

# Plan 2009-2010



## Central Europe and Southern Caucasus Regional Programmes

### Executive summary

The regions of central Europe and southern Caucasus have experienced socio-economic turbulence, with sections of their populations suffering serious health threats that contribute to higher levels of vulnerability. Continuing economic, social and health sector reforms are characteristic of the ongoing state-led processes in most of the countries. These reforms have had an impact on the most vulnerable groups in society, whose access to health and care networks is diminishing following privatisation and cost-cutting measures. Many people have experienced a sharp fall in their living standards and chronic poverty. In addition some 1,100,000 refugees and internally displaced persons are located within the two regions.

The National Societies in these regions are tackling the effects on people through their programmes and new initiatives. Through this work, their capacity and experience to respond to the needs of the most vulnerable has been constantly growing. Such development can, in many aspects, be attributed to the many years of investment and joint development efforts put in by the National Societies themselves, and to the support of their partners from within the Red Cross Red Crescent Movement.

In 2009-2010 the regional representation will support directly five National Societies through the programmes outlined in this plan. These are the Red Cross Societies of Albania, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia (FYR of Macedonia) and Romania. In addition, individual plans have been produced for Serbia, Montenegro, Kosovo and Bosnia and Herzegovina in central Europe, and Armenia, Azerbaijan and Georgia in south Caucasus. In addition to this country-level work, there will also be regional and cross-regional events and initiatives that will support the countries of central Europe and southern Caucasus. The regional representation will continue to offer this support directly through its teams of staff, and assist the National Societies in coordinating that coming from sister National Societies bilaterally in the coming two years.

Taking into consideration the regional context, the regional representation will ensure that its programmes and activities are focused on strengthening the capacities of the National Societies to better respond to the needs of the vulnerable people. All programmes of the regional representation and the National Societies are aligned with the *Global Agenda Goals* as well as with the *Framework for Action's ten areas for improvements, Key Actions 2006-2010*. The regional programmes are based on the National Societies needs, while building on the existing capacities and experience within the National Societies. The regional representation strives to strengthen the existing capacities of the National Societies in order to scale up quality of their programmes, outreach and impact on vulnerable people. This will be done by taking forward the Istanbul Commitments of *the VII European Conference of the International Federation of Red Cross and Red Crescent Societies*.

The total 2009-2010 budget is CHF 1,651,239 (USD 1,509,359 or EUR 1,051,744)

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

## Regional context

The more stabilized situation in the Balkans has allowed the International Federation to shift its focus from relief operations to more capacity building work with National Societies. The so called 'in transition countries', as many countries in central Europe and southern Caucasus are known, are experiencing a wide range of commonalities. However, in spite of similarities, the central Europe region has shown quicker development and growth than southern Caucasus as political instability and conflicts have been hindering growth in the latter.

During 2008 violence broke out in two parts of the southern Caucasus region. Armenia and Azerbaijan clashed over the long-disputed area of Nagorno-Karabakh with several casualties ensuing. Then in early August, after a period of growing tensions, conflict erupted in South Ossetia, escalating rapidly around the city of Tskhinvali. The conflict widened quickly with fighting also reported in Abkhazia, and air strikes near the Georgian capital of Tbilisi. Tens of thousands of civilians were caught up in the conflict, fleeing the areas both towards North Ossetia as well as to locations in Georgia and many to the capital Tbilisi. Once the fighting had ended, tens of thousands of people were left displaced and a significant number dead and wounded.

In central Europe, the recent developments in Kosovo have raised concern about the humanitarian situation of the most vulnerable people, who have been overshadowed by the political developments.

Across both regions, economic growth has been accompanied by a drastic impact on the most vulnerable groups and contributed to widening the gaps within society. The poorest are being driven into deeper poverty while the signs of wealth are clearly apparent among the economic elites. In addition, large disparities exist in the wealth and services between regions within the same country. These factors are being aggravated by the global food and energy price increase which hits the poor parts of the populations hardest and contributes to increased vulnerability as these are not in the position to afford the higher prices.

