

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

ETHIOPIA

Executive summary

Currently ranking 169 out of 177 countries on the Human Development Index, Ethiopia is facing complex challenges ranging from a huge population growth (resulting in a very young population with 44 per cent being under 15 years) high illiteracy rates, and tremendous health challenges with malaria, meningitis, and HIV and AIDS being the major killers. Access to clean water and sanitation facilities are severely limited, with 78 per cent of the total population not having access to safe drinking water. In addition, Ethiopia is among the most disaster prone countries in Sub Saharan Africa regularly affected by severe drought, floods, as well as political unrests and tribal conflicts. Due to a high population density and the repeated exposure to natural disasters, Ethiopia chronically suffers from food insecurity. Environmental degradation, severe effects of climate change makes food insecurity one of the main priorities for humanitarian assistance in the country.

The Ethiopian Red Cross Society (ERCS) established in 1935 and thus, being the oldest National Society on the continent, has a long experience in responding to disasters. In addition to disaster response the National Society responds to the chronic needs of the most vulnerable. This country plan 2009-2010 outlines the programmes and interventions of the ERCS supported by the International Federation through its appeal process.

The Ethiopian Red Cross Society's plans and programmes for 2009-2010 are aligned with the four Global Agenda Goals and focus on disaster prevention and response, health and care, capacity building and promotion of Humanitarian Values. Within these programme components, the society also focuses on global and chronic needs such as food security, effects of global climate change and human influenza pandemic preparedness.

The **disaster prevention and response programme** focuses on reducing vulnerability of the targeted communities to climatic shocks and food insecurity as well as enhancing the capacity to mitigate and respond to natural and manmade disasters. Trainings will be designed and conducted for National Society volunteers and community members in order to increase awareness and improve skills. The ERCS will preposition stocks in strategic locations throughout the country.

The **health and care programme** will strengthen its work within the areas of Community Based First Aid (CBFA), HIV and AIDS, emergency health, mother and child health services as well as water and sanitation.

ERCS has for the last three years undergone a restructuring process in order to enhance the **capacities and effectiveness of the society**. As a continuation of this process, an emphasis will be put on further enhancing the capacities of staff and volunteers. Special emphasis will be put on improving narrative and financial reporting as well as strengthening the governance and management structure.

The society will continue its work with promoting Fundamental Principles and **Humanitarian Values**, among the wider public as well as among staff and volunteers. Components from this programme will

also be integrated into the other programmes of the National Society as well as future emergency operations in order to capitalize on the Red Cross interventions.

Target Population

The disaster management programme targets some 50,000 beneficiaries, of which majority will be small-scale farmers, women and children. The secondary target group will be the National Society staff and volunteers. In health and care the target beneficiaries are very diverse, as they range from children below 5 years, pregnant and lactating mothers, youth and the elderly as well as people living with HIV (majority are between 15-49 years of age).

In organizational development the target groups are staff, volunteers and members of the National Society. Principles and values will target staff, governance, members and volunteers of the ERCS, beneficiaries and the general public.

The total 2009-2010 budget is CHF 4,883,946 (USD 4,464,302 or EUR 2,843,504)

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

Country context

Ethiopia is situated in the Horn of Africa, covering an area of 1.13 million square kilometres and has the second largest population in Sub-Saharan Africa with approximately 83.1 million people. The country is currently ranked 169 out of 177 countries on the 2007-2008 Human Development Index. The population is very young with 44.8 per cent under the age of 15. It has an annual population growth rate of 2.5 per cent and it's estimated that the population will number about 101 million people in 2015¹. Majority of the population (84 per cent) live in rural areas as subsistence farmers or pastoralists.

Ethiopia is one of the most disaster prone countries in the world and is repeatedly affected by flooding and drought. During the last few years, the country has experienced an increase in natural disasters, believed to be caused by over-utilization of land as well as impact of global climate change.

As the growth in human population is followed by an increased demand for arable land and livestock, - livestock being a vital commodity in agriculture as well as source of food and sign of wealth - the natural resources are placed under heavy pressure. Existing forests are cleared to increase areas for farming, and to provide wood for fuel and construction. Livestock is kept beyond the land carrying capacities resulting to overgrazing and land degradation. These developments lead to the environment being more vulnerable to floods and droughts, which affects food security.

