

# Revised Plan 2011



## Eritrea and Djibouti

### Executive summary

The International Federation of Red Cross and Red Crescent Societies (IFRC)'s [Africa Zone](#) covers 48 countries in sub-Saharan Africa and is divided into six functional/geographical regions namely [West Coast](#) (Abuja), [Sahel](#) (Dakar), [Central Africa](#) (Yaoundé), [Indian Ocean Islands](#) (Mauritius), [East Africa](#) (Nairobi), and [Southern Africa](#) (Johannesburg). Based on the scale and scope of humanitarian challenges and emergency operations, there are currently eight IFRC country representation offices in [Eritrea/Djibouti](#), [Chad](#), [Democratic Republic of Congo](#), [Ethiopia](#), [Niger](#), [Somalia](#), [Sudan](#) and [Zimbabwe](#), directly accountable to the Africa Zone office based in Johannesburg.

The IFRC directs its support to the National Societies (NS) in Eritrea and Djibouti through a country representation located in Asmara, Eritrea. Like other African NS, Red Crescent Society of Djibouti (RCSD) and Red Cross Society of Eritrea are committed to contribute to the IFRC's [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7<sup>th</sup> Pan African Conference held in Johannesburg under the theme '*Together for Action in Africa*', and attended by representatives from all African NS. The Africa NS leadership re-affirmed their commitment to the development in Africa. The theme "*Together for action in Africa*" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African NS, have advised the IFRC secretariat in modelling its membership support programmes.



A new approach to NS development has been created and will be deployed through the country representations, which has a close relationship with the membership. The approach entails integration into the NS structure with streamlined reporting lines, thereby increasing IFRC responsiveness to the NS needs and priorities. Priority areas for NS development include: strengthening capacity in programming; governance and leadership development; accountability and programme management; resource mobilisation; encouraging cooperation; strategic partnerships; operational alliances and knowledge sharing.

The **RCSD** has been providing humanitarian services for approximately 30 years. In addition to focusing on responding to emergencies the RCSD has expanded its scope of activity over time to address various emerging challenges which are affecting the most vulnerable populations, and in view of the complexities, the RCSD expects to remain relevant for the years to come.

In order to sustain its auxiliary role in effective response to the humanitarian challenges among the most vulnerable populations of Djibouti, the RCSD has undertaken a strategic planning process to guide its long-term vision. This process consists of keeping abreast with trends and issues linked to the humanitarian assistance in the field. During this process, the RCSD team has adopted a mission, vision and strategic objectives that are measurable and attainable.

The IFRC Country Representation office will continue providing technical support on all programmes, where the health and care programme will focus on water, sanitation and public hygiene and will aim at having improving access to water, sanitation and hygiene for the vulnerable communities. The NS development and capacity building will focus on attaining the following outcomes: strong, reliable and visible NS across the national territory; improved competency in governance and management for better functioning of operations; functional performance and accountability (PA) system/unit and; having sufficient financial resources to manage its programmes.

The **RCSE** programmes respond to the humanitarian challenges and recurrent disasters in Eritrea. Moreover, the NS would require a strong leadership to ensure a well functioning NS, thus in 2011 focus is on strengthening disaster preparedness, response and recovery capacities, and more importantly strengthening community resilience. The RCSE programmes will emphasize on promoting longer-term sustainable development activities that will involve community participation to upgrade the capacity building among women, volunteers and the community at large.

Community-based health development will be the core component of the RCSE health and care programme, which attempts to build the local capacities to deal with most common health risks and support basic and introductory training on community-based First Aid (CBFA). The other programme components include training on prevention and control of infectious diseases and endemics with a focus on malaria, water-borne diseases, community-based action to reduce the risk of HIV and AIDS and community-based action to increase access to safe water and sanitation. The health and care unit will also be responsible for training Red Cross Action Team (RCAT) to respond to the health emergencies and peer education.

With support of the IFRC Country Representation office, RCSE's NS development programme will ensure a well-functioning organization with sustainable systems, procedures and human resources, and with desired level of managerial and technical competencies; and strong and functional partnerships. The NS development programmes will also address the issues of sustainability, resource mobilisation, performance measurement, tracking and reporting, as well as risk identification. Furthermore, all programmes will promote gender equity and diversity as a cross cutting element.