Various disasters have occurred in central Europe and southern Caucasus during the last year. Heat waves combined with numerous forest fires, flooding in Serbia and Montenegro including Kosovo in November and December 2007 and a massive explosion at an arms depot in Albania in March 2008. Still, compared to previous years, 2007 and the first half of 2008 have been characterized by relatively few disasters in the region. However, global warming and climate change indicates that the incidence of these phenomena will not decrease in the near future, but rather intensify. Furthermore, man-made disasters will continue to be a risk for the populations.

The main health threats for the most vulnerable in the region include tuberculosis (TB), HIV and AIDS, and drug abuse especially among the young. Although the prevalence of HIV infection is rather low, the risk environment is high. Voluntary testing and counselling is mostly absent. The main drivers of the infections are injecting drug use (IDU), sex workers, human and drug trafficking, poverty and lack of knowledge and information about sexually transmitted diseases.

Region-specific trends include an ageing population, migration, discrimination, human trafficking and a rise in various infections such as HIV, Congo hemorrhagic fever and sexually transmitted infections (STIs) whose causes and consequences were previously unknown to the majority of the people. The economic and political transition swept away the social policy that was established during the socialist times and the new social systems are usually slow in responding to the needs of the most vulnerable, in particular women, children, minorities and elderly persons.

Below, table one summarizes the situation in the central European region with country-specific data on economical, social and health issues.

Indicator	Albania	Bulgaria	Croatia	FYR of Macedonia	Romania
Gross domestic product (GDP) per capita (USD)	6,385	11,302 <sup>(65)</sup>	15,549 <sup>(51)</sup>	8,468 <sup>(80)</sup>	11,387 <sup>(64)</sup>
Unemployment rate (%)	15-30	7.9	11.8	36.1	4.9
People living below national poverty line (%)	25	15	11	30	26
Infant mortality rate per 1,000 live births	19.31	18.51	7.0	9.27	23.73
HIV incidence* per 100,000	1.02	1.19	1.49	0.833	30.6
TB incidence per 100,000	14.9	40.88	23.18	27.5	112.56
Human development index (HDI)**	0.781 <sup>(72)</sup>	0.808 <sup>(55)</sup>	0.841 <sup>(45)</sup>	0.797 <sup>(59)</sup>	0.792 <sup>(65)</sup>

**Table 1:** Economical, social and health indicators for Albania, Bulgaria, Croatia, FYR of Macedonia and Romania. Sources: WHO, UNDP, World Development Indicators and CIA World Factbook.

\* For Romania the figure shows HIV prevalence

\*\* Includes life expectancy, literacy, educational attainment and GDP per capita. Figures in brackets indicate rank among 187 countries

The table suggests that the countries are some of the poorest in Europe ranking from 45 to 72 on the UNDP human development index. Still there are significant differences between them on all indicators. FYR of Macedonia has an exceptionally high unemployment rate and some 30 per cent of the population is living below the national poverty line. Romania ranges well above the other countries when it comes to HIV (prevalence) and faces huge challenges when it comes to TB as more than 112 incidents of TB are reported per 100,000.

## Albania country context

Albania has a population of approximately 3.1 million people<sup>1</sup>. Economic difficulties, widespread social change and the ongoing instability in the Balkans have all had an effect in recent years. The country continues to remain one of the poorest in Europe with a gross domestic product per capita of USD 2,935 and a high level of unemployment. Faced with this economic insecurity, many Albanians are migrating to more developed areas of the country or going abroad.

Despite these challenges, Albania has made progress since its transition from a communist regime towards a market-based economy. It has pursued major structural and economic reforms and pushed ahead with the establishment of democratic institutions. Agriculture, which accounts for more than one-fifth of GDP, is held back because of a dearth of modern equipment, unclear property rights, and the prevalence of small, inefficient plots of land. Energy shortages, coupled with antiquated and inadequate infrastructure contribute to Albania's poor business environment, making it difficult to attract and sustain foreign investment.