Land holdings in the densely populated highland areas of the country are small and fragmented; 64 per cent of the households on average own less than one hectare. All arable land is already under cultivation and there is little possibility in many woredas² to absorb more farmers. Continuous cultivation (with poor technology) has led to erosion and rapid depletion of agricultural land which in turn has resulted to low productivity and household food insecurity. The traditional farming practices are also heavily dependent on rain and minor variations in rainfall pattern result in the decrease of both the quantity and quality of grain crops and the production of animal feed.

More than 90 per cent of the crop production comes from smallholder farmers. Despite the majority of Ethiopia's population being engaged in agriculture, it has not been possible to produce enough food. In the best of farming seasons, Ethiopia is only able to produce 70 per cent of its food requirements³.

The health services in Ethiopia, considered to be one of the weakest in the world, are showing steady improvement, with health coverage rising from 54 per cent in 2004 to 76 per cent in 2007. Health problems are mainly related to preventable and communicable diseases such as malaria, tuberculosis,

¹ Source: Human Development Report 2007/2008

² Ethiopia is made up of 11 regions. Regions are further divided into zones, zones into woredas (districts) and districts into kebeles (villages).

³ ERCS Cooperation Agreement Strategy 2007

acute respiratory infections, nutritional deficiency, diarrhoea, and measles as well as prenatal and maternal diseases. Due to an acute shortage of qualified medical personnel in the rural areas, very little has been achieved in the preventive aspect of health care. The health care expenditure in Ethiopia is currently among the lowest in Sub-Saharan Africa at the purchasing power parity-PPP USD 21 per capita per year. This is evidenced by the mortality rate for children under five years which is 123 per 1.000 live births⁴. The life expectancy in Ethiopia is 55 and 58 years for males and females respectively.

Only 30 per cent (72 per cent of urban population and 15 per cent of rural population) have access to safe drinking water. Likewise, the level of access to sanitary facilities is poor with only 5 per cent of the total population having access to solid waste disposal. The limitation in accessing safe drinking water and sanitation facilities have become one of the major causes for the transmission and spread of Acute Watery Diarrhoea (AWD). Outbreaks of AWD at epidemic levels usually occur following periods of extensive flooding, as the poor access and utilization of sanitation facilities is exacerbated by cultural practices, such as open defecation.

The prevalence of HIV and AIDS in Ethiopia is having a severe impact on the overall health situation in the country. Due to the effects of the HIV pandemic, life expectancy at birth has dropped by seven years and the number of children orphaned due to AIDS is estimated to 750.000. There has also been significant micro and macro-economic impact on individuals, households, communities and sectors such as education and business.

Data obtained in 2005 from ante-natal care surveillance and the Demographic and Health Survey indicate that the HIV pandemic may be less severe, less generalized and more heterogeneous than previously believed. A careful assessment of data gathered over the last four years suggests that the pandemic has stabilized, with adult HIV prevalence estimated at 2.2 per cent in 2003-2004 and 2.1 per cent in 2006-2007. The rural pandemic appears to be relatively widespread but heterogeneous, with most regions having a relatively low prevalence of HIV. However, some regions have an adult prevalence rate greater than 5 per cent. In general, HIV incidence is levelling off after declining over the last few years (1996-2001). The adult HIV prevalence in urban areas is much higher than in rural areas (7.7per cent and 0.9 per cent respectively)⁵.

With a per capita earning of USD 100, Ethiopia remains one of the poorest countries in the world. According to the Human Development Report, 23 per cent of the population subsists on less than USD 1 per day and 77.8 per cent on less than USD 2 per day. Government studies indicate that 44 per cent of the population lives below the national poverty line with 90 per cent of the poor households being situated in rural areas. There is also a gender dimension to poverty in urban areas where there is high incidence of poverty among female-headed households (49 per cent) compared to male-headed households (34 per cent)⁶. In addition, there is a strong and positive correlation between poverty and the size and composition of the households. Households affected by HIV and AIDS are also more likely to suffer severe poverty.

National Society priorities and current work with partners

Ethiopian Red Cross Society being the oldest National Society in Africa⁷, has a wealth of experience in responding to local needs and is currently enjoying bilateral partnerships with several National Societies. Partner National Societies (PNS) include the British, Danish, Finnish, Netherlands, Swedish and Spanish Red Cross Societies. In addition, the National Society receives financial and technical support from the International Committee of the Red Cross (ICRC) as well as technical and financial support channelled through the International Federation. The ERCS is present in all parts of Ethiopia.