**The total 2011 budget is CHF 1,096,488 (USD 1,115,590 or EUR 799,901)**  
**[<Click here to go directly to the budget summary of the plan>](#)**

## Context

The Djiboutian population is estimated at 833,000 inhabitants (UN 2007) with a population density of 30.3 inhabitants per square kilometre; the population growth rate is estimated at 3 per cent. The level of human development in Djibouti is weak as three quarters of the population live in poverty. Moreover, access to the already scarce resources is unequal as women, more than men; find it harder to access basic services. Approximately one out of three of the population is working or involved in income generating activities. With increase in migration at about 3 per cent per year, statistics show that already 80 per cent of the population lives in urban areas with 68 per cent residing in the district of Djibouti. The average fertility index is 5.6 with the rates of infant mortality estimated at 104 for every 1,000 live births. Overall life expectancy is only 46.6 years. The lowest literacy rates have been reported among women at 33 per cent against 60 per cent among men.

Human Development Indicators	Djibouti	Eritrea
Population (millions)	0.8	4.9 <sup>1</sup>
Persons living with HIV, adults (%)	3.1	2.4
Orphans due to HIV and AIDS	52,000	18,000
Access to affordable essential drugs (%)	80	50
Malaria cases (per 100,000)	715	3,479
Population with access to improved sanitation (%)	82	9
TB cases (per 100,000)	1161	515
Under-five mortality rate (per 1,000 live births)	133	78
Life expectancy at birth (years)	53.9	58.6
Combined primary, secondary and tertiary gross enrolment ratio (%)	25.3	35.3
Human Poverty Index (HPI-1)	28.5	-
People without access to an improved water source (%)	27	40
Children underweight for age(% of ages between 0-5)	27	40
GDI as % of HDI	98.30%	-
Adult literacy rate(% of ages 15 and older)	100	56.7

Source: United Nations Development Programme (UNDP) Human Development Index 2008

Djibouti is a developing country whose maternal mortality rates are among the highest in the world, estimated at 740 for every 100,000 live births and at 114 for every 1,000 live births. A total of 41 health facilities (including hospitals, health centres, sanatoriums and dispensaries) are available in Djibouti, each providing laboratory services, able to perform medical examinations for diagnosis of malaria. A hygiene and epidemiological management team exists having a unit that is tasked to address vector-borne diseases, laboratory services, epidemiological surveillance unit, public and environmental units.

Population movement into the Djibouti has increased as people take refuge as well as internally displaced persons (IDPs) as a result of conflicts and persistent droughts today, the country hosts more than 20,000 living in internally displaced persons (IDP) camps in Holl-Holl and Ali Addé. Djibouti as part of the Horn of Africa faces the effects of global climatic changes. The prolonged drought has resulted in widespread shortage of underground water. Moreover, the economic crisis has resulted in extreme rise in the price of food commodities in the local market. This tremendous increase of prices in basic commodities adversely increased the level of vulnerability of those with limited income.

On the economic sphere, Djibouti has been generally perceived to enjoy relative economic stability in the region. The Djiboutian Franc (DJF) remains financially stable with one Franc selling at 0.47 US Dollars. However, the economy has evolved through ups and downs and has severally been affected by serious political disturbances including armed conflict as well as economic after-shocks due to severe droughts.

<sup>1</sup> [http://www.ca-c.org/online/2007/journal\\_eng/cac-06/tbl-15-3.gif](http://www.ca-c.org/online/2007/journal_eng/cac-06/tbl-15-3.gif)

The Gross Domestic Product (GDP) per capita is USD 1,050; economic growth is at 3 per cent and the rate of inflation is at 2 per cent. The overall economy is service-based notably the activities at the autonomous port whose total traffic weight of 2003 was estimated at 6,000,000 metric tonnes (MT). In 2001, the HDI was at 0.462. Despite revenues per inhabitant estimated at USD 890, the country occupies the 153rd position among the 175 countries classified.