Though improvements in living standards are discernable, there are three sources of inequities which still remain; these are income levels, rural/urban spread and gender inequalities. In transforming from a centralized economy in a rigid communist state to a free market economy in a democratic republic, Albania's people, and particularly its poor people, have paid a price. Despite the economy's growth in recent years, almost 24 per cent<sup>2</sup> of the population lives below the poverty level of USD 2 a day. The poorest of the poor, who comprise about 5 per cent of the population, struggle to put adequate food on the table each day.

Interestingly, however, is the fact that the income gap in the country is relatively small. As incomes and employment rates are low across the board, most people's average income hovers close to the poverty line. This leads to the situation found in Albania today, with many people vulnerable to the effects of downturns in the economy. On the other side, it also means that well-directed pro-poor policies can potentially benefit large numbers of people.

As in many countries, the incidence of poverty is highest in rural areas, where an estimated 57 per cent of people live and where most depend on agriculture for their livelihoods. Poverty is 66 per cent higher in rural areas than in Tirana, the capital, and 50 per cent higher in rural areas than in other urban

<sup>1</sup> INSTAT – Institute of Statistics of Republic of Albania

<sup>2</sup> CIA World Factbook - Albania

centres. The agricultural labour force experience heavy underemployment with around half of all farm labourers thought to work only part-time. Both internal and international migration has been massive with over 20 percent of adults moving internally and 55 per cent of this figure being people originating from rural areas. This means that some 450,000 individuals currently reside in a place different from where they were in 1990<sup>3</sup>.

## Bulgaria country context

Bulgaria is situated in south-east Europe with an area of 110,993 km<sup>2</sup> and a population of 7.97 million<sup>4</sup>. Over the past several years, Bulgaria has made impressive progress towards long-term stability and sustainable growth. The country has witnessed increasing economic integration, rising foreign direct investment (FDI) flows, and improved investor confidence. Per capita income has increased by an average of 6 percent per year since 1998. Unemployment has been reduced substantially from close to 20 percent in 2000 to below 7 percent in 2007. Stability, growth and Bulgaria's extensive social protection system have helped reduce poverty.

The current government has continued these reforms, and in 2007 Bulgaria joined the European Union. According to the World Bank, in 2006 Bulgaria attracted the highest levels of foreign direct investment, as a share of GDP, among all eastern European countries. However, a growing current-account deficit, estimated to have reached 20 per cent of GDP at the end of 2007, and excessive reliance on foreign capital inflow render the economy vulnerable to external shocks. Despite an overall positive performance in achieving macroeconomic stability, Bulgaria remains one of the poorest countries in the EU and still facing many challenges. Evidence shows that despite improving standards of living in recent years, the income gap between groups in the population has risen dramatically.

The social benefits system in place has not been in a position to respond effectively to the most vulnerable groups, who include a growing elderly population and ethnic minorities. Even though a great majority of the population has access to some form of social benefits such as pension and unemployment benefit, still more progress has to be made.

Discrimination against minorities, particularly Roma, is reportedly widespread; such groups encounter obstacles to finding housing, employment, professional qualifications and education. Between 65-70 per cent of Bulgaria's Roma labour force is unemployed according to Bulgarian NGOs. An estimated 18 per cent of the Roma population is illiterate and 65 per cent has never completed high school. Roma homes are very often not connected to the water mains and 20 per cent of Roma children have never been to school.

## Croatia country context

Croatia gained independence in 1991 and is today an upper middle-income country of 4.4 million people and a full-fledged market economy. The year 1995 was a turning point in Croatian history, marked by the end of the war and entering into the first phase of transition focusing on economical and social reconstruction

However, not all is rosy. Between 10 to 20 per cent of its citizens are in a state of exclusion as they have been simply left behind. Evidence shows that around 20 different social groups are affected by some form of discrimination. Social exclusion mainly affect parents of children with disabilities, the long term unemployed, the homeless, returnees, single parents, children without parental care, Roma, elderly, people with lower levels of education and youth. These groups find themselves socially marginalized due to limited access to social services, employment, education and housing.

