

# Plan 2010-2011



International Federation  
of Red Cross and Red Crescent Societies

## Indian Ocean Islands (Comoros, Madagascar, Mauritius and Seychelles)

### Executive summary

The level and severity of emergencies are increasing in the Indian Ocean Island region. Cyclones, floods, droughts and volcanic eruptions, coupled with a relatively high prevalence of HIV and AIDS, malaria and malnutrition weakens community resilience to the impact of emergencies. The National Societies in the region have developed strategies to tackle these issues through community level preparedness and risk reduction programmes as well as institutional capacity building programmes.

The **disaster management** programme focus will be on disaster risk reduction, organizational and community preparedness and emergency response. The disaster preparedness component will target approximately 525 volunteers together with approximately 104 communities through three projects. These projects (in partnership with PNS and relevant national ministries) will benefit the most vulnerable people of the region who are directly affected by volcanic eruptions, cyclones, tidal waves and flooding. NS will increase their institutional capacity to respond in times of disasters, through improved plans and procedures, stronger National Disaster Response Teams (NDRTs), and improved emergency response services. In relation to First Aid, the NS will continue covering main events that require medical aid stations and will implement their First Aid activities in their Road Safety programmes, fund raising activities, community based activities and their water rescue programmes.

The **health and care** programme concentrates on the NS capacity to respond in public health emergencies and seeks to develop and expand programmes such as the malaria hang up project previously developed with the American Red Cross. Community Based Health and Care programmes, such as blood donor recruitment, the HIV and AIDS and tuberculosis projects (with the Global Alliance and Global Fund) will continue to raise public awareness on prevention, health and care for more than one million beneficiaries, and reduce stigma and social exclusion towards People Living with HIV and AIDS (PLHIV) through a community based approach.

Under the **organizational development** programme, the capacities of the headquarters and branches on updated procedures, statutes and functioning of their NS in vulnerable communities will be reinforced and monitored to ensure a more efficient working relationship between NS and their branches. Furthermore, the vacant positions for management and programme coordinators at the national level will be filled in Mauritius to ensure efficient and effective programme delivery. Also, the management and organization system for volunteers and youth clubs will be developed or strengthened. Financial systems will be strengthened to ensure better accountability and credibility vis a vis stakeholders.

Following the political instability within the region, attention will be given to developing a communication strategy on the use of the emblem during times of conflicts and the dissemination of the principles and values of the RCRC.

**The total 2010-2011 budget is CHF 1,207,765 (USD 1,139,401 or EUR 794,582)**

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

## Country context

The Indian Ocean Islands, due to their geographical location are heavily exposed to tropical cyclones, which bring torrential rains, destructive floods and two of the most active volcanoes in the world are situated in the area. Both Madagascar and Comoros have experienced political conflicts over the past two years and the NS have been supported by ICRC intervention.

The World Bank estimates that 70 percent of the population in Madagascar lives on less than USD1 per day. Many continue to suffer economic hardship following the political tensions which left over 130 people dead. The passage of Intense Tropical cyclone fanel and tropical storm Eric in January 2009 caused extensive damage to infrastructure affected more than 50,000 people and left more than 4,000 homeless. A few weeks later, amidst the political instability, tropical storm Jade hit the east coast of the country and caused severe flooding which affected over 30,000 people and caused 9 deaths. Purchasing power in Madagascar, Comoros and Seychelles has decreased drastically, especially in rural areas where farm incomes cannot keep pace with increasing prices for basic necessities. Subsistence farming is especially risky in disaster-prone regions.

