

Annual report



International Federation
of Red Cross and Red Crescent Societies

Eastern Africa

Appeal No. MAA64001

18 May 2011

This report covers the period 01
January to 31 December 2010.



Tanzania RCS partnered with Fiji Red Cross during an Albino campaign. This campaign was supported by IFRC EA Regional Communications Department.

In brief

Programme outcome: The Eastern Africa region experiences numerous small to medium scale disasters that cause deaths, destroy property and erode the already weak livelihoods and coping mechanisms of communities. During the reporting period, the region experienced floods, landslides, cyclones, epidemic outbreaks as well as drought. The East Africa Regional Representation continues to prioritize enhancing the capacities of National Societies (NS) to support community resilience in order for them to respond to the humanitarian challenges that plague the region.

The disaster management (DM) programme aims at building well prepared, stronger and more effective National Societies that are able to predict, prevent and reduce risks and respond to the high level of humanitarian demands in the region posed by small and medium scale disasters. The health and social services programme focus has been to reduce vulnerability to HIV through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination. The water and sanitation (WatSan) programme has focused on strengthening WatSan programming and emergency response capacities at National Society level.

Recognising the important role of advocacy and positioning National Societies as first responders to natural disasters, the regional communications unit provided support to all major emergency operations during the reporting period, including Kenya and Tanzania floods and landslides in Uganda.

Programme summary: The 2010 appeal was prepared based on the initial structure of the region known as the Eastern Africa Zone (EAZ) that comprised 14 National Societies (NS) - Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Sudan, Tanzania and Uganda. During the first half of the year, three former Africa zones (Eastern Africa, Southern Africa as well as the Western and Central Africa

Zone), were merged into one zone. This process hampered the smooth implementation of planned activities as staff moved and key positions were vacant for much of the year.

The Disaster Management programme activities for 2010 focussed on defining the role of Red Cross/Red Crescent in chronic, slow-onset food crises. The Disaster Management department assisted National Societies and Partner National Societies (PNS) to implement relevant, quality and coordinated risk management activities as well as advocating for branch-led risk management activities. 2010 activities focused on preventive food security and disaster risk reduction activities – particularly drought management. The year also saw the launch of 11 emergency operations: [Emergency Appeals/DREFs](#).

The health and social services department focused on epidemic preparedness. It also supported Burundi, Kenya and Ethiopia National Societies in the development of HIV/AIDS and TB programme proposals. The WatSan Unit provided technical support during the implementation of emergency operations. WatSan Regional Disaster Response Teams (RDRT) and Kits were deployed to the Haiti earthquake operation and the Tanzania floods. Through the Humanitarian Pandemic Preparedness (H2P) initiative, National Societies were equipped with flu prevention messages and supported in developing pandemic preparedness plans into country and district plans.

The East Africa regional communications department focused on strengthening the capacities of National Society communications departments. Emphasis was put on use of social media, as well as web stories, press releases, bulletins, media relations and promoting stories to local and international media. Particular emphasis was given to “community voices”.

Financial situation: The original 2010 budget was CHF 3,289,957, of which CHF 3,787,451 (115 per cent) was available during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 1,954,342 (52 per cent of available funding and 59 per cent of the original budget). Some financial contributions were multi-year funding, leading to the apparent low expenditure rate.

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

No. of people we have reached: The Disaster Management Department provided technical support to 13 National Societies from the larger East Africa region during the implementation of emergency operations as well as minor emergencies, reaching approximately 878,000 vulnerable persons and another 124,400 reached through the implementation of Food Security and Risk Reduction programme activities.

The health and social services department, through its programmes, reached 49 National Society staff who participated in trainings such the WatSan kit training and the SPRINT sexual reproductive health training. During the Tanzania floods and Haiti earthquake operations 14 National Society staff were deployed as part of the Regional Disaster Response Teams and Emergency Response Units, thus exposing them to hands-on learning experiences in the field. Tanzania Red Cross volunteers through social campaigns reached 9,985 households and 49,953 people with H1N1 messages.