Still the most affected minorities in Croatia are Roma and Croatian Serbs. They are suffering discrimination including in economic and social rights. Of at least 300,000 Croatian Serbs displaced by the conflict approximately 130,000 were officially recorded as having returned home but continue to

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<sup>3</sup> World Bank Poverty Assessment Albania - 2007

<sup>4</sup> The official site of Bulgarian Government (<http://www.government.bg/fce/index.shtml?s=001&p=0023>)

face difficulties in accessing work and other social and economic benefits. Roma communities often lack access to primary education and, with little or no command of the Croatian language, face extreme difficulties in enrolling into the Croatian education system. One of the key priorities in the process of Croatia's accession to the EU includes creating the social and economic conditions for a successful and sustainable return of refugees to Croatia. As indicated in the UNDP Human Development 2006 report for Croatia, areas affected by war and hosting the highest number of returnees continue to lag behind the rest of the country. This could have a negative effect on the return process and also further isolate returnees.

## Former Yugoslav Republic of Macedonia country context

The Former Yugoslav Republic of Macedonia's population is 2 million according to the consensus conducted in 2002. FYR of Macedonia's position, small size and relatively high degree of economic openness make it highly dependent on external developments. The country has come a long way in its transition from a centrally-planned to a market economy. Progress in reforms in recent years has paid off, with the economy picking up and unemployment and poverty showing modest signs of declining. However, much remains to be done to create an environment that will create well-paid and stable jobs through private sector-led growth according to the World Bank Country Brief for 2007.

In a transition economy such as FYR of Macedonia's, poverty has appeared suddenly for many people. The socially vulnerable categories are the unemployed, elderly people, and rural populations. About 20 percent of the total population live under the official poverty line with minimum resources for living. Poverty is most widespread in the rural areas and in larger households with more members unemployed or with low education. Differences in income levels have a serious impact on the level of accessibility and quality of health services available to the poor. There are still illnesses associated with poor living conditions and illnesses that remain typical for certain groups of the population.

The latest UNGASS<sup>5</sup> report places FYR of Macedonia as a country with a low prevalence of HIV, however, the fact that the regional trends indicate a continuous increase of HIV infection, especially among most-at-risk populations such as sex workers, injecting drug users, men who sex with men and prisoners, is worrying and needs special attention.

According to the World Bank in 2004, the national health care system faces the multiple challenges of improving access, quality and efficiency. Underlying factors include serious governance problems and weak institutional, technical and managerial capacity at institutional level and among health care providers.

These health problems include transmittable diseases, primarily tuberculosis and waterborne diseases, which are the result of poor hygiene and factors associated with lower education levels like alcoholism, smoking and cardiovascular diseases. Living conditions, as measured by access to potable water or access to waste removal systems, are worse in rural areas and certain poor urban areas than elsewhere in the country. These conditions are especially grave amongst many households in the Roma population.

## Romania country context

Romania is a middle income country, and with a population of 21.6 million, is the second largest country in central and east Europe. It is a member of the EU, however, many challenges remain which needs additional structural reforms for building a competitive market economy capable of withstanding the pressures of EU integration. Moreover, poverty persists in the country, with over 15 percent of the population living below the poverty line. Two-thirds of Romania's poor live in rural areas despite the substantial potential in agriculture, forestry, and fisheries.

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<sup>5</sup> UNGASS Country Progress Report for the FYR of Macedonia 2008. UNGASS – United Nations General Assembly Special Session – Declaration of Commitment on HIV and AIDS.

A poor family in Romania is likely to be one with six or more members, including four or more children. It will probably be headed by a woman with only primary education. The head of the household will be either unemployed, self-employed, or a subsistence farmer with less than two hectares of land. The family is also likely to be a Roma family, as Roma are three and a half times more likely to be poor than other Romanians.