Eritrea is located in one of the driest parts of Africa. The limited rainfall not only affects agricultural production, but also the availability of drinking water to both humans and animals. The socio-economic and humanitarian situation of the country has been negatively affected by the border war with the neighbouring Ethiopia since 1998. At present, Eritrea experiences a `no war no peace` situation, has forced it to retain the majority of human resources to safe guard the nation. This has resulted to critical shortage of professional, skilled and semi skilled work force in both the public and the private sectors.

Added to post-war challenges, Eritrea as part of the Horn of Africa also faces the effects of the global climatic changes. The prolonged drought has resulted in widespread crop failures. Moreover, the economic crisis has resulted extreme rise in the price of food commodities in the local market, especially from mid of 2008. This tremendous increase of prices in basic commodities adversely increased the level of vulnerability of those with limited income.

## Priorities and current work with partners

The structure of the programmes subscribes to Strategy 2020 and the commitments outlined in the Johannesburg commitment of 2008. Through humanitarian diplomacy the IFRC Country Representation will provide support in fostering cooperation and strategic partnerships, as a major role in increasing resource capacity in Eritrea and Djibouti.

**RCSD:** Local community involvement approach will remain at the centre of all the RCSD activities. This direction aims at giving the NS a new image that repositions it as the reliable and credible community actor, a firsthand partner for national agencies as well as other development agencies working in Djibouti. The general objective is to contribute through community mobilization, reduction of preventable diseases among the most vulnerable populations and management of challenges arising from disasters on the Djibouti republic.

As mentioned earlier, the strategy to attain this objective will focus on working closely with communities, identifying and strengthening the community capacities to spearhead their own health-related challenges and reducing the risks associated with occurring disasters. This will also go along with providing support to the RCSD to better adapt its approaches to the vulnerabilities and available capacities in the communities, this strategy will enhance the sustainability of the programmes.

The programme support to RCSD will be directed to community health, prevention and disaster management programme with a bias on disaster risk reduction. The promotion and dissemination of principles and values will be integrated into these thematic programmes activities at community level. The NS targets about 60 per cent of Balbala community who lack access to clean water; administrative and customary authorities from targeted communities; the communities at field operational levels; NS staff members and volunteers; members of the central committee of the RCSD, and various partners (Government ministries and NGOs).

The RCSD partners include the French, German, Finnish Red Cross and, Emirates, Qatari, Kuwait, and Iranian Red Crescent as well as the ICRC and IFRC. The NS also receives support from the IFRC's East Africa Regional Representation office in Nairobi, the Africa Zone office in Johannesburg.

**RCSE:** The RCSE is in a process of its recognition by the government of the State of Eritrea, whilst the Minister of Health is the Patron of the RCSE. Nevertheless, with the current *de facto* recognition, the RCSE manages to deliver its humanitarian services as an auxiliary to the public authorities; it has established a very good foundation with its partners toward building their confidence.

The RCSE's presence stretches in the six regions of the country and has a wide range of activities in more than 180 villages with an established community volunteer facilitation system. The 2011 plan is in line with the RCSE five-year Strategic Plan 2008 - 2012 and the Strategy 2020. This support plan will address the development of strong leadership, organizational system/structure, long-term partnerships, effective volunteer management, resource development, performance and accountability.

As mentioned above, the ERCS will also focus on scaling-up response to increased vulnerability to risks/disasters including food insecurity, drought, flooding, road accidents and fire accidents. The programme aims at achieving improved ability of community members in Eritrea to predict and plan for disasters, to mitigate their impact on vulnerable communities, or effectively cope with their consequences. The NS will also contribute to the improved food production, accessibility and food utilization at household level, increased awareness on climate change and improved community resilience to the recurrent disasters.

The health and care programme will contribute in responding to the health challenges and epidemics, through an integrated approach incorporating WatSan and hygiene promotion, HIV and AIDS and community-based health. The NS will ensure that the volunteers and the communities they are supporting have capacity to respond to health emergencies and carry out social mobilisation campaigns. The health and care programme will also contribute to increased access to safe water through rehabilitation of micro dams.