Our partners: The East Africa Regional technical departments received support for their programme activities from the British, Fiji, Finnish, Japanese, Netherlands, Norwegian, Swedish, and Swiss Red Cross Societies. Other existing partnerships include Vodafone, British Government’s Department for International Development (DFID), Japanese Government, World Health Organization (WHO), European Commission (EC), European Commission Humanitarian Office (ECHO), Office of U.S. Foreign Disaster Assistance (OFDA), East Africa Roll back Malaria (EARN), Regional Health Emergency Group (RHEG), Water and Environmental Sanitation Coordination (WESCOD), National Organization of Peer Educators (NOPE),

UNICEF, United Nations Strategy for Disaster Reduction (UNISDR), Water, Sanitation And Hygiene (WASH), Inter-agency working group (IAWG) on HIV and Sexually Gender based Violence (SGBV) in emergencies as well as National Society partnerships with people living with HIV and /or AIDS (PLHIV) associations.

IFRC and National Societies in the region wish to thank partners for their support to this appeal.

Context

In 2010, the Eastern Africa Region experienced a number of humanitarian challenges ranging from drought, food insecurity crises, floods, cyclones, landslides and health epidemics. The National Societies in the affected countries were at the forefront in partnering with their respective governments in responding to the needs of the affected populations. The region also saw a number of electoral processes that heightened tensions and involved NS in preparedness work.

Communities in East Africa continually experience rapid onset and slow onset disasters; floods and landslides and shorter drought cycles. The IFRC East Africa Regional Office has supported over 11 emergency operations and long-term drought management programmes within this reporting period, reaching over 800,000 affected people and managing over CHF 7 Million from Disaster Relief Emergency Funds (DREF).

There is increasing recognition among NS and within the wider humanitarian sector that more time and effort needs to be invested prior to disasters through strengthening community resilience. This is now the focus of IFRC partnership with NS in the region. This work takes place in areas of complex emergency – where climate, conflict, population movement, policy and poverty are all drivers shaping humanitarian crises. In these areas, NS work needs to be seen in the context of wider humanitarian action. Work also takes places in areas of chronic, structural vulnerability, but where the situation is not considered an emergency. In these areas, NS are often one of only a few actors present at a community level.

Progress towards outcomes

Disaster Management

Programme Component 1: Organizational Preparedness

Outcome 1: The region and NS have adequate institutional capacity and preparedness to respond effectively to disasters.

Programme Component 2: Disaster management planning

Outcome 2: NS have DM policies, strategies and plans relevant to their country context, which guide longer-term programming and emergency response.

Programme Component 3: Community preparedness

Outcome 3: Improved resilience of individuals and communities to mitigate disaster risks

Programme Component 4: Disaster response and recovery

Outcome 4: Effective and timely response and recovery to the effects of disasters/emergencies.

Achievements:

In order to contribute to strengthening institutional capacity and preparedness of the Regional Office and National Societies in responding effectively to disasters, rotational secondment of Regional Disaster Response Team (RDRT) members to the regional office was initiated increasing the regional response capacity and coordination while allowing for additional experience and learning on new response tools by the members. Five National Societies have contributed staff to

RDRT deployments during emergency operations. The RDRT structures and systems have been reviewed and retooled to provide and promote a reduced number of roster members thus enabling better roster management and enhancing training and mentoring opportunities for RDRT members. In addition, deployment procedures were reviewed to ensure quick, efficient and equipped deployments. A newly recruited Shelter Lead for the Tanzania Red Cross Society was facilitated to receive mentorship and with training at the regional office as well as from international shelter training in Australia. He has worked with the regional office on a regional roll out of Shelter Training for National Societies thus increasing shelter capacity within the region and its National Societies.

Based on recent experience in region, NS recognise that elections pose the risk of civil unrest and consequent humanitarian emergencies. Sudan, Uganda, Burundi and Ethiopia received support in contingency planning and election preparedness. The elections themselves passed off relatively smoothly, although NS were engaged in first aid responses. The capacity in contingency planning for civil unrest however, has remained.

Tanzania Red Cross Society received support in the development of a DM Policy and Strategy Paper. Kenya RC was supported in implementing a drought risk reduction project in Isiolo and is working with volunteers and community members to manage local risks effectively using local resources. Hazard and risk maps as well as community action plans were developed to guide local branches in planning interventions in the community. In Uganda RC, a food security strategy was endorsed and 7 branch action plans developed. The Tanzania and Kenya Red Cross Societies "health and climate change projects" are building communities' readiness to address health emergencies as a result of frequent floods in the targeted populations through the establishment of early warning systems.