Human Development Indicators	Mauritius	Madagascar	Comoros	Seychelles
Population (millions)	1.3	18.6		0.09
Persons living with HIV, adults (%)	0.6	0.5	0.12	0.1 <sup>1</sup>
Orphans due to HIV and AIDS	< 500	3,400	< 100	N/A
Malaria cases (per 100,000)	1		1930	51.9
Population with access to improved sanitation (%)	94	50	33	90
TB cases (per 100,000)	132	396	49	56
Under-five mortality rate (per 1,000 live births)	15	119	53	13
HDI value	0.804	0.533	0.561	0.843
Life expectancy at birth (years)	72.4	58.4	64.1	72.7
Adult literacy rate (% ages 15 and older)	84.3	70.7		91.8 <sup>2</sup>
GDP per capita (PPP US\$)	12715	923	1,993	16,106
Probability of not surviving past age 40(%)	5.1	24.4	15.3	
Adult illiteracy rate (%ages 15 and older)	15.7	29.3		91.8
Children underweight for age(% ages 0-5)	15	42	25	6
Combined primary, secondary and tertiary gross enrolment ratio	98.3	95.4	83.90%	82.2 <sup>3</sup>

**Human development Indicators: Indian Ocean Islands**

It is estimated that the causes of death in children under 5 years old directly related to malaria is >20 percent in Madagascar and 19.4 percent in Comoros.<sup>4</sup> Deaths from malaria can be prevented, and the NS is heavily involved in community sensitisation, as well as the distribution of mosquito nets. Approximately 53 percent of the rural population in Madagascar have access to an improved water source,<sup>5</sup> and approximately 27 percent to improved sanitation.<sup>6</sup> In Comoros, only 27 percent of rural areas have accessed to improved sanitation facilities.<sup>7</sup> UNDP also estimates that 42 percent of children under five in Madagascar are underweight.

Mauritius is the second biggest consumer of heroine per capita in the world, making communities particularly vulnerable to the spread of HIV and AIDS – UNAIDS estimates the level of HIV and AIDS per capita in Mauritius to be over 1.7 percent<sup>8</sup>. Although Non Governmental Organizations (NGOs) in Mauritius believe that the true figure could be well over 2 percent. Purchasing power has decreased considerable with the global financial crisis, which has hit the region particularly hard. The devaluation of the Seychelles rupee by more than 100 percent is increasing people's vulnerability to disasters and public health emergencies.

<sup>1</sup> <http://www.unaidsrtesa.org/countries/seychelles>

<sup>2</sup> [http://www.unicef.org/infobycountry/seychelles\\_statistics.html](http://www.unicef.org/infobycountry/seychelles_statistics.html)

<sup>3</sup> <http://www.eoearth.org/article/Seychelles>

<sup>4</sup> World Health Organisation 2000 estimates, <http://www.who.int>

<sup>5</sup> UNDP: <http://hdr.undp.org>

<sup>6</sup> World Health Organisation 2002 estimates, <http://www.who.int>

<sup>7</sup> World Health Organisation 2002 estimates, <http://www.who.int>

<sup>8</sup> <http://www.topix.com/forum/world/mauritius/TMON54NNU5B1N349>

The needs of the region are highlighted by this short description in terms of increasing NS capacity to respond to emergencies and building community resilience by increasing access to clean water, food and health care. There is also a need to increase prevention methods of health emergencies such as malaria, cholera and HIV and AIDS and reducing discrimination, stigma and social exclusion.

In order to give vulnerable people the most sustainable assistance, the capacity of the National Society's governance and management structures at national, regional and community level to implement programmes need to be further developed. The IFRC and PNS are helping the National Societies in restructuring their governance and management relationship, as well as developing their branches and volunteers to increase the number of people reached. This is a major priority for the NS in order to be able to work well, improve programme management at national and branch level and develop sustainable projects with communities.

It is also important to develop external partnerships and networks to be part of an international network as well as a national one, so as to improve sharing of experience and knowledge, good practice and technical expertise.

The National Societies' main goal is to reduce the vulnerability of local communities; priorities in terms of strategy are to build the NS capacity, reducing, mitigating and preparing for risks and natural disasters at the institutional and community level, and finally combating diseases and stigma such as HIV and AIDS, malaria and other communicable diseases.