The IFRC Country Representation will ensure adequate technical support for the NS development programme for RCSE. The expected results are a well functioning NS that performs its function efficiently within its legal base. The programme will also focus on institutional development, thus equipping the staff members and volunteer with skills and resources that facilitates quality service to the vulnerable people. Support from the IFRC includes strengthening systems and procedures, financial management, performance and accountability.

The RCSE is supported financially by bilaterally by PNS and multilaterally by the IFRC and ICRC. The NS has cooperation agreement with both bilateral and multi-lateral partners to effectively carry out its Programmes as well as to ensure continuity of service and to attain long-term partnership. Current Movement partners of RCSE include the IFRC, ICRC, Danish, Finnish, Netherlands, Swedish and Spanish Red Cross. Furthermore, efforts are exerted to enhance capacity and ownership of the projects by the community for a sustainable participation of beneficiaries and measurable impacts.

# Secretariat programmes in 2011

## DJIBOUTI

### Health and Care

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

##### Programme purpose<sup>2</sup>

Enable healthy and safe living

The Health and Care programme for Djibouti is CHF 122,518 (USD 124,652 or EUR 89,378)

##### Programme component 1: Water, sanitation and public hygiene

**Outcome 1** Improved access to safe water, sanitation and hygiene services.

**Outcome 2** Changed behaviour and attitude of target communities in improvement of hygiene and sanitation.

The RCSD health and care programme is mainly on WatSan targeting vulnerable communities of Balbala zone. The activities undertaken at community level will ensure improved access to clean water and sanitation services. The capacity of targeted communities to manage health-related problems including malaria and diarrhoeal diseases will be strengthened. The volunteers will be trained on social mobilisation campaigns and hygiene promotion.

#### b) Potential risks and challenges:-

The success of the health and care programme is challenged by the ever increasing vulnerability among communities in Djibouti's Balbala zone. In addition the limited resources notably human resources are crippling the efficiency and effectiveness of the health and care programme.

### National Society Development

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

##### Programme purpose

Increased capacities of the local rural and urban communities of the regional branches to prevent and alleviate suffering and improve living conditions of the vulnerable groups.

The National Society Development programme budget for Djibouti is CHF 118,055 (USD 120,111 or EUR 86,123).

##### Programme component 1: Capacity Development

**Outcome** The RCSD is a strong, reliable and visible National Society across the national territory.

##### Programme component 2: Leadership development

**Outcome** The competency of NS in governance and management is improved for better functioning of operations.

##### Programme component 3: Financial Sustainability

**Outcome** The Red Crescent Society of Djibouti has sufficient financial resources to manage its programmes.

##### Programme component 4: Performance and Accountability

**Outcome** The Red Crescent Society of Djibouti has a functional PMER system/unit

<sup>2</sup> In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'. Source: OECD-DAC glossary.

The IFRC Africa Zone is responsive to a new organisational development framework to work more closely with its membership. The term National Society Development (NSD) is used here to mean strengthening Red Cross and Red Crescent National Societies so they can better carry out their humanitarian mandate of alleviating human suffering and assisting vulnerable people. This overall goal can be achieved through the interplay of three key components, namely: organisational development, capacity building and relationship management. The NS development function will be strengthened at operational level, and it is key for the Country Representations to be capacity development oriented; thus the portfolio will clearly focus on capacity development, programme support, support in coordination operational alliance (OA) Cooperation Agreement Strategy), research and development.

The Country Representation office will support the RCSD in ensuring that membership procedures are well known to the public. The Code of Conduct of members of governance will be disseminated at the central committee level, managing committee and regional committees. The self-assessment system for central committees, directing committees and regional committees will be established and operationalised. The IFRC will support the NS in its regular statutory meetings through providing guidance and coordination services.

The efficiency and effectiveness will be promoted for the administrative and financial management system at regional and local levels. The RCSD will ensure that at least 50 members of staff and volunteers at headquarters, regional and local branches have capacity in administrative and financial management. The NS will also employ resources towards improving the communication and information and technology with support of the IFRC Country Representation.

Key to the sustainability of programmes is increasing capacity on resource mobilisation and strengthening existing partnerships, as well as performance and accountability processes and procedures. Finance development project will be closely supported by the County Representation including regular financial audits. The RCSD staff and volunteers at headquarters and regional branches will be trained in planning, monitoring, evaluation systems, whilst the country representation supported by the Regional hub, will ensure timely and quality reporting.