In increasing community preparedness through improved resilience to mitigate disaster risks, the National Societies of Burundi, Ethiopia, Eritrea and Rwanda were supported to implement risk reduction activities. The activities range from tree planting, support to community groups with green house management, establishment of fruit nurseries and seedlings and digging trenches to reduce water flows following heavy downpours. The Regional Representation advanced support for spontaneous, independent branch activities (or invisible activities) as an important mode of working. Appropriate modalities to channel financial support to this process without compromising its independent, locally driven nature were also explored. Support from the British, Norwegian and Swedish Red Cross societies enhanced branch and headquarter activities as well as IFRC Regional Representation ability to engage in the process. A clear modality for external support to this process is still emerging but there is a growing interest and value on them by branches, headquarters and Partner National Societies (PNS).

In supporting National Societies to respond effectively and timely during disasters, technical support was provided in developing response plans based on National Society assessments, emergency appeals preparation and mentorship for National Society field staff in operations management, identification of appropriate response tools and review of operations providing recommendations for operational improvements.

Special attention in the second half of 2010 focused on two research pieces undertaken to guide both the appeal process as well as responses to drought in pastoral areas. In partnership with the British Red Cross and a number of other PNS, the Horn of Africa Review was undertaken to understand problems and strengths of drought appeals launched in the region recently. The report was launched in December 2010 and has been influential in guiding drought appeals. There was also collaboration with Djibouti Red Crescent Society, ICRC and British Red Cross to undertake field research on changing rural and pastoral livelihoods in Djibouti that could better inform drought risk reduction activities as well as emergency responses.

Constraints or Challenges:

National Societies are frequently managing multiple small projects with limited technical staff to guide the activities. As a result, it can take many months to get a work plan finalized and start activities, delaying the implementation and reporting requirements.

Health and Care

Programme Component 1: HIV and AIDS

Outcome 1: Vulnerability to HIV and AIDS and its impact reduced through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination.

Programme Component 2: Water and Sanitation.

Outcome 2: Strengthened WatSan programming at NS level.

Programme Component 3: Public health

Outcome 3: Strengthened community and emergency health response capacities at NS level.

Outcome 4: Strengthened community health programming (malaria, measles and polio)

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

Outcome 5: Strengthened community health programming at NS level.

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

Outcome 6: Strengthened maternal newborn and child health programming at NS level

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

Outcome 7: 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.

Programme Component 7: Avian and human influenza pandemic

Outcome 8: Human morbidity and mortality, social disruption and related suffering caused by a pandemic are minimized.

Achievements:

Through the HIV/AIDS senior officer, Ethiopia and Kenya Red Cross Societies received support in preparation of proposals for their HIV and Tuberculosis programmes as well as work plans and budgets. As a result of the National Societies programmes, there has been an increase in knowledge and awareness on the Multi Drug Resistance Tuberculosis as well as HIV and AIDS prevention, stigma and discrimination reduction, treatment, care and support. A peer learning exchange visit was organized for the Burundi Red Cross HIV/AIDS and sexual and reproductive health assistant to Uganda and Kenya Red Cross. As part of the HIV workplace programme at the regional office, peer educators participated in a quiz challenge with organizations from the private sector and 3 peer educators attended a national peer educators' conference organized by National Organization of Peer Educators (NOPE). The conference provided a forum for information and experiencing sharing on HIV Workplace programmes with other organizations.

In Eritrea, the EU-ACP funded rural WatSan project was supported through technical monitoring field missions, participation at the project's national planning, Community-Led Total Sanitation (CLTS) and PHAST integration workshops, as well as supporting the implementation of the baseline survey. WatSan technical packages, brochures, CDs and other reference documents were disseminated to NS within the EA region during workshop forums and during technical visits to respective NS. The Unit conducted a follow up of WatSan disaster response training focussing on WatSan disaster response Kit 5 building upon the lessons learnt from a previous training and providing more time for practical drills. The WatSan KIT 5 training brought together participants and facilitators from Red Cross and Red Crescent societies of Kenya, Malawi, Mauritius, Somalia, Sudan, Mozambique, South Africa, Namibia, Nigeria, Tanzania, Uganda, Ethiopia, Rwanda, Burundi, Djibouti Lesotho, Austrian, Croatian, Spanish and the Indian Ocean Regional Intervention Platform (PIROI¹). The training aimed at revitalizing and strengthening national and regional capacities in emergency preparedness and response.