⁴ Source: World Health Statistics 2008

⁵ Source: Report on progress towards implementation of the UN declaration of commitment on HIV/AIDS, Federal HIV/AIDS Prevention and Control Office, March 2008

⁶ ERCS Cooperation Agreement Strategy 2007

⁷ The Ethiopian Red Cross was established in 1935, in relation to the Italian invasion of the country.

The national headquarters are situated in Addis Ababa, and the society has 11 regional offices, 27 zone branches, 46 sub-branches, 2,600 Red Cross Committees and 73,000 volunteers.

The National Society has been working with a number of partners for several years, guided by the common aim of alleviating the suffering among vulnerable groups. This cooperation has been enhanced by the joint development and implementation of working modalities within the framework of a Cooperation Agreement Strategy (CAS). Discussions related to the National Society's Strategic Development Plan have taken place with partners during partnership meetings conducted every two years.

All the activities of the society as outlined in the Strategic Development Plan and the Cooperation Agreement Strategy are aligned to the Federation's Global Agenda Goals and fall under the areas of disaster management, health and care, capacity building and promotion of Humanitarian Values.

The National Society is a partner in the Global Alliance on HIV and AIDS, and is also one of the five National Societies in the eastern Africa Zone participating in the Africa Food Security Initiative. In addition the society is currently exploring the opportunities that lie in the New Operating Model (NOM) of the Federation and its concept of the Operational Alliance.

Secretariat supported programmes in 2009-2010

The ERCS' activities in 2009-2010 are focused on improving the lives of the most vulnerable people of Ethiopia, by reducing the impact of natural and manmade disasters, diseases and improving the capacities of its volunteers. Due to the recurrence of floods and droughts in the country, the National Society will strengthen its disaster preparedness and response capacities which have been over-stretched by the frequent emergencies in the past three years.

The society will also address chronic and emergency health needs through its Community Based First Aid (CBFA) programme, the HIV and Aids programme and the water and sanitation (WatSan) programme, in addition to promoting mother and child health (MCH) services and immunization. The society will also respond to emergency health needs.

The institutional capacity of the National Society to address the needs of the most vulnerable is currently over stretched. There is need to recruit and train more volunteers and to establish more Red Cross committees throughout the country.

Disaster Management

a) The purpose and components of the programme

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

The disaster management programme budget is CHF 2,126,856⁸ (USD 1,944,110 or EUR 1,354,685)

Programme component: Disaster management planning
Component outcome 1: Improved ability to predict and plan for disasters at the National Society level.

Programme component: Organizational preparedness
Component outcome 1: The ERCS' disaster response capacities are improved

Programme component: Community preparedness and disaster risk reduction in relation to climate change
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⁸ The disaster management budget includes CHF 1,140,000 for the longer-term food security initiative.

Component outcome 1: Improved community awareness on the impact of environmental degradation.
Component outcome 2: Established and improved mitigation mechanisms at the community level

Programme component: Disaster response
Component outcome 1: The impact of natural disasters on people's lives is reduced.

Programme component: Disaster risk reduction (food security)
Component outcome 1: Sustainable livelihood of the population affected by disaster is restored through effective disaster recovery programme.
Component outcome 2: Increased food production, availability and utilisation at community level

b) Profile of target beneficiaries

The primary target group of these programme components are some 50,000 beneficiaries, of which majority will be small-scale farmers, who are vulnerable to climatic shocks and manmade disasters. Activities target the household level with emphasis on women and children-headed households. The target beneficiaries will be involved during all stages of the programme cycle.

The secondary target group of these programme components will be the National Society staff and volunteers. Trainings will be provided to enhance the overall capacity of the society in disaster management.

c) Potential risks and challenges

Due to the high occurrence of natural and manmade disasters in the country, there is considerable risk that some of these programmes will be delayed. Further delays might be experienced due to poor infrastructure and staff capacity at local level.

Health and Care

a) The purpose and components of the programme

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

The health and care programme budget is CHF 1,935,836 (USD 1,769,503 or EUR 1,233,017)

Programme component: Community Based First Aid (CBFA)
Component outcome 1: Increased healthy communities which are able to cope with health and disaster challenges.

