitarian Principles and Values, volunteering and branch development. A further 49 disaster management committee members from Kigoma Urban, Kigoma Rural, Kasulu and Kibondo were inducted on the humanitarian principles and values

Uganda Red Cross Society (URCS)

During the reporting period, URCS with the support of the Federation responded to a myriad of disasters and health emergencies. In response to population movement from Kenya into Uganda early in the year occasioned by post election violence, CHF 200,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the URCS in delivering immediate assistance to some 3,000 beneficiaries.

Following outbreaks of Hepatitis E Virus (HEV) and cholera in the country, an emergency appeal seeking CHF 947,079 in cash, kind, or services to support the NS assist 425,095 beneficiaries (85,019 households) for six months was launched by the Federation. Initially CHF 173,059 and CHF 100,000 had been allocated from the DREF to support the NS in the start-up of response operations to deliver immediate assistance to the populations affected by Hepatitis E and cholera respectively.

In response to food insecurity in Karamoja, CHF 191,839 was allocated from the Federation's DREF to support the NS in delivering immediate assistance to some 25,000 people (5,000 households) in an acute phase of the chronic food insecurity in Kotido and Abim locations in Karamoja district.

Towards the end of 2008, fighting in the North Kivu Province of the Democratic Republic of Congo (DRC) led to displacement of hundreds of thousands of people with tens of thousands fleeing into neighbouring countries such as Rwanda, Uganda and Burundi. In response to this, the Federation launched an emergency appeal seeking CHF 1,850,856 in cash, kind, or services to support the Uganda, Rwanda and Burundi RC Societies to assist 60,000 beneficiaries. A total of CHF 330,924 was allocated from the DREF to support Uganda and Rwanda RC Societies in the start up of response operations.

Disaster management

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

Programme component 1: Disaster Risk Reduction

Outcome

- The most vulnerable communities have strengthened their self-sufficiency through URCS-supported income generation initiatives.

Achievements: There has been no response from donors in respect to the disaster management programme in the URCS. As a result, no activity progress has been reported. However, the NS during the year implemented a flood recovery development programme and with assistance from the Federation's Zone office, provided assistance to approximately 5,000 households faced with food insecurity in Kotido and Abim locations in Karamoja district. The National Society DM department conducted a rapid assessment to quantify the needs in these districts and embarked on developing a longer-term strategic food security intervention.

URCS has also responded to refugees displaced from Democratic Republic of Congo (DRC) and pre-positioned non-food items and hygiene promotion items at their points of entry in south-western Uganda. The National Society participated in registration as well hosting of the refugees while they awaited relocation to designated refugee camps.

Health and care

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

Programme component 1: Malaria

Outcomes

- Malaria prevalence rate reduced through community training and surveillance.
- Morbidity and mortality of children under five reduced in intervention areas.

Achievements

The National Society conducted 60 awareness and sensitization sessions on malaria control and immunization reaching approximately 20,000 people in the project areas. This was done at community level meetings and community gatherings. Furthermore 5,000 mosquito nets were distributed.

Programme component 2: HIV and AIDS and TB prevention, control and management

Outcomes

- Risk of HIV and AIDS transmission reduced among the target groups through peer education.
- Health condition of people living with HIV and AIDS has improved through home-based care and support.
- TB prevention, control and management strengthened.

Achievements

During the World Aids Day celebrations, the NS reached persons with HIV and AIDS preventive messages through music, drama, dance and IEC materials. Busia branch with the theme "One Million Test", mobilized the community members to access voluntary counselling and testing services reaching 1,024 persons where 78 people were referred for further care and support. Busia branch carried out Home-based care services offering psychosocial and nutritional support to PLHIV reaching 47 clients. To provide support to OVCs the branch supported 80 OVCs with 80 goats to supplement their income thus reducing vulnerability at household level. The youth were trained as peer educators and carried out peer education sessions in schools reaching 5,556 persons. Through theatre, 2,180 youth and community members were reached with messages on risks behaviours in relation to HIV and AIDS. A peer education workshop was carried out in Rakai branch in partnership with MK Hope and Care Ministry. It equipped young people (adolescents) with life skills for preventing the sexual transmission of HIV among their peers reaching 32 participants. Kalangala branch carried out a reproductive health workshop focussing on HIV and AIDSs, peer education sex and sexuality targeting the youth and women.

Programme component 3: Reproductive health

Outcome: Increased access to reproductive health care for women.

Achievements:

This programme component will be implemented in 2009.

Programme component 4: Maternal, newborn and Child health

Outcome: Increased immunization coverage for children under five years and pregnant women through routine campaigns.

Achievements

The NS, in addition to sensitization campaigns, produced and distributed 10,000 brochures, posters and stickers to raise awareness among community members on child immunization and malaria control.

Programme component 5: Emergency Health and Psychological Support

Outcomes

- Morbidity and mortality due to health emergencies reduced
- Increased URCS preparedness (including avian flu pandemic preparedness) and response to health emergencies
- The mental and psychological wellbeing of the community and URCS staff and volunteers enhanced during disasters

Achievements

In response to the health emergencies and disasters, (population movements, epidemics, food insecurity and floods) URCS ensured that its preparedness and response capacities were enhanced through relevant training of its staff and volunteers as well as prepositioning stocks in disaster prone areas for efficient responses. Notably, the NS received peer support from KRCS during the floods response operations thus building the capacity of its volunteers in response to health emergencies.

Programme component 6: Water and Sanitation

Outcomes

- Morbidity rate of diseases triggered by poor hygiene reduced.
- Increased access to sanitation facilities.