¹ In French: Plateforme d'Intervention Rapide de l'Océan Indien (PIROI)

The Senior WatSan officer and trained WatSan staff from Red Cross Societies of Uganda and Burundi were deployed during the Tanzania floods operation assessment and implementation while staffs from Kenya, Ethiopia and Rwanda National Societies were deployed to the Haiti earthquake operation as part of the Regional Disaster Response to support the WatSan component in the emergency operation.

In order to ensure effective preparedness for intervention during disasters, prepositioning of WatSan disaster response kits at regional and NS level was actively promoted. Through the support of ECHO, 4 WatSan Disaster response Kit 2 units were procured and prepositioned in Kenya, Uganda, Djibouti and Ethiopia National Societies and the Standard Operation Procedures for the utilization of the prepositioned WatSan Kits disseminated. At the Regional level, 2 WatSan Kit 2 and 1 WatSan kits 5 were prepositioned.

In July 2010, the WatSan unit organized and conducted a Disaster response training focussing on WatSan Kit 5. This training was a follow up to the WatSan Kit 10 training conducted in July 2009 by the same unit. The trainings aimed at creating a pool of WatSan practitioners, equipped with skills for deployment and thereby able to respond with WatSan Kits in operations and emergencies that require WatSan/HP intervention. Participants upon successful completion of the training have been incorporated in the CORE team to support the operations being undertaken by RDRT in the region. The successful participants have also been useful in in-country deployments and been jointly deployed to support ERU WatSan deployments.

The “ECV/RDRT-health” training was conducted in Nairobi (November 2010) to initiate the building of efficient and rapidly deployable continent-wide emergency health capacity in the Africa Zone.

At country level, in Uganda, as a part of [Cholera DREF operation](#) in April 2010, ECV training was conducted. The objective for the training was twofold: first, provide appropriate, disease specific quick start up training for volunteers at the onset of the outbreak and secondly, train trainers in the NS in order to increase its capacity to prepare for and manage epidemic outbreaks in the future (having reduction of costs in future responses in mind). The trainers are usually branch coordinators selected from epidemic risk regions in the country and key health or WatSan/DM staff from the NS headquarters. A total of 32 trainers trained on Epidemic Control are now integrated into the programme of the National Society annual and 5 year strategic plan. Six branch trainers are currently cascading the training down to 180 volunteers in Northern Uganda, using DREF funding for a Yellow Fever outbreak. In this way, they are putting their knowledge to use in health promotion and vaccination campaign social mobilization.

As follow up to a CBHFA workshop conducted in 2009, there were 2 workshops organized by Geneva. The EA regional office was able to send 2 representatives from NSs. The Kenya Red Cross Society regional first aid officer (South Rift Region) represented the East Africa Region in the Asia Pacific CBHFA lessons learned workshop that was held between 12 and 16 October 2010. In addition, the Uganda Red Cross Society Senior Health Officer represented the East Africa Region in a Geneva CBHFA Global meeting held between 30 November and 02 December 2010.

The regional health coordinator supported and participated in the Burundi RC’s mass distribution of long lasting insecticide treated nets (LLITN). The campaign took place in the provinces of Bubanza, Cibitoke and Bujumbura rural, reaching 494,039 beneficiaries. During the third quarter, the EA Regional Office assisted Burundi Red Cross to develop the hang up project and to start up the project.

In order to build capacities of the National Society, staff from Red Cross and Red Crescent Societies of Sudan, Somalia, Kenya, Tanzania, Uganda, Comoros, Madagascar and Somalia attended a Training of Trainers in reproductive health on Minimum Service package in order to increase access to sexual reproductive health information and services for populations surviving crises and living in post-crisis situations. Kenya Red Cross was supported in discussions around

funding and implementation of a Road Safety programme focussing on speed and helmet wearing in partnership with the Global Road Safety Partnership (GRSP).

A part time regional community health delegate was recruited in the beginning of March 2010 to support 5 National Societies in the East Africa region (Uganda, Rwanda, Burundi, Kenya and Ethiopia) in integration of CBHFA into their community programmes. The trained CBHFA master facilitators in these National Societies conducted ToT trainings. The trained volunteers were equipped with CBHFA volunteers' manuals and community tools, which they have used to carry out community assessments. Tanzania RC is currently developing Club 25 leaflet adopting the county context in blood donor programmes and in collaboration with the Tanzania National Blood Transfusion developed a blood donation leaflet for dissemination of the programme.