From the economic point of view children represent a segment of the population which has probably paid the highest price of transition. Except for income-less adults, children are the social category with the highest proportion living in poverty.

Romania has a significant number of people affected by HIV and AIDS. According to the national report of the HIV and AIDS monitoring and evaluation department by the end of 2006, a cumulative total of 16,877 cases of HIV had been recorded. Of these, 10,264 people were registered with AIDS<sup>6</sup>. By the end of 2006 the HIV prevalence was 30.6 and AIDS prevalence 47.5. From the number of newly registered HIV cases approximately 50 per cent were young persons aged 15 to 29. Sexual transmission accounts for over 78 per cent of the newly discovered HIV cases, while transmission associated with drug consumption remains under 3 per cent.

## National Society priorities and current work with partners

### Albania

The Albanian Red Cross is the largest humanitarian organization in the country, guided by its rules and its legal basis. It is committed to implementing projects and programmes to the benefit of vulnerable people. An increase in professionalism and its functioning capacities have contributed to the Albanian government recognizing the important role of the National Society as a humanitarian actor. This was demonstrated during the arm depot explosion in March 2008 where the Albanian Red Cross participated as a full member of the crisis committee, and was the only humanitarian organization to have access to the site in supporting those affected by the explosion. The National Society has worked intensively to create and develop its material and human capacities to fulfil its humanitarian mission, building upon the society's development plan and strategy for 2005 to 2010, which is based on the International Federation's Strategy 2010.

Disaster preparedness and response remains the priority area of the National Society. The work focuses on implementing its disaster preparedness and response plan at local and national level in line with the national disaster management plan. Moreover, increasing awareness of the public at large, of the government and non-governmental institutions of disaster preparedness and risk reduction make this another important element of the National Society programming, using vulnerability and capacity assessment (VCA) exercises. All activities are to further improve the operational capacities of the Albanian Red Cross to effectively respond to cases of disaster.

The work in health and care is focused on two main elements. Firstly, to increase the knowledge on mother and baby health care, especially against a variety of diseases, and to promote hygiene in the community; and secondly to increase the knowledge of the public on first aid and to set up first aid services that will benefit the community at large. In the social area the National Society will contribute to alleviating the socio-economic situation of some of the most vulnerable groups like children in difficulties, elderly people living alone, Roma and other marginalized groups, single female-headed households using the participatory community development (PCD) approach.

Efforts within organizational development focus on fund-raising and aim to strengthen the financial base and sustainability of the National Society, thus increasing its reliance on own internal sources. This will be approached through organizing public fund-raising campaigns that raise the awareness of the public

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<sup>6</sup> UNGASS Report 2008 - Romania

at large, the government and local businesses of the necessity to support the humanitarian activities of the Albanian Red Cross.

The Albanian Red Cross is working bilaterally with two participating National Societies (PNSs); the Spanish Red Cross is engaged in two social welfare projects focussing on women's integration in two branches; and the American Red Cross supporting a child survival project in the region of Dibra.

## Bulgaria

The 14 development goals of the Bulgarian Red Cross' strategy define the priorities of the National Society in meeting the humanitarian challenges in the country. These strategic priorities are developed so as to be in step with the needs and interests of the most vulnerable people, the civil society and to further develop the National Society.

With the support of the regional representation and sister National Societies, in the last decade the Red Cross has managed to strengthen the capacities of its staff and volunteers to more effectively respond to the needs of society.

Disaster preparedness and response is a priority area for the National Society. Work in this field will be focused on strengthening the capacities of the national disaster response teams to effectively meet the needs of the most vulnerable affected by disasters. Updating the current disaster preparedness and response plans and strengthening disaster risk reduction will be key areas of work in the coming years.

In the past the Red Cross has been actively involved in facilitating refugee integration and preventing migrants from being isolated. The activities focused mainly on promoting tolerance and diversity among the population. In the coming two years the National Society will continue this approach to assist refugees identified as being most vulnerable and raise public awareness and tolerance towards them. These activities are in line with the Red Cross Law and the law on refugees, thereby giving the National Society a mandate to work on the humanitarian situation and integration of refugees in the country. The PCD approach will continue to be an important element, particularly in work with Arab migrants.