Achievements

The health and care programme in URCS too did not receive any response from donors in 2008. However, the NS has been actively involved in response activities during public health emergencies. The NS through the Federation support launched an appeal to strengthen its capacity to respond to numerous health emergencies as well as assist the most vulnerable affected by the health epidemics occasioned by the limited access to safe water, poor sanitation facilities and poor hygienic conditions of internally displaced persons who are concentrated in congested camp.

To counter future disease outbreaks the National Society's capacity was strengthened through training of volunteers and branch staff to carry out community-based water, sanitation and hygiene promotion activities in the affected areas. Volunteers and staff were also provided with basic information on cholera prevention and control to facilitate early case detection and referral, protective gear and sensitised on how to maintain good community hygiene and safe water chains.

Capacity Development

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

Programme component 1: Capacity Building - Institutional Level

Outcome: Increased URCS presence through a countrywide network of branches appropriately resourced (with personnel, volunteers, finance and office equipment)

Achievements

During the period, URCS initiated a pilot membership mobilization drive in 10 branches and trained 100 volunteers to mobilize membership within their branches for at least three months. As a result, 8,851 new members were recruited - 4,989 male and 3,862 female. 320 dissemination sessions were conducted in 19 other branches targeting in and out of school youth; approximately 3,200 youths were reached.

URCS purchased office equipment (three laptops, one printer and a photocopier) for three regions ensuring that they are well equipped for improved quality and timely production of reports as well as improved communication between the branches, regions and headquarters.



Volunteer in social mobilization. IFRC

Programme component 2: Governance and Management

Outcomes

- Strengthened URCS service delivery to vulnerable communities through decentralised governance and management functions
- URCS programme management systems are strengthened at headquarters and branch levels

Achievements: All regions carried out orientation workshops for branch governing boards in order to build the capacity of governance and inform them of their roles and responsibilities to eliminate incidences of role conflicts between governance and management. The orientation improved the relationship between governance and management at branch levels resulting in smooth implementation of project/programme activities.

The branch governing boards were also inducted to better understand the National Society policies, systems, guidelines and procedures which greatly improved their support to the branch management.

Constraints or Challenges:

The 2008 appeal received a slow response with some of the programmes receiving no funding. Some programmes received very little funding compared to the budget or received the funds late into the year. This meant that the National Societies had to postpone or revise most of the planned activities for the first half of the year. To counter this, National Societies are continuously being encouraged to fund-raise in-country and to also profile themselves more by

being more accountable to their partners within and without the Movement through timely and quality reporting and proper financial management as well as ensuring that they have proper governance and management structures in place.

It is hoped that with the coming on board of the Zone Resource Mobilization Coordinator National Societies will receive more support.

Working in partnership

In 2008, the five National Societies received support for their programmes and collaborated with various Movement partners in programme implementation through the Federation as well as bilateral arrangements. Notably the National Societies have partnerships with their respective governments, UN agencies such as the Office for the Coordination of Humanitarian Affairs (OCHA) and international funding bodies such as the United Kingdom's Department for International Development (DFID) and a number of international and local non-governmental organizations operating in their respective countries. Movement partners have also continued to partner with the National Societies during this period.

The East Africa Sub-zone office has played a lead role in coordinating these working relationships while supporting the National Societies in monitoring progress in their programmes in collaboration with the various Zone technical departments.

Contributing to longer-term impact

The disaster management programmes in Burundi and Rwanda, and the health and care programmes in Rwanda, Kenya and Burundi have made positive contributions towards building and strengthening the capacities of local communities and Red Cross Red Crescent to address the most urgent situations of vulnerability. Through the three National Societies health and care programmes, community-based volunteers, home-based care givers and community health workers have been exposed to relevant trainings in anti-retroviral therapy uptake, first aid, home-based care and malaria control among others. They have also acquired useful knowledge in HIV and AIDS prevention, treatment, care and support as well as preventable diseases control and treatment. In similar regard, the disaster management programmes in Burundi and Rwanda have contributed to strengthening the capacity of the National Societies as well as that of the target communities in disaster preparedness, response and management through development of disaster mapping tools, early warning systems, disaster risk reduction and integrating long-term food security interventions in their programming.

Looking ahead

Technical support to the five National Societies will continue to be provided through close collaboration with the Zone technical departments - disaster management; health and care; organisation development; planning, monitoring, evaluation and reporting (PMER), finance as well as communications.

In 2009, support will be given to Tanzania to ensure that the National Society successfully finalizes the audit of its books for the period 2002-2007; and the health programme assisted in the implementation and monitoring of the Global Alliance HIV and AIDS programme. Burundi on the other hand will receive technical support on its community based health programme supported by Finnish RCS from the Zone health department.

Further on Kenya, Tanzania and Burundi will receive support in implementation of the H2P (Human flu pandemic preparedness) programme. All the five National Societies will be provided with technical support in the implementation of the Lake Victoria Programme as well as its

coordination and in preparedness, response and management of disasters as well as health epidemics.

How we work	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	Global Agenda Goals: <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
For further information specifically related to this report, please contact:	
<ul style="list-style-type: none">• In Kenya: Dr. Asha Mohammed, Federation Head of Eastern Africa Zone, Nairobi; email: asha.mohammed@ifrc.org; Telephone + 254.20.283.51.24; Fax + 254.20.271.27.77• In Kenya: Annelies Thiele, Resource Mobilization Coordinator; email: annelies.thiele@ifrc.org; phone: 254.20.283.52.55; Fax + 254.20.271.27.77	