The Humanitarian Pandemic Preparedness (H2P) projects in Ethiopia, Uganda, Tanzania, Rwanda and Kenya Red Cross Societies ended in June 2010 with 6 National Societies developing pandemic contingency plans. At district and national level, contingency planning and simulation enhanced the level of coordination and preparedness. The Ethiopia H2P team conducted an exchange visit to Uganda to learn from Uganda RC's preparedness and implementation of H1N1 response. A video production detailing the community based household visits and school based flu related hygiene promotion activities in Kenya was uploaded on YouTube and used for a global fund raising event in March 2010. An Influenza health curriculum was adapted and translated according to local context and used for training of trainers and volunteers in Burundi, Ethiopia, Kenya, Rwanda, Tanzania and Uganda Red Cross societies. A Global programme review was carried out and the review report was published and available at the e-learning platform.

Constraints or Challenges:

Despite the fact that CBHFA has been adopted as the Red Cross approach to community work, limited funding for rolling out of community trainings has meant that CBHFA trainings are limited to few geographical areas. Furthermore, the global indicator document has been well received but monitoring tools are lacking. The reproduction costs for the training manuals are too high.

In Africa, H1N1 pandemic preparedness was not regarded as a priority in the face of the life threatening humanitarian emergencies in the region. Thus, the programme activities were not optimally implemented.

Low funding remains a major challenge for Health and Social services programmes. Resource mobilization for coordination and technical support has not been successful unless it is project based. Funding for human resources who provide technical support to global programmes such as HIV/AIDS, WatSan, Malaria and Voluntary Non-remunerated blood donation is minimal limiting the much-needed support that could be provided to the National Societies.

Organizational Development

Programme Component 1: Support to National Societies OD processes

Outcome 1: NS are supported towards becoming strong and sustainable organisations that provide quality services to vulnerable nationwide.

Programme Component 2: National Society leadership and management development.

Outcome 2: Governance and management of NS are strengthened for effective leadership and service delivery.

Programme Component 3: Volunteering development.

Outcome 3: NS are supported with tools and resources for volunteer management and grassroots development

Programme Component 4: Youth development

Outcome 4: The base of youth volunteers in NS are strengthened

Achievements:

A regional consultation was held with Red Cross/Red Crescent Youth from across East Africa. Youth represent the majority of volunteers across the region and they expressed a strong desire to increase their influence over NS strategies and to maintain a regional network for peer support and shared learning. The Youth network that emerged has become the most vibrant and autonomous of the various thematic networks across NS in East Africa. They are actively using social media to exchange opinions and learning. They regret though, that the IFRC office is no longer in a position to help coordinate this work. The Federation EA Regional Representation Office is in discussion with Australian Red Cross about possible support in identifying a regional focal person for Youth.

The Youth Network was for the first time invited to participate in RC-NET in 2010, the East African National Society network currently chaired by Uganda Red Cross. RC-NET has traditionally been a platform through which NS can learn from each other and exchange ideas at a thematic and leadership level. The IFRC office has played a significant role in leading and organizing this network, administratively and financially, although the intention was always that the initiative comes from the NS themselves. The perceived over dependence on IFRC Secretariat leadership has raised concerns over the authenticity and ownership of the network, and in 2010, IFRC stepped back from leading and underlined its purely Secretariat functions to the Executive Committee of RC-NET.

When the RC-NET executive committee met in September 2010, it was apparent that each of the working groups: disaster management, health, communications etc, was able to report a wide range of impressive activities, but it was also apparent that the network had not functioned to link these activities together or maintain communication. The Committee expressed its continuing commitment to have a network that does promote peer support and provides a platform for preparation for Statutory Meetings, and yet clearly, the network currently lacks the self-drive to make this happen. The notable exception was Youth.

In October 2010, the IFRC Regional Representation invited four Secretary Generals from East Africa, (Kenya, Uganda, Rwanda, and Burundi); to discuss exactly what type of partnership support would be appropriate for the next few years, given their current stages of development. The response was insightful. The four priority areas were: i) facilitate resource mobilization when IFRC has a competitive edge to do so, ii) help position NS as a partner of choice within the non-Red Cross Movement donor community, iii) provide platforms and opportunities to learn about trends and innovations in the wider humanitarian community, and iv) focus on coordinating Movement partners so that support is programme and not project based.

