

Plan 2010-2011



Eastern Africa sub-Zone

Executive summary

The Eastern Africa region covers 14 National Societies (NS) - Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Sudan, Tanzania and Uganda. The region has four country representations in Somalia, Sudan, Eritrea and Ethiopia and two other representations covering the Indian Ocean Islands and east Africa countries. Initially, this region was known as the Eastern Africa Zone (EAZ). With the restructuring, three former Africa zones (Eastern Africa, Southern Africa as well as the Western and Central Africa Zone), have been merged into one zone. Thus, an Africa Zone plan will be established once the restructuring has been completed. This will be done through a process of budget and plan revision. As a result, this plan will be referred to as the "Eastern Africa sub-Zone Plan". The Eastern Africa region continues to experience major disasters which claim many lives, destroy property and erode the already weak livelihoods of the communities affected. Disasters experienced in the recent past include floods, heavy rains and land slides, cyclones, earthquakes and drought. Conflict and clashes are also common in the region.

The disaster management (DM) programme, in line with Global Agenda 1, will focus on the following outcomes to address some of these challenges: (a) the sub-Zone and NS have structural and human capacities to respond effectively to disasters; (b) the resilience of individuals and communities to mitigate disaster risks is strengthened and their vulnerability reduced; (c) the response to disasters and/or emergencies is effective and timely and recovery is promoted through appropriate livelihood programmes and (d) coordination and networking between sub-Zone and NS is strengthened for effective disaster response and preparedness.

In line with Global Agenda 2, the health and care programme will focus on the following outcomes: (a) vulnerability to HIV and AIDS and its impact is reduced through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination; (b) strengthened water and sanitation (WatSan) programming and emergency response capacities at NS level; (c) strengthened community and emergency health programming at NS level; (d) strengthened community health programming at NS level and; (e) human morbidity and mortality, massive social disruption and related suffering caused by a pandemic minimized.

Within the overall vision of inspiring, encouraging, facilitating and promoting humanitarian activities by National Societies¹, the Organisational Development (OD) plan is a response to the needs expressed by the National Societies in the sub-Zone. The OD plan aims at delivering support around four (4) main outcomes, namely, (a) NS are supported towards becoming strong and sustainable organisations that provide quality services to vulnerable nationwide, (b) governance and management of NS are strengthened for effective leadership and service delivery, (c) NS are supported with tools and resources for volunteer management and grassroots development, and (d) the base of youth volunteers in NS are strengthened.

PMER will continue to focus on the following outcomes: (a) improved understanding of key programming elements in the core Federation programmes by National Societies and sub-Zone staff; (b) effective and efficient management of programmes by NS and the sub-Zone through effective PMER systems and structures; (c) increased compliance to donor reporting requirements among NS and the Federation Secretariat staff; (d) enhanced skills, capacity and learning in NS and sub-Zone units to deliver quality programmes. The sub-Zone Communications Unit will focus on enhancing structural and human capacity to profile IFRC/NS operations and activities; enhance communications capacity of NS and improve the understanding of Red Cross and Red Crescent actions.

The total 2010-2011 budget is CHF 6, 652, 157 (USD 6,278,373 or EUR 4,378,339)

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

¹ Article 4: (General object), Constitution of the International Federation, 2007

Context

Despite a history of rather devastating natural and man-made disasters, most countries in the sub-Zone have not established effective mechanisms to manage disasters either at the national or sub-regional level. Ineffective disaster management systems, poor funding and lack of relevant data for planning risk-reduction activities have taken their toll on the region; these disasters in turn have affected the ability of countries to develop wealth for their people despite high economic growth. They cause significant property destruction and loss of lives, and disrupt social relations. In principle, “creeping” disasters should be preventable and easier to contain. In practice, however, that has not been the experience in the region. The countries in the sub-Zone continue to face various health challenges with cases of malaria, polio, measles, AWD and cholera, on the increase. HIV/AIDS has taken its toll on the majority of the population in these countries.

According to the Human Development Report (UNDP², 2008), most countries in the Eastern Africa sub-Zone are ranked as having medium and low human development indices with the exception of Seychelles and Mauritius which have high human development indices of 0.843 and 0.804 respectively. Countries which have medium human development indices include: Comoros (0.561), Madagascar (0.533), Kenya (0.521), Sudan (0.526), Djibouti (0.516) and Uganda (0.505). Countries in the sub-Zone with low human development indices include: Tanzania (0.467), Eritrea (0.483), Rwanda (0.452), Ethiopia (0.406), Burundi (0.413), and Somalia. The majority of populations in these countries live below the poverty line with 7 of the 14 countries having 50 to 68 per cent of their population living under USD 2 per day³.