## National Society priorities and current work with partners

For the period 2010 - 2011, the NS of the sub Zone will focus on the four Global Agenda goals. A cross-cutting programme to reduce the impact of disasters, disease and public health emergencies through capacity building at the institutional and community level, will be implemented in partnership with the Canadian Red Cross, French Red Cross, Spanish Red Cross, German Red Cross, the Ministry of Health and the country National Disaster Committees. More than 600 volunteers will be trained in risk reduction, preparedness, response, first aid, and community health care. This will enable more effective and efficient community vulnerability and capacity assessments as well as needs assessment. Ultimately, vulnerable communities will be more confident in developing and implementing projects on their own as strong action plans are developed over the last two years, both Madagascar and Comoros have had a series of political crises. Although NS programmes were somewhat curtailed, the NS responded well and strengthened the neutral and independent status during times of political clashes.

Disaster response in 2008 proved that the National Societies are reliable and competent, but that international support is needed to facilitate NS activities required for large scale emergencies; With support from government ministries, the IFRC and Partner National Societies (PNS), the NS in Madagascar reached approximately 50,000 people affected by cyclones through activities such as distribution of relief items as well as sensitization of disaster prevention and risk preparedness and water and sanitation. Madagascar is a target country for the 1<sup>st</sup> phase of the global alliance on Disaster Risk Reduction and the H2P programme.

In disaster response, the French Red Cross (PIROI) office premises and warehouses are being reinforced or built, and emergency stocks will be prepositioned in the region, to be used by the NS or other Red Cross Red Crescent partners for emergency response. Together with the Federation, the National Society in Madagascar is currently finalising the distribution of Non Food Items (NFIs) and rehabilitating wells in the Menace region, following the passage of Intense Tropical Cyclone Finel and Tropical storm Eric. With the French Red Cross, the NS in Madagascar and Comoros are carrying out WatSan and health promotion activities following heavy rains and ensuing floods from intense tropical storm Jade. PIROI and the Canadian RC, the NS of the sub Zone have trained over 20 NS staffs and volunteers and validated them as RDRT personnel to be deployed in times of emergencies. The project is also building capacity of volunteers in techniques of rapid assessment, beneficiary identification and selection, distribution, warehouse and pre-positioned stock management. Further training is planned to increase (Regional Disaster Response Team) RDRT capacity in the region.

Through the help of the Federation and PIROI, disaster preparedness will involve emergency stocks being prepositioned throughout the region. The Canadian, Spanish and German Red Cross have

helped the NS increase their activities at the community levels. Greater vulnerability and capacity assessment (VCA) activities and community based first aid (CBFA) helps increase capacities of communities and reduce their vulnerabilities to emergencies. The Spanish and German RC are also supporting the NS in developing branches so that the NS are able to reach more vulnerable groups. However, there is a need to develop the correct institutional processes, such as contingency plans.

Health Care programmes in the region include CBFA, H2P preparedness, basic HIV and AIDS sensitisation and Blood donor recruitment. Health promotions are also integrated through emergencies (such as malaria following Cyclone Fanel and Tropical storm Eric). Donor support is needed and encouraged for NS to develop sustainable health programmes rather than short term activities.

Following the increased number of partners due to the Indian Ocean Islands Tsunami, capacity building of NS activities in the region has increased. This has included an increased in staff, members and volunteers as well as equipment. Extensions or renovations of NS premises are currently being supported by the International Federation, French RC PIROI, the Canadian and German RC. However, there needs to be further support and coordination of these activities to ensure that they are not ad-hoc activities, but are an integral part of the capacity building process.

The Federation is supporting the ICB actions of the Seychelles Red Cross. This involves branch development, VCA and Volunteer and Youth development.

With increased activities and partners, there is also an increased need for accountability and thus Finance development. The IFRC IOI Sub Zone office is supporting the NS in finance development, but will need to beef up its support as NS plans and activities increase. The Federation continues to provide on-going support in statute revisions, internal rules and regulations and strategic planning.