On Organizational Development, the NS perspectives are also worth noting. The pervading opinion was that a new approach that focused on enhanced capacity building reflecting a strategic dialogue with each NS was needed. Of particular note was the need to think about land and property as a concept that defines the economic viability of a NS. The premise being that government provision of land and property to NS is a unique added value and opportunity of the auxiliary role, and that maximizing its potential is the key to sustainable core services. As a response to this discussion, the IFRC Regional Representation has begun a partnership with a UK based organization called PEPAL, who are mobilizing representatives from corporate and leading business schools, to work with East African National Societies on their land and property portfolios.

On the four priority areas highlighted, the IFRC Regional Office has had some success in mobilizing resources from non-RCM partners for drought response. To promote positioning, it has taken on the chairmanship and vice-chairmanship of regional inter-agency coordination groups. For innovation, it has supported NS training in cash/voucher based responses. It has also increased the frequency of its Movement coordination meetings.

Each of the NS is taking on slightly different OD paths. Kenya Red Cross has been very proactive in diversifying its funding portfolio and positioning itself as the country's leading humanitarian organization and partner of choice for emergency response work. Burundi Red Cross has chosen a

different path – building a light, decentralized structure that focuses on volunteer mobilization, and then encourages the volunteers to take action to make their communities safer. This approach has led a remarkable mobilization of 300 000 volunteers.

Constraints or Challenges:

The staffing and capacity limitation in the unit as a result of the office restructuring disrupted the support offered to various National Societies on specific organization development initiatives.

Planning, Monitoring, Evaluation and Reporting (PMER)

Programme Component 1: Increasing capacity for programme development and management

Outcome 1: Integrated PMER systems and structures in place within NS for more effective and efficient management of programmes

Outcome 2: Enhanced NS and sub-Zone units' skills and capacity to deliver quality programmes.

Outcome 3: Improved understanding of key programming elements in the core Federation programmes by National Societies and Federation staff

Outcome 3: Increased compliance to Federation and donor reporting requirements/standards among NS and the Federation Secretariat staff.

Achievements:

The Regional PMER unit supported the launch of the EA Regional PMER network in April 2010. The network aims at promoting knowledge and experience sharing among the National Societies in order to contribute towards increasing capacity for programme development and management. The PMER Network is chaired by the Uganda RC Society with Ethiopia RC Society as Vice Chair.

In collaboration with the regional Information Systems unit, the licences for the database software (SPSS Version 17) for Kenya and Tanzania Red Cross Societies were renewed in April 2010. This would facilitate collection of quantitative data for the National Societies

Due to the restructuring in the African Zone, several positions in the PMER as well as other programme departments were rendered redundant. However, the Africa Zone Office in Johannesburg and the EA Region Programme Officer at that time did their best to support PMER activities for the region. A consultant was also contracted for 2 months to support clearing of overdue reports until the Planning and Accountability Officer was recruited in October 2010. The restructuring process substantially compromised timely and quality reporting in the region. This situation is improving as vacant positions in the regional office departments have started being filled up to follow up on implementation of programmes in National Societies and subsequently report on the same.

What may be a significant achievement in 2010 was what appeared to be recognition from the NS that improved data collection and reporting is now essential for their viability as funded humanitarian organisations. With donors under increasing scrutiny to demonstrate outcomes and impact, the traditional activity based reporting is no longer an option. This shift in mindset may provide fertile ground for progress in 2011.

Some innovation did take place in 2010 using mobile phone technology for quantitative data collection in malaria programming. This technology has definite potential for replication outside of health programming, and a concept note has been drawn up to expand and pilot this work.

Constraints or Challenges:

Late submission of reports is a daunting challenge for the EA regional office departments. They do not meet reporting deadlines and when they do the quality of reports received is unsatisfactory which causes unnecessary delays in back and forth feedbacks. Technical support provision to

National Societies has further been reduced due to the impact on staffing and capacity that the restructuring has had on the regional office.

The National Societies need a lot of capacity support from PMER but the core funding allocation is limited to staff salaries and administrative costs hence it has been difficult to meet these demands. In addition, a more coordinated mechanism on handling reports needs to be put in place so that they are submitted on time.

Principles and Humanitarian Values

Programme Component 1: Promotion of Fundamental Principles and Humanitarian Values.

Outcome 1: Improved understanding and application of Red Cross and Red Crescent Principles and Humanitarian Values by Eastern African NS.

Achievements:

The regional communications unit organized the annual RC-Net EA Regional Communications Forum in June 2010. The meeting focussed on web communications including hands on training sessions on the use of social media for corporate communications and the pilot project 'Bridging the Digital Divide'. The forum was attended by communication officers from 13 NS. This initiative was geared towards increasing sharing of information among National Societies within and outside the region as well as with partners around the world. Since then, a number of NS have opened social media sites.