Table 1: Human development indicators per country covered by the Eastern Africa sub-Zone

Countries: Burundi (BI), Comoros (CO), Djibouti (DJ), Eritrea(ER), Ethiopia(ET), Kenya(KE), Madagascar(MD), Mauritius(MA), Rwanda(RW), Seychelles(SE), Somalia(SO), Sudan(SD), Tanzania(TZ) and Uganda (UG).														
	KE	UG	TZ	ET	ER	SO	BI	SD	DJ	MA	MD	CO	RW	SE
Population (millions)	35.6	28.9	38.5	79	4.5		7.9	36.9	0.8	1.3	18.6	1	9,234	0.8,
Persons living with HIV, adults (%)	6.1	1.6	6.5	3.5	2.4	1	3.3	1.6	3.1	0.6	0.5	0.12	3	
Orphans due to HIV and AIDS	1,100,000	1,200,000	970,000	65000	18000	8,800	120000		52000	< 500	3,400	< 100	250000	
Access to affordable essential drugs (%)	0	50		50	50		0	0	80		50	80		
Malaria cases (per 100,000)	545	46		556	3479	81	48,098	13934	715	1		1930	6510	51.9
Population with access to improved sanitation (%)	43	34	47	13	9		36	34	82	94	50	33	42	
TB cases (per 100,000)	936	559	496	546	515		602	400	1161	132	396	49	188	56
Under-five mortality rate (per 1,000 live births)	120	136	122	164	78	29	190	20	133	15	119	53	118	17 ⁴
HDI value	0.521	0.505	0.467	0.406	0.483		0.413	0.526	0.516	0.804	0.533	0.561	0.452	0.843
Life expectancy at birth (years)	52.1	49.7	51	51.8	56.6	47.1	48.5	57.4	53.9	72.4	58.4	64.1	45.2	72.7
Adult literacy rate (% ages 15 and older)	73.6	66.8	69.4	35.9			59.3	60.9		84.3	70.7	53.8	64.9	91.8

² [United Nations Development Programme: Human development Report \(2008\)](#)

³ www.nationmaster.com

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[http://docs.google.com/gview?a=v&q=cache:uPqZfz8rkmMJ:earthtrends.wri.org/country_profiles/fetch_profile.php%3Ftheme%3D4%26filename%3Dpop_cou_690.PDF+Under-five+mortality+rate+\(per+1,000+live+births\)+Seychelles&hl=en&gl=uk](http://docs.google.com/gview?a=v&q=cache:uPqZfz8rkmMJ:earthtrends.wri.org/country_profiles/fetch_profile.php%3Ftheme%3D4%26filename%3Dpop_cou_690.PDF+Under-five+mortality+rate+(per+1,000+live+births)+Seychelles&hl=en&gl=uk)

Combined primary, secondary and tertiary gross enrolment ratio (%)	60.6	63	50.4	42.1	35.3		37.9	37.3	25.3	75.3	59.7	46.4	50.9	82.2
GDP per capita (PPP US\$)	1,240	1,454	744	1,055	1,109		699	2,083	2,178	12715	923	1,993	1,206	16,106
Human Poverty Index (HPI-1)	30.8	34.7	32.5	54.9	36		37.6	34.4	28.5	11.4	35.8	31.3	36.5	72
Probability of not surviving past age 40(%)	35.1	38.5	36.2	33.3	24.1	38.9	38.2	26.1	28.6	5.1	24.4	15.3	44.6	72
People without access to an improved water source (%)	39	40	38	78	40		21	30	27		50	14	26	88
Children underweight for age(% ages 0-5)	20	23	22	38	40		45	41	27	15	42	25	23	6
GDI as % of HDI	99.90%	99.20%	99.40%	96.80%	97.00%		99.10%	95.50%	98.30%	99.4	96.6	98.70%	99.60%	106.60%
Human development index⁵														

The sub-Zone will address these needs through disaster management, health and care, organizational development as well as PHV programmes. These programmes will work in close collaboration with communications, resource mobilization, PMER and finance departments among others.

Sub-Zone priorities and current work with partners

The Eastern Africa sub-Zone is currently working with Movement partners including the American Red Cross, Arab Secretariat, Austrian Red Cross, Belgian Red Cross (Flanders), British Red Cross, Canadian Red Cross, Cyprus Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Hellenic Red Cross, Japanese Red Cross, Iran Red Crescent, Italian Red Cross, Netherlands Red Cross, Norwegian Red Cross, Qatari Red Crescent, Saudi Red Crescent, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, the ICRC and external partners such as the British Government's Department for International Development (DFID), the United Nations Children's Fund (UNICEF), European Commission, United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) and the World Bank.

The sub-Zone priorities are aligned with strategy 2010 and draft strategy 2020. The DM unit will continue to promote and build partnerships inside and outside the Movement to facilitate NS community-based risk reduction programmes, disaster preparedness planning and disaster response. Joint planning initiatives will be encouraged between Operating National Societies (ONS), Partner National Societies (PNS), Sub-Zone delegations, country representations and where possible, International Committee of the Red Cross (ICRC). Regional meetings will form the basis for information sharing and networking. The existing RC-NET DM and the food security working group (FSWG) will be reviewed and strengthened as a vehicle for networking within the movement. The DM unit will enhance its collaboration with the Indian Ocean Regional Intervention Platform (PIROI4) and strengthen other networking initiatives with inter-agency working groups (IAWGs) (IAWG on DM, Food Security and Nutrition), International Strategy for Disaster Reduction (ISDR), Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP) for the benefit of NS within the region.