The communication department will continue to produce and distribute quarterly newsletters. The NS website will be updated more regularly with support from the Federation and PNS. Communication strategies are being developed along with a two-year plan of action. With support from the Federation and PNS, there is greater dissemination of the principles and values of the Movement within disaster management (DM) and Health Care programmes. In particular, community disaster response team (CDRT), National disaster response team (NDRT) and RDRT curriculums, will have strong principles and values information and dissemination aspects. NS are developing induction courses for new staff, members and volunteers. These are important to ensure that staff, members and volunteers are themselves representative of the Movement.

## Secretariat supported programmes in 2010-2011

### Disaster Management

#### a) The purpose and components of the programme

<b>Programme purpose</b>
Reduce the number of deaths, injuries, and impact from disasters.
<b>Programme component 1: Organisational Preparedness</b>
<b>Component outcome 1:</b> The NS in the sub Zone are better prepared and coordinated for Disasters through the development of National DM strategies and contingency plans in thematic areas to guide the NS during emergencies.
<b>Outputs</b>
<ul style="list-style-type: none"> <li>Each NS has developed a DM Strategy at the national level, and this strategy is disseminated among its staff, members and volunteers.</li> <li>Each NS has developed a contingency plan in at least two thematic areas relevant to their country's vulnerabilities, to guide them in times of emergencies. These contingency exercises are disseminated within the whole NS and tested to ensure the efficiency of these contingency plans.</li> </ul>

## **Programme component 2: Disaster Response**

**Component outcome 1:** The impact of disasters on vulnerable communities is reduced through adequate and timely emergency response measures.

### **Outputs**

- The NS have strong NDRTs, who are called upon by public authorities and deployed accordingly during national emergencies.
- NS have developed strong water rescue programmes, and their teams are deployed during beach and water sports events.

Approximately 235 volunteers will be trained or attend refresher courses to represent the NS as NDRTs. Volunteers will be chosen based on their willingness to participate in their NS activities, and their competence in disaster preparedness and response. The NDRTs will be trained in 5 thematic areas (relief, WatSan, health and care, logistics and communication) to respond in times of emergencies.

50 additional volunteers in Mauritius and Seychelles will be trained in water rescue, and ensure water safety during main events, through an efficient water rescue programme.

## **Programme component 3: Community Preparedness**

**Component outcome 1:** Community capacities are improved to reduce their vulnerabilities to public health emergencies and disasters.

### **Outputs**

- NS have facilitated the development of effective and efficient CDRTs in vulnerable regions and communities and these CDRTs are the first to respond during small scale emergencies.
- In line with Strategy 2020 Community resilience to disasters and public health emergencies is improved through increased knowledge on disaster risk reduction and emergency response.

A total of 240 volunteers are trained in disaster preparedness and response, and implement a community based disaster risk reduction and response programme. CDRT programmes cover 50 percent of identified vulnerable groups on the islands.

### **b) Potential risks and challenges**

The costs in storing and maintaining the necessary resources to ensure an effective water rescue programme may exceed the possible incoming revenue from the NS providing these services and the programme will no longer be sustainable. Although the need for water rescue is evident, there are no concrete indications that public authorities will support these activities.

Community participation and ownership is relatively new in the region. There is a possibility that genuine participation is not properly understood or accepted by the NS and their staff and volunteers. If this is the case, there is a strong possibility that CDRT plans and programmes are not owned by local communities thus reducing their development. It will be a challenge to ensure that NS staff and volunteers accept the notion of local participation and ownership as the best means for community empowerment. Volunteer management is a new area for the NS in the sub Zone. The retention of staff, members and volunteers is a problematic issue. The turnover of staff and volunteer means that the make up and capacities of NDRTs will change over time and that a recycling process will need to be conducted. Economic instability is forcing trained staff and volunteers to look to job opportunities overseas.

## **Health and Care**

### **The purpose and components of the programme**

#### **Programme purpose**

To reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

### **Programme component 1: Emergency Health**

**Component outcome 1:** Each NS has developed an approved emergency health strategic and contingency plan.

#### **Output**

- Each NS has developed an approved national emergency health strategic plan, combined with strong contingency plans for thematic areas which are of priority to vulnerable communities.