Programme component: Maternal and child health (MCH)
Component outcome 1: Improved MCH services through NS community based activities, including safe motherhood and child health initiatives, vaccination and nutrition activities.
Component outcome 2: Increased MCH service attendance within the targeted communities.
Component outcome 3: Improved public awareness on importance of MCH services and immunization

Programme component: Water and sanitation
Component outcome 1: Access to safe water and sanitation services improved in the target areas
Component outcome 2: Improved community awareness and understanding of the importance of proper hygiene and sanitation measures

Programme component: HIV & AIDS Programme⁹**Component outcome 1:** Vulnerability to HIV and its impact reduced through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination**Programme component: Emergency health****Component outcome 1:** Curative and preventive health services is promoted and thus the access to them is improved in the target areas.**b) Profile of target beneficiaries**

The target beneficiaries of these programme components are very diverse, as they range from children below 5 years, pregnant and lactating mothers, youth and the elderly as well as people living with HIV (majority are between 15-49 years of age). In addition, the beneficiaries will come from different ethnic, socio-economic and religious backgrounds, residing in urban and rural areas with various levels of schooling. Due to the diverse group of target beneficiaries, the programme design and implementation of activities might differ slightly from one target area to another.

c) Potential risks and challenges

Due to the high occurrence of natural and manmade disasters in the country, there is considerable risk that some of these programmes will be delayed. Also, poor infrastructure and staff capacity at local levels may delay implementation. The fact that some of the programme components address social taboos, may affect the efficiency of the programmes.

Organizational Development/Capacity Building

a) The purpose and components of the programme**Programme purpose****Global Agenda Goal 3: Increase local community, civil society and Red Cross/ Red Crescent capacity to address the most urgent situations of vulnerability.**

The organizational development programme budget is CHF 728,570 (USD 665,969 or EUR 464,057)

Programme component: Organizational development and capacity building**Component outcome 1:** Increased service delivery by ERCS branches to the most vulnerable**Component outcome 2:** Strengthened relationship between ERCS governance and management**Component outcome 3:** Increased action and participation of ERCS volunteers in service delivery**Component outcome 4:** Strengthened National Society's financial and narrative reporting systems.**Programme component: Youth, volunteer and membership promotion and development****Component outcome 1:** Increased number of volunteers and youth members providing services to the most vulnerable**Component outcome 2:** Increased involvement of volunteers in management and governance bodies**Component outcome 3:** Improved quality of work by volunteers and youths**Component outcome 4:** Increased membership base**b) Profile of target beneficiaries:**

The primary target group for this programme includes staff, volunteers and members of the National Society. This is a diverse group consisting of men and women of all ages, from different ethnic, linguistic, economic and religious backgrounds, residing in urban and rural areas with different levels of schooling. The planned interventions will therefore target segments of this group and design trainings

⁹ For more information about the HIV and Aids Programme, please revert to the ERCS Global Alliance on HIV and Aids document: <http://www.ifrc.org/docs/appeals/annual08/MAA64006.pdf>

based on their needs. A special emphasis will be given to women and girls as the National Society acknowledges that women are underrepresented in the organization. The targeted group will receive training on topics related to governance, management, and volunteering. The branches will also receive material and financial support. The targeted groups will enhance their leadership skills, resource mobilization skills and improve programme management skills. Finally, the ERCS capacity building intervention will contribute to the overall quality of programme management and services at headquarters, branch and community level.

c) Potential risks and challenges

Due to the high occurrence of natural and manmade disasters in the country, there is considerable risk that attention may be diverted and, as a consequence, some of these programme components will be delayed. Additional delays might be experienced due to poor infrastructure and staff capacity at local level. Other potential risks are inadequate funding, lack of coordination between programme components and partners operating on an individual basis.

Principles and Values

a) The purpose and components of the programme

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

The principles and values programme budget is CHF 92,684 (USD 84,720 or EUR 59,034)

Programme component: Promotion of Fundamental principles and Humanitarian Values
Component outcome 1: Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values (including non-discrimination, non-violence, tolerance and respect for diversity) with the RC/RC
Component outcome 2: Marked change in behaviour by community or target population as a result of awareness on humanitarian values
Component outcome 3: Ensure that the Fundamental Principles and Humanitarian Values are integrated into all other programmes of the National Society.

b) Profile of target beneficiaries

These activities will target staff, governance, members and volunteers of the ERCS, beneficiaries and the general public.

c) Potential risks and challenges

Potential risks and challenges facing the planned components of this programme is a high possibility that attention will be diverted to emergency operations in order to respond to immediate humanitarian needs as well as a high turnover of staff and volunteers that may lead to information gaps and delays in the implementation of the activities.