The Bulgarian Red Cross is working with several PNSs on a bilateral basis including the Swiss Red Cross in home care and advocacy for elderly people; the Austrian Red Cross in disaster management; and the Spanish Red Cross in organizational development and volunteering. In addition exchange of experiences and knowledge is conducted with several National Societies.

## Croatia

Recent years have seen the National Society showing positive signs of development and offering quality services to the most vulnerable. The activities are based on the development plan and the strategy covering the areas of disaster preparedness and response, health and care, humanitarian values, fund-raising, youth and international cooperation.

In disaster preparedness and response the National Society aims to further strengthen the capacities of the national disaster response teams (NDRTs) for fast and efficient disaster response. Disaster risk reduction activities will also be an important element in order to strengthen the communities to reduce their vulnerabilities to different disasters.

Activities of the National Society will be centred on scaling up its HIV programming, with an emphasis on awareness, harm reduction and building partnerships and alliances with other partners. The National Society is a full member of the national HIV and AIDS commission of the Ministry of Health and Social Welfare. All activities related to HIV are implemented in compliance with the national strategy and coordinated by the Ministry of Health. The National Society will continue to implement the harm reduction project with IDUs; activities will also include counselling, HIV testing and information to the general public.

The National Society will maintain its support to vulnerable returnees by encouraging community action among returnees and their neighbours. The activities will be focused on combating social exclusion and

building the skills of the vulnerable groups, thus allowing them to create new opportunities for themselves. The PCD approach will be implemented with returnees, other ethnic groups, in particular Roma, and other marginalized groups of the society.

The Danish and Norwegian Red Cross are working with the Croatian Red Cross in activities related to combating trafficking in human beings while ICRC is supporting the National Society in tracing activities and International Humanitarian Law (IHL).

## Former Yugoslav Republic of Macedonia

The activities of the National Society in the FYR of Macedonia are based on its development plan for the period 2006 to 2010. Eight development objectives are part of the plan and in 2007 three programme strategies were developed for the period 2008 to 2010. The priorities of the National Society include disaster preparedness and response, health and social welfare, promotion of humanitarian values including International Humanitarian Law (IHL), capacity building, youth development and finance management. All programmes and activities are focused on addressing the needs of the most vulnerable, contributing to achieving the Millennium Development Goals and the International Federation's Global Agenda Goals.

In 2009 and 2010, the National Society will further strengthen the capacities of its emergency response units to be able to quickly respond to any disaster in the country. This will be done through conducting training and practical exercises for logistics, water and sanitation, water safety and first aid teams.

In the health programmes the main emphasis of the National Society is on further strengthening and scaling up activities on HIV prevention, harm reduction, tuberculosis and blood donation. The Red Cross of the FYR of Macedonia is a member of the National Coordination Mechanism responsible for implementing and monitoring activities related to HIV and AIDS and TB as a partner of the Ministry of Health supported by the Global Fund to fight AIDS, TB and malaria (GFATM). It is also an active member of the European Red Cross Red Crescent Network on HIV/AIDS and TB (ERNA), and working within the Red Cross Red Crescent Global Alliance for HIV and TB is an opportunity which will be explored in the coming period. The blood donation activities are implemented in cooperation with the National Institute for Transfusion supported by the Ministry of Health. Engaging in all these activities with relevant stakeholders at the local level has increased the image of the Red Cross as a reliable partner in the country. The social welfare activities will focus on mobilizing and empowering the local communities, in particular the Roma, through the PCD approach.

Additionally, the Red Cross of the FYR of Macedonia is committed to pursuing the development of a well functioning National Society that addresses the most urgent needs in the society. This will mean building on the positive initiatives already undertaken that have borne much fruit, and further strengthening its organizational capacity to provide more efficient and sustainable services. The Red Cross of the FYR of Macedonia has been granted Federation Intensive Capacity Building funds and has started project implementation. Hence the National Society operates within the new operating model which among others includes intensified and tailor-made capacity building Federation support to National Societies.