**Component outcome 2:** The Indian Ocean Island RDRT and all NS NDRT teams have a strong health team, able to respond to regional public health emergencies.

#### **Output**

- The Indian Ocean Island's validated RDRT members, and all NDRT health and care teams, are strong in health and care issues, and are able to provide strong support to affected communities in times of public health emergencies.
- A total of 23 validated RDRT members are trained to become trainers of NDRTs in DM and health. Approximately 235 validated NDRT members have good knowledge of public health issues and are able to provide support to communities in public health emergencies.

### **Programme component 2: HIV and AIDS**

**Component outcome 1:** Community resilience to the effects of HIV and AIDS is strengthened through a community based HIV and AIDS prevention programme which increases community knowledge and reduces stigma and social exclusion.

#### **Output**

- Each NS has developed a strong HIV and AIDS community based programme which is being implemented.

A total of 88 volunteers are trained in community based HIV and AIDS prevention, and have disseminated prevention methods within 120 vulnerable communities over a two year period. Vulnerable communities often do not receive accurate information on HIV and AIDS due to their social and geographical exclusion. The programme will also target youth and students (who represent a particularly vulnerable group) through peer education.

#### **b) Potential risks and challenges**

The high turnover in staff and volunteers makes it difficult to retain trained personnel. Lack of funds prevents the deployment of local and regional staff in public health emergencies, and trained staff and volunteers are unable to gain practical experience.

The stigma associated with HIV/AIDS, and the rigid social cultural beliefs, way of thinking and habits in some areas of the Indian Ocean Islands will be a major challenge to volunteers carrying out related activities.

## **Organisational Development**

### **a) The purpose and components of the programme**

#### **Programme purpose**

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

#### **Programme component 1: NS Systems, procedures and staff sustainability**

**Component outcome 1:** Develop the Governance teams of the NS to ensure that guidance and direction being disseminated at all levels is informed, clear and in conformity with RCRC standards.

**Component outcome 2:** Financial Systems and procedures are developed and implemented to ensure proper recording and reporting, thus increasing accountability and credibility.

**Component outcome 3:** Salaries of Management team in Mauritius RC are maintained at a nationally competitive level, to ensure sustainability of programmes.

**Component outcome 4:** NS premises and Warehouse are adequately refurbished to facilitate the

development and implementation of programmes.

**Outputs:**

- All NS are implementing revised statutes and are ensuring the rotation of governance teams as per these statutes.
- All NS governance teams carry out their roles and responsibilities with professionalism, and in accordance with their statutes.
- All NS have developed and implemented effective and efficient financial and administration systems and procedures which result in improved accountability.
- Employees of the NS are credible personnel with the capacity to manage programmes and activities which are in line with RCRC mandate.
- Employee loyalty and credibility is maintained through competitive salary scales.
- NS premises are adequate and provide a setting which allows staff, members and volunteers to carry out their work in an efficient and effective manner.
- These programme components will help build stronger National Societies within the region, facilitating the application and implementation of Strategy 2020 and its components.

**b) Potential risks and challenges**

With the global economic downturn, there is a risk that insufficient funds can be raised locally or internationally to meet the salaries of management. Staff turnover is becoming an issue in the region as more and more, people are looking to higher paying jobs nationally or internationally.

**Programme component 2: NS grassroots units and services development**

**Component outcome 1:** volunteer and youth management policies are developed and successfully implemented, increasing the capacity of volunteers and youth clubs to implement NS programmes.

**Outputs:**

- All NS have an effective volunteer management policy, which has been disseminated to all volunteers, including youth clubs and this Volunteer Management Policy is in place and respected.
- Volunteers and Youth clubs are more active and have greater capacity to implement programmes.

## Principles and Values

**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: Promotion of humanitarian principles and values**

**Component outcome 1:** Comprehensive Communication strategies and 2 year action plans exist and are implemented.

**Component outcome 2:** Induction courses for new staff, members and volunteers are strong and provide good guidance on RCRC principles, objectives and mandates.