The health and care priorities are clearly defined within the global health and care strategy, under the six strategic directions; capacity building, social mobilization, partnerships, health in emergencies, advocacy and community empowerment. In tandem with Global agenda 2, National Society needs will be supported in a tailor-made approach to meet specific needs. Given the emerging public health

⁵ http://en.wikipedia.org/wiki/List_of_countries_by_Human_Development_Index_Africa

emergencies, particular attention will be given to building geographic and sector specific stocks to meet needs. Strategic stocks in Public Health and WatSan at sub-Zone and national levels have proved an essential tool for rapid response. Existing partnerships will be strengthened, with new ones being developed mainly with PLHIV associations, the World Health Organization (WHO), East Africa Roll Back Malaria Net Work (EARN). Existing regional fora, such as the Regional Health Emergency Group (RHEG), Water and Environmental Sanitation Coordination (WESCORD), Water, Sanitation and Hygiene (WASH) cluster will be part of the forums the unit will continuously engage in to enhance regional information sharing mechanism.

For the effective delivery of membership services, close collaboration and dialogue will be maintained with the respective NS, on one hand and with ICRC and PNS. This partnership will be supported by humanitarian diplomacy and should essentially include entities outside the movement. Networks and cross-border initiatives like the RC-NET, and the Lake Victoria programme will provide the much needed opportunity for knowledge sharing and peer-to-peer support amongst members. In addition, these networks will be utilized in dissemination of strategic issues, and in dialoguing with National Societies' senior leadership. In addition to partnership development, support to National Societies will be underpinned by three strategic considerations, namely: (a) an up-to-date analysis of the unique situations, competencies and challenges of each NS that would inform future programming and interaction, (b) advocacy for service delivery (as opposed to the project approach) in delivering sustainable development, and (c) the deliberate promotion of innovation, best practices and the culture of a learning organisation. The communications unit will strengthen its good working relationship with the Foreign Correspondents' Association (FCA) of Eastern Africa – to help profile both the National Societies and the International Federation as an important humanitarian partner in the region.

For more information about partners and their programmes in the NS covered by the sub-Zone refer to Annex 1 of this plan.

Secretariat programmes in 2010-2011

Disaster Management

The disaster management programme budget is CHF 1,790,374 (USD 1,689,032 or EUR 1,177,878).

a) The purpose and components of the programme

Programme purpose⁶
Reduce the number of deaths, injuries and impact from disasters.

Programme Component 1: Organizational Preparedness
<p>Component outcome: The region and NS have adequate institutional capacity and preparedness to respond effectively to disasters.</p> <p>Outputs</p> <p>1.1 Eastern Africa National Societies understand and are committed to the Regional Preparedness and Response concept and its practical application.</p> <p>1.2 Contingency plans are developed or revised in at least 2 NS and Regional Contingency Planning process completed out of NS contingency plans.</p> <p>1.3 A fully functioning regional response mobilisation system is in place, supported by “fast track” human resources-system, and using competent individuals.</p> <p>1.4 Standard Regional kits are available and can be deployed quickly for immediate use.</p> <p>1.5 NDRT training and mobilisation meets Federation standards.</p>

⁶ In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'. Source: OECD-DAC glossary.

Programme Component 2: Disaster management planning

Component outcome: NS have DM policies, strategies and plans relevant to their country context which guide longer term programming and emergency response.

Outputs

- 2.1 Revised or developed policies and strategies with guidance from IFRC experts.
- 2.2 Strategies and plans address key needs in each country.

Programme Component 3: Community preparedness

Component outcome: Improved resilience of individuals and communities to mitigate disaster risks

Outputs

- 3.1 Vulnerabilities and capacities of communities identified.
- 3.2 Community based longer-term food security programmes developed and supported.
- 3.4 Climate change adaptation integrated into NS health and DM programming.
- 3.5 Community based disaster risk reduction programmes developed and implemented.
- 3.6 Appropriate policies, strategies and training tools for food security, climate change adaptation and community disaster risk reduction developed, revised and adopted.

Programme Component 4: Disaster response and recovery

Component outcome: Effective and timely response and recovery to the effects of disasters/emergencies.

Outputs

- 4.1 Response and recovery best practice and new tools documented and disseminated.
- 4.2 Quality needs assessment conducted and plans of action developed during emergencies/disasters.
- 4.3 Timely and comprehensive appeal reports.
- 4.4 Federation shelter techniques and shelter cluster responsibilities better integrated into NS response.

Health and Care

The health and care programme budget is CHF 2,030,467⁷ (USD 1,915,535 or EUR 1,335,834).