Role of the secretariat

a) Technical programme support

The National Society and its programmes as outlined in this country plan will receive technical support from the Federation Secretariat primarily through the Federation Country Office in Addis Ababa. At present the country office has a team of five staff members; the country representative, finance and administration development delegate, a reporting delegate and two national staff members responsible for finance, administration and logistics. The country representative will provide overall support to the senior management of the National Society and act as a liaison between the society and its partners when needed. As acknowledged by the society, there is currently a need to strengthen its financial and

narrative reporting systems. The finance and administration development delegate and the reporting delegate will give support in these areas. The remaining Federation staff members will provide support in the daily activities. The Federation is currently putting in place plans to open a new position to be based in Ethiopia in relation to the Avian and Human Influenza Pandemic programme. In addition, the National Society will receive technical support in areas of disaster management, health, communication and organizational development from the Federation Zone office in Nairobi, Kenya. Support from the Secretariat in Geneva will also be drawn upon when needed.

b) Partnership development and coordination

The ERCS has a long experience of cooperating and coordinating their activities with Red Cross and Red Crescent Movement partners, different UN agencies such as the United Nations Office for Coordination of Humanitarian Affairs (OCHA), the World Food Programme (WFP) and the World Health Organization (WHO), external international and national partners and government agencies in addition to other stakeholders present in the geographical areas where they are implementing activities. The National Society is also a member of the Humanitarian Relief Fund's Review Board. Due to its mandate and its auxiliary role to the Government of Ethiopia as well as its good image among the general population in Ethiopia, the society takes pride in coordinating and developing partnerships with external national actors that can bring an added value to its work.

The Federation plays an important role in supporting the National Society in developing and coordinating partnerships, especially with regard to the Red Cross and Red Crescent Movement and international organizations. The Federation country office plays a pivotal role in coordinating with other secretariat units, departments and sections in their interaction with the National Society.

In its cooperation with the Federation and Partner National Societies, the ERCS is primarily utilizing the Strategic Development Plan and Cooperation Agreement Strategy. In addition, the society signs a Memorandum of Understanding with all its partners when entering into a formal partnership. The ERCS is currently exploring the possibilities that lie in the New Operating Model (NOM) of the Federation and the concept of the Operational Alliance, in relation to the ongoing emergency operation taking place in Southern Ethiopia as a response to the current food insecurity crises. An operational alliance is expected to address the long-term activities, such as disaster recovery, disaster risk reduction and climate change.

The National Society is also enjoying strong partnerships with the government at federal, regional and zone levels, especially with the Ministry of Health.

For many years, ERCS has been an active and strong advocate for establishing systems for peer-to-peer support among African National Societies and it played an important role in the establishment of the network, New Partnership for African Red Cross Red Crescent Societies (NEPARC) in 2004. The liaison office for NEPARC is currently based in Addis Ababa, headed by the deputy president of the ERCS. In 2007, the National Society scored 92 per cent for the SGS NGO Bench Marking Audit, and thus passed the requirement for being a member of NEPARC.

The ERCS is also taking advantage of the opportunities that lie in the Federation coordinated networks, by actively participating and sharing knowledge and expertise. Representatives from the ERCS are currently members of RC-Net East African Organizational Development and Communication networks. At the last Organizational Development network meeting that took place in Nairobi earlier this year, the ERCS head of Organizational Development Department was elected to the post of chairman of the RC-Net Organizational Development Forum.

The Ethiopian Red Cross Society is taking part in the Global Alliance on HIV and AIDS, striving towards scaling up their HIV-programme with the support of national and international partners. The ERCS is also one of the 5 selected National Societies in the eastern Africa region taking part in the Africa Food Security Initiative.

One of the most important partners within the Red Cross and Red Crescent Movement, for the Ethiopian Red Cross Society, is the International Committee of the Red Cross (ICRC). The organization has been present in Ethiopia since 1978, and the relationship with the National Society is very strong.