**Component outcome 3:** The general public is more aware of the Principles and Values of the Movement, as well as the role of the National Societies in their respective countries.

**Outputs:**

- A comprehensive communication strategy and action plan, leads and guides the NS to develop communication activities which will enhance visibility and understanding of the role of the Movement in times of disasters and conflict.
- In line with Strategy 2020, there will be a wider understanding of the RCRC Fundamental principles and values, effectively reducing intolerance and discrimination within society.
- Effective and efficient induction courses guide new staff, members and volunteers in carrying

out activities which are relevant to RCRC objectives and which promote RCRC principles and values.

- A national campaign is held in each country of the Sub Zone, to sensitise the general public on Principles and Values, as well as the role and responsibilities of the NS in their respective country.

## Role of the secretariat

**The secretariat's budget for its support role is CHF 1,207,765 (USD 1,139,401 or EUR 794,582)**

### **(a) Technical programme support and coordination**

The Federation continues to take a lead role in the coordination of RCRC activities in the region from its sub Zone office in Mauritius, and its office in Madagascar. Constant support is given in Finance and Administration, Organisational Development/Capacity Building and Disaster Management in emergency settings. With the French Red Cross/PIROI, Spanish and Canadian Red Cross, the Federation has been supporting cyclone and flood relief interventions in the region for several years. The Federation has also worked closely with partners in health emergencies and sensitisation campaigns such as the cholera epidemic, the polio/measles campaign and the Karthala Volcano preparedness programme. The Federation continues to encourage the development of Community Based programmes.

The NS are working in close collaboration with the Federation, the ICRC and PNS in order to implement their programmes. In particular, partnerships with the French Red Cross/PIROI (risk reduction, mitigation and preparedness, water and sanitation, emergency response), the Canadian Red Cross (organizational development), Spanish Red Cross (Risk Reduction), and German Red Cross (Organisational Development) and the Federation (Finance / OD and Disaster management support), have been developed and continue working. The NS will need technical support from the Federation through training in specialized areas and material support (specifically in terms of building capacity for emergency response in DM and health, financial development and Community Based Disaster Risk Reduction. The NS hope that the International Federation will assist them in carrying out assessments determining their organisational needs as well as to provide technical training to staff, members and volunteers.

### **b) Partnership development and coordination**

Non-state actors, such as UN agencies, CARE and other NGOs are active within the region and have worked with the National Societies (especially in Madagascar and Comoros) in responding to emergencies. The successful implementation of disaster preparedness and health programmes relies on the partnerships between the National Societies and other actors. In addition, the Ministry of Health and the respective National Offices for Disaster Management Coordination and Response are involved in the various programmes at all stages. All NS in the region sit on the board of their respective National Disaster Committee. The Federation continues to support the NS to ensure that their relationship as auxiliaries to the Public Authorities is respected. A particular priority is to ensure that activities carried out are in conformity with the Movement's principles and mandate.

The Federation provides on-going support to the NS in capacity building and large scale disaster response activities. This partnership with the Federation will help NS to improve programme management and credibility among partners and beneficiaries. The ICRC works with the NS for the dissemination of principles and values of the Movement, as well general advocacy.

### **c) Representation and advocacy**

Despite the various emergencies and preparedness programmes, the functioning and the symbol of the Movement are not known in the NS and their respective countries. The NS' role as auxiliaries of the State is not widely recognised and the NS have been unable to capitalise on this privileged status in including advocacy in its programmes. Efforts at representation and advocacy require the Federation/ICRC's help and advice.

## Promoting gender equity and diversity

During the phase of implementation of all programmes, the National Society will focus specifically on marginalized groups which include women and young girls. Emergency response targets the most vulnerable groups which includes pregnant and breast feeding mothers, as well as female single headed households.