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

The limited funding support has been one of the biggest obstacles to RCSD's NS development programme. In order to address this challenge, the NS needs to consolidate the existing resources and strengthen partnerships with local partners including the NGOs and UN agencies present in the country. The second significant risk identified is the absence of consistence in leadership of the NS.

# ERITREA

## Health and Care

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

#### Programme purpose

Enable healthy and safe living

The Health and Care programme for Eritrea is CHF 226,075 (USD 230,013 or EUR 164,925)

#### Programme component 1: Water and Sanitation

**Outcome** Improved access to safe water, sanitation and hygiene services.

#### Programme component 2: Community based health and First Aid

**Outcome** Increased healthy communities which are able to cope with health and disaster challenges achieved through community based integrated health and first aid activities.

#### Programme component 3: HIV and AIDS

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

#### Programme component 4: Emergency Health

**Outcome** Access to curative and preventive health services improved in the target area.

RCSE contributes to the reduction of the incidence of HIV and AIDS by providing information on prevention methods, influencing the attitude and behaviour change, advocating for the reduction of stigma and discrimination towards PLHIV and their families, and providing necessary care and support services. HIV and AIDS activities aim at increasing the number of people seeking HIV counselling and testing as well as the number undergoing antiretroviral treatment. Specifically, the activities include training of staff and volunteers to conduct AIDS awareness campaigns/outreach and subsequently, promote behavioural change and promote HIV counselling and testing as an entry point to treatment. In addition the volunteers will be trained to provide psychosocial support to orphans and vulnerable children (OVC) and their guardians.

Community-based health and First Aid's key activities focus on improving the health status of people living in rural areas of Eritrea through increasing access to improved water and sanitation facilities and provision of community-based health and hygiene education. Additional activities will include provision of community health information to communities, provision of rehydration solutions and food to children with diarrhoea, provision of First Aid services by trained volunteers. The health and care programme aim to ensure changed behaviour and attitude of target communities on hygiene and sanitation, increase access to safe water supply and that targeted vulnerable communities receive supplies of materials for transportation and storage of water.

The capacity of targeted communities to manage health-related problems (malaria and diarrhoeal diseases) will be strengthened through training. Under the emergency health programme component, RCSE will develop an emergency health contingency plan to facilitate work in this area and train staff and volunteers in emergency health and epidemic control.

### b) Potential risks and challenges

Poor donor response has constrained the RCSE efforts to implement community based health disaster preparedness activities. In addition limited fuel supply and imposed restriction in use of RCSE vehicles caused delay in the implementation and monitoring of health and care activities. Absence of skilled personnel will hamper the smooth implementation.

## Disaster Management

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

<b>Programme purpose</b>
Save lives, protect livelihoods, and strengthen recovery from disasters and crises.

The Disaster Management programme budget for Eritrea is CHF 153,684 (USD 156,361 or EUR 112,114).

<b>Programme component 1: Disaster management planning</b>	
<b>Outcome</b>	Improved ability of community members in Eritrea to predict and plan for disasters to mitigate their impact on vulnerable communities, and respond to and effectively cope with their consequences.
<b>Programme component 2: Disaster Risk Reduction</b>	
<b>Outcome</b>	By end of 2011, a total of 10,000 community members will have improved their ability to reduce loss of life and disabilities caused by disasters.
<b>Programme component 3: Disaster Response</b>	
<b>Outcome</b>	By end of 2011 the logistical capacity of RCSE is strengthened.
<b>Programme component 4: Disaster Risk Reduction (Food Security)</b>	
<b>Outcome</b>	Improved food production, accessibility, and utilization at household level in order to have healthy and productive community.

The IFRC Country Representation will increase its technical support to RCSE in disaster preparedness, Response and risk reduction projects. The aims are to ensure the NS conduct at vulnerability capacity assessments in 24 coaching areas and develop disaster preparedness plan accordingly. The NS will ensure that community members from the 24 coaching areas are aware of the nature, causes and possible consequences of disasters.