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Programme component 1: HIV and AIDS
http://www.ifrc.org/docs/appeals/annual08/MAA64006.pdf
Component outcome: Vulnerability to HIV and AIDS and its impact reduced through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination.
Outputs
1.1 Strengthened NS HIV and AIDS programmes (9 NS in Global Alliance and 5 other NS).
1.2 Technical support provided to NS in the implementation of key HIV programme components- prevention, stigma and discrimination reduction, treatment, care and support.
1.3 Three (3) NS in low incidence countries supported to scale up HIV prevention programmes and harm reduction programmes.
1.4 OVC strategies developed and implemented in three NS.
1.5 Partnerships with PLHIV strengthened in five National Societies.
1.6 A sub-Zone sexual gender based violence (SGBV) advocacy strategy developed and adapted by NS.

⁷ Health and care budget includes CHF 229,360 for Global Water and Sanitation Initiative

1.7 Peer learning among NS and knowledge sharing promoted and facilitated.

Programme component 2: Water and Sanitation.

Component outcome: Strengthened WatSan programming at NS level.

Outputs

- 2.1 At least six NS supported in implementation of ongoing long term WatSan programmes and timely reporting.
- 2.2 WatSan manuals, guidelines, strategies and training tools developed and disseminated to all 14 NS.
- 2.3 Capacity of NS WatSan staff in community management and design principles for rural WatSan enhanced.
- 2.4 WatSan emergency response capacities at sub-Zone and NS level strengthened.
- 2.5 WatSan and hygiene promotion capacities in disaster preparedness and response developed and enhanced.
- 2.6 Capacity of NS staff in NDRT, RDRT, WatSan, ERU and FACT strengthened.
- 2.7 Sub-Zone WatSan capacity (WatSan equipment and stocks) for disaster response maintained.

Programme component 3: Public health

Component outcome 1: Strengthened community and emergency health response capacities at NS level.

Outputs:

- 3.1 Strengthened emergency health response and preparedness capacity at sub-Zone and NS level. (Cholera, AWD, meningitis, Ebola, yellow fever and AHI).
- 3.2 Capacity of staff in NDRT, RDRT on public health enhanced.
- 3.3 NS community based early warning and disease surveillance systems in place.

Component outcome 2: Strengthened community health programming (malaria, measles and polio)

Outputs

- 3.2.1 Red Cross Red Crescent role in mass immunization promoted through social mobilization.
- 3.2.2 National Society capacity strengthened through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.
- 3.2.3 Vaccination-specific technical support provided to sub-Zone/regional/country delegation offices and National Societies.
- 3.2.4 Malaria programme is integrated into existing health programmes and sustainability support is provided to National Societies implementing malaria programmes (Hang up and keep up).

This programme component will complement the work undertaken by the Global Measles and Polio Initiative. For more information about this initiative go to: [MDR61004-64005-63002](https://www.mdr61004-64005-63002)

Programme component 4: Community Based Health First Aid in Action (CBHFA)

Component outcome: Strengthened community health programming at NS level.

Outputs:

- 4.1 First Aid skills development, basic disease prevention and health promotion messaging.
- 4.2 Strengthened CBHFA programmes at NS level.

Programme component 5: Maternal, Newborn and Child Health (MNCH)

Component outcome: Strengthened maternal newborn and child health programming at NS level.

Outputs:

- 5.1 Comprehensive maternal newborn and child health (measles, polio and SRH) established and integrated into new and ongoing programmes.
- 5.2 NS are supported to fundraise and establish comprehensive MNCH programmes, vaccination campaigns, uptake of antenatal services as well as preventing malnutrition.

Programme component 6: Voluntary Non-remunerated blood donation (VNRBD)

Component outcome: NS will have the capacity to assist Ministry of Health (MoH) at the education (or predisposing) level by utilizing their volunteers in community awareness programmes and being involved with MoH with episodic campaigns to attract voluntary blood donors.

Outputs:

- Support the Ethiopian Red Cross Society in organizing the 12th International Blood Donor Colloquium to be held in April 2010 in Ethiopia.
- Strengthened NS programming in VNRBD.

Programme component 7: Avian and human influenza pandemic

Component outcome: Human morbidity and mortality, massive social disruption and related suffering caused by a pandemic minimized.

Outputs

- 7.1 NS supported to be better prepared and respond to unavoidable H1N1 outbreak in their countries.
- 7.2 Sub-Zone office and country representations facilitated to be better prepared for avian influenza (H5N1) and H1N1.
- 7.3 Technical support is provided to 5 NS (Ethiopia, Uganda, Kenya, Tanzania, and Burundi) which received the USAID H2P grant.

The sub-Zone Health and Care unit will take an approach where training will be via mentoring and coaching rather than classroom style to ensure that hands-on practical skills are acquired and developed by the beneficiaries.