There is an excellent cooperation between all the components of the Movement present in Ethiopia, as all partners appreciate, respect and value the contributions, complementary capacities and resources of the other partners, in an open, frank and transparent collaboration. The Federation Country Office facilitates these relationships.

c) Representation and Advocacy

The Federation Secretariat plays an important role as an advocate and a channel for advocacy on behalf of the Ethiopian Red Cross Society, both internationally and nationally. As an international actor with a broad network, the Secretariat plays an active role in seeking to solicit funds on behalf of the National Society and disseminate knowledge and information about the society to potential supporters and partners. At the zone and country level, the Federation Secretariat is playing a facilitating and supportive role, giving the opportunity to the National Society to represent and voice its own opinion in the relevant fora, acknowledging that the society has the capacity to assess and analyze the local political and humanitarian context.

ERCS actively participates in Federation Governance and Statutory bodies. The President of the society is currently the Vice President of the Federation, and the Secretary General of the ERCS is currently a member of the Finance Commission. The society also plays an active role in Movement fora such as the International Conference and the Council of Delegates.

Promoting gender equity and diversity

Ethiopia is a country with long and well established traditions for distinctive gender roles and responsibilities, which, due to the current low levels of development in the country, severely disadvantage women and girls. Evidenced by national statistics, it is apparent that women and girls bear the brunt of disasters, diseases, pandemics and poverty that the majority of the population is experiencing.

Despite constituting 50 per cent of Ethiopia's population and contributing to more than 50 per cent of the agricultural production, women and girls are generally marginalized and do not enjoy equal status with men in accessing economic and social services. With respect to decision making power and ownership of land and other properties, women's position is also inferior to that of men. Girls' participation at all levels of schooling is much lower than that of boys, the illiteracy rates are higher for females than for males, the HIV prevalence among women are higher than among men. Access to health services for pregnant and lactating mothers is very low. Women's representation in the decision making posts both in the public and private sectors is also marginal¹⁰. As a consequence, women and girls are often among the most vulnerable when manmade and natural disasters strike.

The National Society is conscious of the unequal opportunities and vulnerabilities faced by men and women in Ethiopia and seek to address these challenges by mainstreaming gender in all their programming. However, as the National Society is a reflection of the society at large, it is also acknowledged that women are not evenly represented within the organization among the senior management positions or among the governance and volunteers. In order to address this issue, the society is currently developing plans to put in place a gender policy in order to ensure gender equity and diversity at all levels.

Quality, accountability and learning

All of the planned activities as outlined in this plan will follow the policies and standards of the Federation and the Ethiopian Government. The development and implementation of the activities will however be conducted in an open and transparent manner taking into account possible concerns and considerations from relevant partners and donors. Financial and narrative reporting mechanisms will be strengthened and further developed in order to meet international requirements and standards. The National Society has a well established internal audit department that will follow the implementation of

¹⁰ Source: ERCS Cooperation Agreement Strategy, November 2007

the activities, and external financial audits will take place on a regular basis. The Federation Country Office and the Zone Office will provide technical support to the ERCS in order to ensure timely and quality narrative and financial reports.

It is important for the ERCS to underline that, as a volunteer and membership based organization, its main focus is on the needs of the vulnerable people in Ethiopia and thus the society is first and foremost accountable to the beneficiaries, members and volunteers.

In order to ensure quality activities and implementation, all programmes will submit financial and narrative reports on a quarterly basis. The narrative reports will be in both Amharic and English, in order to meet the needs of the stakeholders. Regular monitoring meetings will be held with the targeted communities, the Federation and partners in order to discuss progress, risks and challenges. Baselines, reviews and evaluations will also be conducted for the various activities. Best practices will be captured and replicated when implementing similar activities. Mechanisms will be put in place for the different programmes to learn and share experience with each other. Best practices and experience will also be shared and discussed with beneficiaries and partners as well as other agencies and organizations.

Budget summary

Programmes	2009 budget (CHF)	2010 budget (CHF)	Total budget (CHF)
Disaster management	1,157,047	969,809	2,126,856
Health and care	1,154,639	781,197	1,935,836
Organizational development	424,549	304,021	728,570
Principles and value	68,248	24,436	92,684
Total	2,804,483	2,079,463	4,883,946

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.

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