The regional communications office got additional support of a communication Internet Specialist on a pilot project; bridging the digital divide - Modernizing African National Societies web communication that is being carried out in East Africa. The Rwanda and Burundi National Societies were supported in various communication initiatives including web communications, effective writing for the web as well as, using the website system (content management) and optimizing pictures for web publishing.

To ensure effective coverage of and profiling of NS work during emergency operations, support was provided to Kenya and Tanzania Red Cross Societies through web articles and press releases on the flood operation in both countries. Similar support was provided to Uganda Red Cross Society and Sudanese Red Cross through a web article following devastating disasters that hit the countries landslide. For more information on the articles and releases, kindly refer to the links below:

- <http://www.ifrc.org/en/news-and-media/press-releases/africa/sudan/south-sudan-ifrc-launches-appeal-to-respond-to-51000-affected-by-flooding/>
- <http://www.ifrc.org/en/news-and-media/press-releases/africa/kenya/thousands-in-need-of-urgent-assistance-as-flash-floods-and-landslides-wreck-havoc-in-kenya/>

There was integration of communications and advocacy work in NS programmes. This was achieved in Kenya, Sudan, Uganda and Tanzania National Societies, especially during the appeal and DREF writing process where communications counterparts were able to include communication action plans (such as dissemination, shooting of advocacy films, media alerts). This enabled increased publicity of NS operations both locally and internationally hence profiling their activities.

Resource Mobilization (RM)

Programme Component 1: Resource Mobilisation

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

Outcome 2: Increased (major) sources of funding for annual plans and emergency appeals for

the Eastern Africa sub-Zone.

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

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

Achievements:

During the Annual Eastern Africa RC-NET workshop for OD and RM in Rwanda, the regional Resource Mobilization Coordinator presented current trends in resource mobilization and donor-relationship management. The unit also participated in the global resource mobilization workshop that brought together Geneva based colleagues and regional resource mobilization coordinators resulting in a draft work plan and discussions around the global Resource Mobilisation strategy. NS receive regular updates on funding opportunities from the Regional Representation.

The Unit supported Kenya RC and Somalia RC in proposal writing applications to ECHO and Japanese Government both of which were successful in attracting funding and establishing new partnerships with the Japanese Government and Austria Governments supporting disaster risk reduction and early warning activities. Relations with the World Bank were further built on and a new two-year proposal submitted. Funding applications were also successful to OFDA for work in Kenya, Ethiopia and Uganda.

A pledge management and donor analysis tool was developed based on all received pledges for the EA region and analysis and coordination tools for EU and ECHO partnerships provided by EU/RC office in Brussels and Resource Mobilization colleagues in Geneva.

2010 did see some successful resource mobilisation, particularly from capacity building around drought response. The success came from really negotiating the potential added value of a volunteer based organisation relative to drought cycle management. This emphasis on investing in a role rather than a specific project implementation has potential for future support too.

Constraints or Challenges:

Low capacity in proposal writing and reporting continue to inhibit resource mobilisation potential. Even more significant though is lack of defined niche that would make NS a partner of choice for donors with experienced and strategic portfolios in the region. Much funding continues to be short term and opportunistic, and does little to support long term positioning. Nevertheless, largely through its own efforts, Kenya Red Cross has continued to grow and diversify its funding portfolio. Other NS remain mostly dependent on the traditional RCM donors. The IFRC regional office is committed to continuing this dialogue on positioning, core role and strategic, long term funding.

Working in partnership

East Africa hosts an experienced humanitarian and donor community and it is increasingly important that IFRC is part of it. IFRC is now Co-Chair of the Regional Humanitarian Inter-Agency Group, Co-Chair of the Interagency Working Group and Vice-Chair of the Regional Inter-Agency DRR Working Group.

Working in Partnership with United Nations Population Fund (UNFPA) and International Planned Parenthood Federation (IPPF), the regional health and social services unit coordinated a Master ToT training on the Minimum Service Package for Reproductive health in emergencies (MISP) for 9 National Societies and participated in information sharing meetings and workshops with the WHO, National Societies and other stakeholders.