Table 2: Requests for Exchange Programmes in 2010

NS	Exchange Program Partner	Program Areas
Burundi	Madagascar, Uganda, Ethiopia	PHAST, blood donor, Malaria Keep Up
Comoros	Rwanda, Kenya	PSSBC (CBHFA) D,HIV
Eritrea	Seychelles, Uganda, Ethiopia	HIV, CBHFA, WatSan
Ethiopia	Seychelles and Uganda-CBHFA, HIV, WatSan	CBHFA, HIV, WatSan
Kenya	Finnish, British, Uganda	All programs
Mauritius	Any	HIV/ CBHFA
Rwanda	Kenya	HIV/ Reproductive health
Seychelles	Ethiopia	Blood Donation
Sudan	Uganda, Seychelles, Ethiopia	Food Security, Blood donation, HIV, Polio
Tanzania	Ethiopia	Blood Donor
Uganda	Any	HIV, WatSan, Malaria control

b) Potential risks and challenges

The sub-Zone continues to be faced with many disasters which naturally take precedence to long term development activities, especially disasters that precipitate large population movements or diseases outbreaks of pandemic nature. Other potential challenges that our department faces include: inadequate communication on our activities, programmes, results and responsibilities; securing funding in order to achieve our goals and ambitions; due to the current economic situation humanitarian reforms and competition for resources will be huge. Finally, there is inadequate human resource capacity for example the department needs a community health delegate who will specifically drive the roll-out and integration CBHFA in community based health programmes in 14 NS.

To tackle programme-specific challenges, strategies to overcome the challenges will be put into place at different levels depending on the programme component. Low funding levels in the first quarter and overall poor funding to the plan within the year means achievements of major targets might not be realised in full. This warrants constant review and prioritization of planned activities.

Organisational Development

The Organisational Development budget is CHF 894,556 (USD 843,921 or EUR 588,524)

Programme purpose
Increase local community, civil society, and Red Cross/ Red Crescent capacity to address the most urgent situations of vulnerability.
Programme component 1: Support to National Societies OD processes.
Component outcome: NS are supported towards becoming strong and sustainable organisations that provide quality services to vulnerable nationwide.
Outputs
1.1 National Societies are provided with technical support in the various organisational development processes.
1.2 There is effective coordination of NS development efforts within the Federation as well as cooperation among Movement partners.
1.3 National Societies leadership and management access skills and resources for institutional development and change management.
1.4 The legal bases of NS are strengthened for enhanced accountability and integrity.
Programme component 2: National Society leadership and management development.
Component outcome: Governance and management of NS are strengthened for effective leadership and service delivery.
Outputs
2.1 National Societies receive technical support towards the promotion of good governance.
2.2 NS leadership are supported in establishing sustainable organisations.
2.3 Leadership effectiveness and innovation is supported and developed.
2.4 Partnership coordination and cooperation is enhanced between NS, Federation and other partners.
Programme component 3: Volunteering development.
Component outcome: NS are supported with tools and resources for volunteer management and grassroots development
Outputs
3.1 Volunteering development and management efforts at NS are supported.
3.2 National Societies and partners are supported in managing volunteering in conflicts, emergencies and disasters.
3.3 Volunteering development is effectively coordinated within the Federation.
3.4 National Societies are supported in the promotion of enabling environment for volunteerism in their national contexts.
3.5 National Societies are able to address volunteerism in urban settings.
Programme component 4: Youth development
Component outcome: The base of youth volunteers in NS are strengthened
Outputs
4.1 National Societies are supported in their youth development efforts.
4.2 Youth are supported in getting involved in NS programmes and services.
4.3 National Societies youth development programmes are supported.
4.4 There is effective coordination of youth development initiatives within the Federation.

b) Potential risks and challenges

The trend in Appeals response and general financial support has not been in favour of National Societies in the Indian Ocean Islands. This has affected service delivery. Previous attempts to mitigate the impact of this challenge has included enhanced partner sensitisation, re-allocation of un-earmarked assistance, and working with PNS to assign additional responsibilities to their field delegates.

The incessant change in NS leadership and management positions is likely to delay the realisation of investments returns in human resources development, and in the sustainable utilisation of installed systems and processes.

Perhaps the greatest risk to NS development arises from the potential erosion of the spirit of volunteerism posed by a proliferation of non-government actors who pay for what would be voluntary services. This underscores the need for continuous support to volunteer development.

Planning, Monitoring, Evaluation and Reporting (PMER)

The PMER budget is CHF 173,262 (USD 166,209 or EUR 115,909).