Encouraging women's participation (and their associations' participation) in all activities of the National Society at all levels will be an integral part of the programme during 2010 and 2011. This issue will also be included in the dissemination of principles and values programme and all awareness campaigns.

Volunteer recruitment will be representative of the communities they serve and live in and as such will have greater gender equity composition. In that the volunteers are 'of their community,' they will also in many instances be subject to the same vulnerabilities as their neighbours. Minority groups are also heavily hit by the effects of disaster, often without the means to recover as rapidly as non-minority groups. NS recognize these challenges and will work with communities accordingly.

## Quality, accountability and learning

**Planning, Monitoring, Evaluation and Reporting:** Delegates will work with the NS to design and implement monitoring and evaluation procedures and processes which are applicable to the NS. Branch committees with support from their headquarters will be responsible for gathering the required information from various projects' monitoring reports. The data collection methods will include regular meetings with management, branch committees, national governance, regular field monitoring visits and meetings with the community representatives. Other activities will include: preparing quarterly and annual narrative and financial reports and distributing and presenting reports and findings to the Secretaries General and technical staff. The Secretaries General and programme coordinators are responsible for preparing and disseminating the final reports in the appropriate medium to relevant stakeholders. The evaluation process will be relied upon to ensure qualitative plans and strong foundations for new projects to come, through the lessons learnt, good practice and recommendations.

**Implementation and management arrangements:** The capacity building programmes will be overseen by the Secretaries General and implemented by technical staff with the support of the Federation, ICRC and PNS. Their tasks will be to ensure the development of the programme, its good design, planning, implementation, monitoring and evaluation. Delegates will be responsible for providing technical support to NS programme coordinators to ensure that programmes developed are appropriate to beneficiary needs and are in conformity with the Movement's global agenda, mandate and values, as well as ensuring proper financial and non financial reporting. The Delegates will be involved in providing continuous coaching and support to National Society counterparts during the development and implementation of all programmes.

### Budget summary

Programmes	2010 budget(CHF)	2011 budget (CHF)	Total budget (CHF)
Coordination	602,225	605,540	1,207,765
<b>Total</b>	<b>602,225</b>	<b>605,540</b>	<b>1,207,765</b>

## 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

For further information specifically related to this plan, please contact:

- **In Comoros Red Crescent Society:** Mr Ibrahima Ahamada; Executive Secretary; email: [crco@comorestelecom.km](mailto:crco@comorestelecom.km) Telephone / Fax: +269 7306.
- **In Malagasy Red Cross Society:** Mr Fanja Ratsimbazafy; Secretary General; email: [fratsimba@yahoo.fr](mailto:fratsimba@yahoo.fr); Telephone: +261 20 22 221 11; and Fax: +261 20 22 667 39.
- **In Mauritius Red Cross Society:** Mr Patrice Pellegrin; Secretary General; email: [redcross@mauritiusredcross.com](mailto:redcross@mauritiusredcross.com); Telephone: 676 3604; Fax: 674 8855.
- **In Seychelles Red Cross Society:** Mrs Jeanine Grandcourt; Secretary General; email: [sgredcross@seychelles.sc](mailto:sgredcross@seychelles.sc); Telephone: +248 324646; Fax: +248 321663.
- **In Mauritius Red Cross Society:** Susanna Cunningham, Head of Sub-Zone Office; email [susanna.cunningham@ifrc.org](mailto:susanna.cunningham@ifrc.org); Telephone: +230 454 7530; and Fax: +230 454 7531.
- **In Eastern Africa Zone, Kenya:** Dr. Asha Mohammed, Federation Head of Eastern Africa Zone, Nairobi; email: [asha.mohammed@ifrc.org](mailto:asha.mohammed@ifrc.org); Telephone + 254.20.283.51.24; Fax + 254.20.271.27.77
- **In Eastern Africa Zone, Kenya:** Annelies Thiele, Resource Mobilization Coordinator; phone: +254.20.283.52.55 ; email: [annelies.thiele@ifrc.org](mailto:annelies.thiele@ifrc.org)