RCSE will work toward improving the capacity of 10,000 community members on community-based First Aid and road safety. Commercial First Aid will be strengthened and provided to interested authorities, companies and associations. RCSE will establish, equip and strengthen 35 disaster response teams and 35 Red Cross Action Teams (RCATs).

The IFRC will also train and enhance the capacity of disaster management department and support the RCSE procure and pre-position at national headquarters and branch warehouses 15,000 sets of emergency stocks.

### b) Potential risks and challenges

The potential risks and challenges include high turnover of trained staff and volunteers and low funding situation for the disaster management initiatives. The operating environment is also characterised by rising food prices, continuous drought, civil unrest, which demand a lot of humanitarian assistance from the low resourced NS.

## National Society Development

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

<b>Programme purpose</b>
To increase local community, civil society and Red Cross capacity to address the most urgent situation of vulnerability.

The National Society development programme budget for Eritrea is 253,181 (USD 257,591 or EUR 184,699).

<b>Programme component 1: Well-functioning National Society</b>	
Outcome	RCSE has a well functioning organization with sustainable systems, procedures and staff with desired level of managerial and technical competencies to address the most urgent situation of vulnerability.
<b>Programme component 2: Financial sustainability</b>	
Outcome	Existing partnerships are strengthened and new ones formed.
<b>Programme component 3: Branch development and/or volunteer management</b>	
Outcome	Availability of skilled volunteers who are able to provide effective and efficient humanitarian service.
<b>Programme component 4:</b>	
Outcome	The Red Crescent Society of Djibouti has a functional performance and accountability system.

With support of the Country Representation, the RCSE will focus on improving its structure, programmes and services towards becoming a well functioning NS. As explained above, the NS development programme overall goal can be achieved through the interplay of three key components, namely organisational development, capacity building and relationship management. The NS will ensure all Instruments for effective institutional infrastructure are available, work procedures and systems are updated and standardized at all levels. The NS will work towards having a conducive working environment, whilst tightening performance and accountability system. Linked to performance and accountability the NS will improve accounting systems to better short term and long term management decision making and financial reports. In addition, the NS will ensure improved communication, information technology, with close support of the IFRC country and East Africa Regional Representation.

To achieve NS development outcomes, the RCSE need well functioning volunteer network at branch and community level. As such, the capacity of RCSE staff and volunteers in volunteer management will be strengthened through training programmes supported by the IFRC Country Representation and partners.

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

The delay in processing the legal status of RCSE remains a challenge as to a certain extent compromises the auxiliary status of the NS. The NS also requires good governance which is crucial in guiding the development of policies and guidelines. Long-term partnerships are also needed to support the NS strategic plan.

High rate of volunteer turn-over is a challenge as they form the backbone of community-based activities and disaster response. In addition, competition from other volunteer-based organizations poses a challenge to volunteer retention and motivation.

To overcome the risks and challenges, the NS is increasing the involvement of community members and coordination with other stakeholders. This brings about local support and ownership, which are key to sustainable community based programmes.

## Role of the secretariat

**The budget for the secretariat's support is CHF 222,975 (USD 226,859 or EUR 162,663)**

With the determination to implement the programme as outlined, the IFRC Africa Zone has put at the disposal of the RCSD and RCSE a representative based in Asmara, Eritrea who will equally cover the two NS. The representative will continue to contribute to creation and functioning of projects funded by the IFRC. The IFRC is playing a great role in coordination partnerships between the NS and PNS. In order to implement the planned programmes, the NS will need technical support with respect to legal process of the recognition, partnership development, coordination and advocacy.

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

Based on that the NS have limited skills and qualification in human resources, the IFRC Country Representation will support the NS in its programme implementation through assisting with recruitment of at least qualified personnel in each programme, particularly for disaster management. Specifically, the RCSE will need technical support in disaster preparedness with respect to strengthening procedures, policies and tools.

Once the board members are elected, technical support on training/dissemination of Red Cross/Red Crescent Fundamental Principles, International humanitarian law (IHL), the Movement's mission and mandate is a priority and this will need extensive support from the IFRC. The other component that will need technical support is information technology (IT). An IT upgrade is envisaged to enhance and sustain the NS efforts on improving communication.