<p>Programme purpose</p> <p>Increase local community, civil society, and Red Cross/ Red Crescent capacity to address the most urgent situations of vulnerability.</p>
<p>Programme Component: Increasing capacity for programme development and management⁸</p> <p>Component outcome 1: Integrated PMER systems and structures in place within NS for more effective and efficient management of programmes.</p> <p>Outputs</p> <p>1.1 PMER systems and policies exist and are adhered to by NS.</p> <p>1.2 NS planning, monitoring, evaluation and reporting tools and systems are reviewed and needs identified.</p> <p>1.3 M and E system is included in all NS plans - emergency or development programmes.</p> <p>1.4 Standardized indicators used by NS core programmes to monitor progress and measure impact.</p> <p>Component outcome 2: Enhanced NS and sub-Zone units' skills and capacity to deliver quality programmes.</p> <p>Outputs</p> <p>2.1 Strengthened National Societies and Federation staff capacity to plan, monitor and evaluate their programmes.</p> <p>2.2 Enhanced skills and capacities of the National Societies to deliver quality and timely reports.</p> <p>2.3 PMER forums that will promote sharing of knowledge and lessons learned organized.</p> <p>2.4 A shared learning network and system is developed and fostered.</p> <p>2.5 Peer to peer support and NS capacity in emergency reporting strengthened to facilitate quality and timely reporting.</p> <p>Component outcome 3: Improved understanding of key programming elements in the core Federation programmes by National Societies and Federation staff.</p> <p>Outputs</p> <p>3.1 Planning framework developed for NS and the sub-Zone.</p> <p>3.2 A harmonized planning and appeals process is in place and understood by sub-Zone and NS staff.</p> <p>3.3 Standard guidance and support is provided to sub-Zone and NS to develop operation plans.</p> <p>3.4 Technical support is given to regional conferences and statutory meetings to develop strategic plans.</p> <p>Component outcome 4: Increased compliance to Federation and donor reporting requirements/standards among NS and the Federation Secretariat staff.</p>

⁸ The outcomes under this programme component are in line with Framework for Action areas of improvement 4 and 5- improving Planning, Performance and Accountability.

Outputs

- 4.1 Quality reports are delivered on time.
- 4.2 NS aware of and utilise donor funding guidelines.
- 4.3 NS and sub-Zone increasingly access resources to effectively implement their programmes.
- 4.4 NS have capacities to report on emergency operations.

b) Potential risks and challenges

Although the number of overdue reports has reduced significantly over the past year, a lot of work needs to be done in terms of ensuring timeliness in reporting and improved quality of reports from the NS. The major challenge here is that even when NS have various outstanding financial and narrative reports they still receive funding for implementing their activities.

Due to low funding levels of the 2009-2010 country plans, many NS were not interested in identifying their priorities for plan 2010-2011 therefore they did not want to be engaged during the planning process. It is hoped that the planning process will be reviewed by Geneva and a more meaningful process adopted for the next planning cycle.

Principles and Humanitarian Values

The Principles and Humanitarian Values (PHV) programme budget is CHF 42,780 (USD 39,611 or EUR 29,301). Although activities under PHV are managed by the communications department, this budget excludes communications activities since the communication budget is included under coordination.

a) The purpose and components of the programme

Programme purpose
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.
Programme component 1: Promotion of Fundamental Principles and Humanitarian Values.
Component outcome: Improved understanding and application of Red Cross and Red Crescent Principles and Humanitarian Values by Eastern African NS.
Outputs: <ol style="list-style-type: none">1.1 National Societies determine ways of scaling up the promotion of Humanitarian Values.1.2 Increased cooperation and information sharing among NS in the sub-Zone.

National Societies routinely conduct dissemination of Fundamental Principles mostly with ICRC support. Focus will be on fighting intolerance, stigma and discrimination, and promoting disaster risk reduction, including food security and climate change. In cooperation with the OD department as well as with the ICRC the programme will look closely at issues such as the protection of the emblem with Burundi Red Cross expressing a clear interest as well as the recognition of National Societies the case of the Red Cross Society of Eritrea. Together with the health department focus will be towards strengthening the collaboration with specific groups such as people living with HIV (PLHIV) and other discriminated and marginalized groups such as the Twa (Pygmies).

Resource Mobilization (RM)

Guided by the new (draft) strategic framework for resource mobilisation (July 2009) and Strategy 2020, the RM unit's overall objective is, to strive for sustainable generation of resources and to maximise coverage of funding of NS and sub-Zone Annual Plans, Emergency Appeals and other funding challenges.

Programme purpose

To assist NS to strive for sustainable generation of resources and to improve coverage of funding of sub-Zone and NS annual plans, emergency appeals and other funding challenges.

Programme Component: Resource Mobilisation

Component outcome 1: Increased capacity of the 14 NS to Mobilize and generate resources both domestically and internationally to ensure reduced external donor dependency.

Outputs

- 1.1 NS have dedicated RM focal persons trained and operational in close collaboration with SGs and program managers.
- 1.2 NS have understanding, commitment and capacity to initiate and implement RM activities.
- 1.3 Enhanced capacity EA NS in relationship management with movement partners.
- 1.4 NS have access to financial support from their respective governments.
- 1.5 NS have established and maintained contacts with the country representatives of EU and ECHO, DFID and UN agencies and Embassies.
- 1.6 NS have mapped the local corporate environment and have established first contacts with the leading ones.

Component outcome 2: Increased (major) sources of funding for annual plans and emergency appeals for the Eastern Africa sub-Zone.