The communications unit partnered with the Fiji and Tanzania Red Cross societies in the albino advocacy campaign while the Swedish Red Cross supported the unit through financing positions in the communications department. Through it “The World of Difference Programme”, Vodafone and Netherlands Red Cross provided a communications internet specialist to work with National Societies in the region to build their capacities in web communications.

Contributing to longer-term impact

Through the Global polio eradication and the Measles initiatives, Ethiopia and Kenya Red Cross societies conducted successful Polio and Malaria mass campaigns in collaboration with the Ministries of Health in their respective countries and other partners such as UNICEF and WHO. This has contributed to a reduction of polio and measles cases in line with the Millennium Development Goal to reduce Polio by 99% globally.

On the whole, the current data collection within programmes gives us little insight into impact. This is one of the more significant challenges that we face. At the same time, monitoring visits present a compelling picture of the potential scale of impact from current work. Around the region, hundreds of thousands of volunteers are digging trenches, planting trees, passing on health messages, providing welfare support, giving early warning messages: the sheer scale of this appears to be impacting on huge numbers of livelihoods and lives. And yet we have only anecdotal evidence to present on it. Addressing ways to capture this and demonstrate how small injections of capital into a branch that mobilises volunteers can go onto to have an impact to scale through voluntary action is a key task for 2011.

With 11 emergency operations assisting over 800 000 affected people, we can be confident that the NS played a significant assistance role, but again, the data we collect reveals the activities only, and the longer term impact, if any, is not something we can comment on. Kenya Red Cross has managed to collect some compelling data on livelihood protection at least, where pastoralists have chosen to settle and receive start up capital for agriculture. Here we have been able to see improvements in household income and some healthy, diverse income generation strategies. Similarly, Kenya Red Cross advice on seasonal planting and investment in seed distribution appears to have increased food security for the target communities in 2010.

The most in-depth evaluation conducted in 2010, into the Horn of Africa Drought response appeals, reveals what is probably reflective of work across the region. Some activities appeared to have minimum impact, while others, particularly those generated and owned at a branch level, appear to have taken root and been welcomed by the community. It will be a commitment of the Regional Representation to support a culture of evaluation and learning over the coming years.

Looking ahead

The restructuring in 2010 disrupted some work but it also provided an opportunity to reflect on successes and failures and re-articulate a way forward.

Some of the important lessons have been:

- A small IFRC Technical Team cannot offer any significant added value to a portfolio that consists of a wide range of small and non-related projects. Therefore, it should focus on core areas and support bilateralism for work that falls out of its skills base.
- The NS themselves also suffer from being over-burdened with management of non-related projects, and this can distract them from developing core competencies within a niche role.

- Many of the NS in East Africa have remained dependent on a core group of PNS donors for decades. Lack of clearly defined role and weak reporting are two major factors that deter donor diversification.

The NS in EA are mostly autonomous and strong and a partnership approach needs to be based on a clear sense of what the opportunities are to add value to existing strengths. The following areas have been indentified for focus in 2011.

- Support NS in their capacities and positioning as key players in building community resilience to the effects of drought and floods on livelihoods and health.
- Support NS in data collection and a culture of evaluation and learning.
- Support NS to diversify their resource base through local income generation (land and property initiative) and through positioning with major back donors.
- Begin partnerships with NS to explore a role in addressing urban risk and vulnerability.

How we work	
<p>All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</p>	
<p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
<p>For further information specifically related to this report, please contact:</p> <ul style="list-style-type: none"> • In Kenya: IFRC East Africa Regional Representation Office: Alexander Matheou; Regional Representative, phone: +254.20.283.5124; fax: 254.20.271.27.77; Email: alexander.matheou@ifrc.org • In Johannesburg, South Africa ,Dr Asha Mohammed, Head of Operations, IFRC Africa Zone Office, Email: asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230 <p><i>For Performance and Accountability (planning, monitoring, evaluation and reporting) enquiries:</i></p> <ul style="list-style-type: none"> • In Johannesburg, South Africa Robert Ondrusek; Planning, Monitoring, Evaluation and Reporting Delegate, Johannesburg; email: robert.ondrusek@ifrc.org; Phone: Tel: +27.11.303.9744; Fax: +27.11.884.3809; +27.11.884.0230 <p><i>For Resource Mobilization and Pledges</i></p> <ul style="list-style-type: none"> • In Johannesburg, South Africa: Ed Cooper; Resource Mobilization, Performance and Accountability Coordinator, Africa Zone Office Email ed.cooper@ifrc.org; Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 	