### **b) Partnership Development and Coordination**

In order to establish strong relations with humanitarian partners, the IFRC would serve as a reliable link between the NS and its partners in elaboration of operational alliances and CAS. The consistency and long-term relationship with partners needs to be assured; the IFRC can play a role through effective CAS and to assist the NS to conduct the annual partnership meeting.

### **c) Representation and Advocacy**

The IFRC will continue supporting the NS in revising statutes and organization of the General Assembly. For instance, the RCSE is in great need of IFRC support to have its legal recognition and become a full member of the IFRC.

## Promoting gender equity and diversity

The existing statute of RCSD, adopted on 26th December 2006 integrates gender equality in appointments and elections for office within the governance or management bodies and encourages female representation. For example, the first Vice President is a woman as well as every two out of five heads of regional committees.

The concerns surrounding this equilibrium have equally been put into consideration at the level of recruitment of volunteers. In addition, the NS promotes diversity in its leadership functions by involving all groups that constitute the national fabric in governance and management of its operations. Finally, the Fundamental Principles of the Movement, particularly aimed at addressing discrimination are strictly respected within the NS.

The RCSE seeks to preserve the good values of upholding principles of the Movement and respecting human dignity. RCSE needs to have a gender balance in its volunteer recruitment, women need to also have leadership positions; but most important, RCSE needs to have specific programmes that enhance the capacity of vulnerable women. RCSE staff and volunteers will be trained to have a clear concept of "gender equity and diversity", and the main gender issues and obstacles in the Eritrean community.

Understanding the values, norms and practices related to gender, population and reproductive health will enable the NS to engage in initiatives that are conducive to sustainable development while upholding gender and human rights.

RCSE upholds gender equity and diversity. Its programmes aimed at developing capacity of women and vulnerable groups are developed from baseline surveys and National Health profiles. The NS encourages all these vulnerable groups to play roles from programme inception to implementation.

## Quality, accountability and learning

In order to improve the quality of its work, the RCSD organizes annual workshops on continued training of volunteers, staff members and governance. The volunteers are regularly trained in programmatic aspects in which they are involved. The NS staff members also benefit from training sessions organized by the IFRC at regional, continental and international level. The governance too is periodically trained on good governance and leadership during the General Assembly meetings. Meanwhile, regular inter-branch exchanges have been taking place each year in order to enable branch leaders to share their experiences and knowledge and address the challenges.

The NS are also planning to have a functional and effective planning, monitoring, programme evaluation and reporting system/unit. This will ensure transparency and accountability and also, continued learning in programming and implementation, continuous monitoring during implementation, evaluation and reporting. To be more result oriented, stakeholders and beneficiaries are included in identifying and prioritizing their needs, during planning and implementation. Branches work together with stakeholders during project planning, monitoring and follow-ups. Partners are given regular updates through narratives and financial and audit reports. This has greatly improved transparency and accountability. The monitoring activities and output will continue at national level and there will be review of the progress towards the achievement of the programme outcomes as part of the programme update and annual report.

To improve the quality of work, strengths, weaknesses, opportunities and threats/limitations (SWOT/L) analysis is done annually. The self-assessment indicates the basis for the NS to identify the areas that need improvement and learn lessons. In order to assist staff to improve their performance, the NS has a performance appraisal system in place.

[click here to view the budget summary below](#)

## 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:

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## MAA64005 - Eritrea and Djibouti

### Budget 2011

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	93,181	159,859	31,612			<b>284,652</b>
Land, vehicles & equipment			15,000			<b>15,000</b>
Transport & Storage	5,000	8,550	15,360		14,700	<b>43,610</b>
Personnel		21,142	81,155		164,382	<b>266,679</b>
Workshops & Training	45,514	136,383	68,424			<b>250,321</b>
General Expenditure			135,555		29,400	<b>164,955</b>
Depreciation						
Contributions & Transfers						
Programme Support	9,989	22,659	24,130		14,493	<b>71,272</b>
Services						
Contingency						
<b>Total Budget 2011</b>	<b>153,684</b>	<b>348,593</b>	<b>371,236</b>		<b>222,975</b>	<b>1,096,488</b>