Outputs:

- 2.1 Sub-Zone and NS adequately resourced to implement their annual plans.
- 2.2 Emergency appeals sufficiently funded to professionally implement required assistance.
- 2.3 Existing relations and partnerships are maintained and further strengthened and new relations with less known PNS/Governments established.
- 2.4 New funding prospects are constantly explored and developed.

Component outcome 3: Knowledge-sharing (internally and externally) and data management tools, systems and procedures in resource mobilisation in place and functional.

Output:

- 3.1 Well developed knowledge –sharing and data management capacity.

Component outcome 4: Strengthened coordination and network between Geneva Secretariat, NY office, sub-Zone, NS and other stakeholders for effective regional and domestic resource mobilization.

Output:

- 4.1 RM more effectively positioned at global, sub-Zone and domestic level.

Potential Risks and Challenges

One of the risks we could anticipate is a deteriorating global economical situation in 2010-2011 that seriously could affect income from our traditional partners as well as from Governments.

Since the Resource Mobilisation unit in the EA sub-Zone is rather new one of the challenges was and is to strive that RM activities are completely embedded in the IFRC structures with the result that continuous collaboration and information-sharing with programme departments, country/regional representatives and NS will be optimized.

Currently the emergency and annual appeal coverage is low. During this year's planning meetings emphasis was placed on realistic budgeting based on data sharing of the previous years; therefore it is anticipated to achieve at least 70-80 per cent funding coverage for the coming years.

The announced restructuring of Africa Zone office that will be implemented in the near future affected the RM annual planning budgeting exercise for 2010 and 2011.

Lastly another challenge the unit experiences is to support the 14 National Societies in becoming less dependent on resources coming from traditional donors by looking for other, more country-based strategies to generate sustainable resources

Role of the secretariat

The coordination budget is CHF 1,893,978(USD 1,753,683 or EUR 1,297,245).

(a) Technical programme support and coordination

The sub-Zone will continue to provide technical support to the 14 NS. The technical support will be provided by a team of experts available at sub-Zone level in the following areas of expertise:

The Eastern Africa sub-Zone RM Unit was set up in December 2008. In June 2009, the capacity of the RM unit was re-enforced by recruiting a resource mobilization Manager whose main responsibilities are pledge management and the facilitation of donor reporting issues. Under the overall responsibility of the Head of sub-Zone, the RM unit is accountable for maximising sustainable generation of resources for the National Societies in the region and the EA sub-Zone programmes, in respond to the annual plans and emergency appeals. The RM unit works in close collaboration with programmes, PMER, and finance departments. This team will also take advantage of new and emerging opportunities and external partnerships to increase the overall resources for membership services in the Federation and for operational alliances to implement the global agenda. It is expected that working with the OD team, this will lead to the development of appropriate operational alliances to make optimal use of available resources to achieve the greatest possible impact. Furthermore, enhanced Movement cooperation at all operational levels will be achieved through effective relationship management. It will also ensure an improved capacity of the Federation membership and Secretariat to mobilize and manage resources from diversified sources including compliance to key regulations.

The DM programme team includes a DM coordinator, operations delegate, a food security advisory delegate, food security officer, disaster risk reduction officer and a DM officer. This strengthened DM department is poised to implement the proposed sub-Zone DM plans in 2010-2011. Depending on the scale of emergency operational interventions, the mobilization of trained NS staff and mechanisms for tapping into government, UN and NGOs resources will be put in place. The health and care unit is comprised of a health and care coordinator; four technical staff with skills in HIV and AIDS, WatSan (hardware and software), public health and a programme assistant. In 2009, the unit also recruited the H2P coordinator and officer. The sub-Zone also has a rich and diverse range of expertise in health, WatSan, HIV and AIDS and emergency health at the National Society and PNS levels.

Supported by the OD coordinator and OD officer, capacity building will form part of the central responsibilities of the Heads of Sub-Zone offices and country representatives. Dedicated in-country OD delegates will also be deployed on a short-term basis according to identified priority National Societies, availability of resources as well as technical conditions at the sub-Zone level. A finance development delegate will be recruited if funding permits.

The PMER unit established in 2008 is comprised of a PMER manager and officers with technical expertise in monitoring and evaluation, planning and reporting and emergency reporting. Working in close collaboration with programmes, the PMER unit will continue to focus on improved quality of programmes with a focus on results for vulnerable people, building capacity of NS/sub-Zone units and making PMER an added value for all stakeholders and ensuring strong links between PMER, finance and resource mobilization strategies.

b) Partnership development and regional cooperation

As a membership service, the sub-Zone office will ensure Movement cooperation and coordination through facilitation of effective and regular communication with all Movement partners. The sub-Zone office will continue to provide guidance to National Societies in applying Red Cross Red Crescent policies and Movement coordination tools in support of multilateral and bilateral activities. Cooperation among the National Societies in the region will be supported through RC-NET, with the Zone office continuing to act as its Secretariat. The sub-Zone will continue to promote Global Alliances and

Operational Alliances as frameworks designed to mobilize capacities and resources to provide effective support to NS.

Partnership meetings on regular basis will continue to be hosted by the sub-Zone office for all Movement partners, including ICRC. The sub-Zone office will render services to National Societies operating internationally who have their own offices in the region under the status agreement of the Federation with the Government of Kenya. These services will be rendered in accordance to an agreed integration agreement. The traditional partnerships with RC/RC Movement members will be strengthened. Similarly, the enhancement of regional cooperation with existing partners at global level will be emphasized with European Commission (EC), including Humanitarian Office (ECHO), UN-OCHA, United Nations High Commissioner for Refugees (UNHCR) and other UN Agencies as well as with bilateral government donor agencies including Did, United States Agency for International Development/Office of U.S. Foreign Disaster Assistance (USAID/OFDA), among others. This will be done in line with programme priorities and will include support to National Societies to develop strategic partnerships with key partners at the country level.

c) Humanitarian Diplomacy

As a primary representative of the Federation to regional organizations, the Head of sub-Zone will continue to represent the Federation or recommend sub-Zone or NS personalities to represent the Federation at events and conferences. Representation and advocacy in this case will include representation of the sub-Zone office in inter agency discussions depending on different circumstances. Whereas representation will be arranged and coordinated by the sub-Zone, the NS needs will be taken into account. This implies that sometimes the sub-Zone will advocate for activities which are not Secretariat responsibilities but which have been identified by NS as vital, for example issues which are domestic in nature or those which are led by ICRC such as land mines and others. Advocacy will be guided by the decisions made at the statutory meetings and in particular the decisions adopted at International Conferences by governments and National Societies. While the Head of sub-Zone will take the lead in this, she will work closely with programmes and the National Societies to ensure consistency. The IDRL delegate for Africa will ensure that NS are supported to engage with their governments on IDRL.

d) Communications

The Communications unit will be the tool that will ensure that the voice of the most vulnerable in the Eastern Africa sub-Zone is heard. It will focus on strengthening the structural and human capacity at sub-Zone and National Society level to profile effectively – internally and externally, the IFRC/NS activities. While ensuring timely coverage of emergency operations, it will aim at including competent NS communicators in the RDRT structures for deployment during minor and medium size emergencies. In the framework of the Eastern Africa sub-Zone Communications Forum, specific training sessions will be organized. The Federation will manage capacities and knowledge available with PNS in order to build useful partnerships for the benefit of all involved. Particular attention will be given to resource mobilization efforts where the communications unit will work together with the OD and RM units to support initiatives that will enable the sub-Zone and NS to deliver effective programmes and services.

Promoting gender equity and diversity

The Federation's 1999 gender policy will guide incorporation of gender into all programmes. Different needs, capacities and concerns of girls and boys, men and women will be taken into consideration when programming in order to contribute to achieving Global Agenda 4. The Head of sub-Zone will ensure that gender is mainstreamed in all programmes. The gender needs and concerns identified during planning will be addressed during implementation and deliberate effort will be made to ensure that the monitoring and reporting tools capture the progress made towards addressing the gender needs with emphasis on data desegregation.

Quality, accountability and learning

The Health and Care department will facilitate peer learning among NS and knowledge sharing through exchange visits, RCNET-Health and EA sub-Zone HIV network meetings; and dissemination of new

approaches and methodologies from institutions of centre of excellence such as WHO, UNAIDS, CDC among others. Focusing on the best results possible, the health and care department will ensure quality and accountability of its and NS programmes through: active programme monitoring on the Country and sub-Zone level; continuous improvement and adaptation of health indicators for different programmes; development of best practices both within the Federation and with other specialised actors such as WHO; data collection from field activities both in long-term and emergencies to establish programme impact; evaluation and lessons learned to be created both internally and with independent parties to participate to the learning process; coordinate and partner with research and academic institutes to expand knowledge exchange experience.

The PMER unit in collaboration with other units will continue to facilitate development of PMER systems for effective and efficient programme management. Programmes will continue to utilize the monitoring tool introduced in 2008 to track their progress on a quarterly basis. Quarterly review meetings will be held with the sub-Zone programme units to share the progress made towards annual plans. As well, mid year meetings will be held with the NS to review their annual plans. Programme updates, annual reports and emergency reports will be shared on the Federation website. The unit will continue to emphasize the timeliness in reporting and compliance to donor reporting guidelines. Learning fora for the NS, Partners and the sub-Zone will be organized in which knowledge and experiences will be shared.

Budget summary

Programmes	2010 budget (CHF)	2011 budget (CHF)	Total budget (CHF)
Disaster Management	895,187	895,187	1,790,374
Health and Care	977,182	1,053,287	2,030,469
Organizational Development	442,791	451,765	894,556
Principles and Values	21,390	21,390	42,780
Coordination	953,406	940,572	1,893,978
Total	3,289,956	3,362,201	6,652,157

How we work

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

Global Agenda Goals:

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

Contact information

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