In total three Red Cross Red Crescent Movement partners are working with the Red Cross of the FYR of Macedonia in supporting various programmes and activities including. They are the Norwegian Red Cross in fundraising activities; the German Red Cross in community development and disaster management; and the Austrian Red Cross in disaster management. Outside the Movement different state ministries, UNHCR and other agencies are partner organizations.

# Romania

The strategic objectives set by the Romanian Red Cross in its 2007-2010 strategy cover the four key priority areas outlined in the International Federation's Strategy 2010. Based on these strategic objectives, the National Society focuses on disaster preparedness and response, health and care, organizational development, community mobilization and promoting humanitarian values.

Disaster management remains a priority area for the National Society. As set out in its strategy document, the aim of the Romanian Red Cross is to develop joint actions with vulnerable communities and authorities focusing on disaster risk reduction at community level. Moreover, such activities should focus on improving local, regional and national capacity in responding effectively to any disaster in line with the mandate of the National Society. The National Society has already been involved in several disaster operations in the country in needs assessment and relief distribution.

The health and care programme aims to scale up the TB activities focusing on people with multi-drug resistant TB (MDRTB) and prevention of HIV. The National Society has in the last two years distributed incentives for TB patients who are following directly observed therapy, funded by the Global Fund. The distribution of incentives is combined with volunteer training and education activities. It is also implementing harm reduction projects which will be continued in the next two years.

## Secretariat supported programmes in 2009-2010

### Disaster Management

Owing to global warming and climate change the frequency and the geographical reach of disasters have increased significantly. Hence the disaster management programme aims at strengthening the capacities of the National Societies in disaster response through updating the country disaster preparedness and response plans, including contingency plans. Risk reduction and community-based disaster prevention and preparedness activities will be supported targeting the population in the communities prone to natural disasters. The occurrence of man-made disasters implies a stronger focus on awareness. The regional representation will continue to further build the capacities of existing regional disaster response team (RDRT) members and NDRTs with updated training and exercises. Emphasis will also be put on strengthening regional and cross-regional cooperation enabling knowledge and experience sharing between the National Societies.

The regional representation will put more focus on disaster preparedness through increasing knowledge about vulnerability and capacity assessment (VCA) tools and risk reduction activities will be the approach used to drive this forward. Disaster management is one of the vital components of the International Federation's new operating model.

The regional disaster management programme budget is CHF 443,005 (USD 404,941 or EUR 282,169).

<b>Programme purpose</b>
Reduce the number of deaths, injuries and impact from disasters.

<b>Programme component: Disaster management planning</b>
<b>Component outcome 1:</b> The National Societies have updated their disaster preparedness plans and contingency plans.

**Programme component: Organizational preparedness**

**Component outcome 1:** RDRT are consolidated with clear roles and responsibilities, equipped and prepared to respond efficiently in case of disasters in the region.

**Component outcome 2:** National disaster response team capacities are further strengthened through various trainings and are prepared to respond efficiently in case of disaster.

**Programme component: Community preparedness/disaster risk reduction**

**Component outcome 1:** Vulnerability of communities to disasters has been decreased through National Societies public awareness and risk reduction.

**Profile of target beneficiaries**

The programme components of the regional disaster management programme aim to directly support the five National Societies of Albania, Bulgaria, Croatia, FYR of Macedonia and Romania. Moreover, the International Federation will provide support to other countries covered by the regional representation to further strengthen the response capacities as well as promote disaster risk reduction at community levels.

The programme will target populations in disaster prone areas, school children and community members who will benefit from increased awareness and information about risk reduction. These efforts will also include awareness of man-made disasters. National Societies' disaster management coordinators, staff and volunteers from central Europe and south Caucasus, plus governmental bodies' staff will benefit from training, advice, consultancy and peer support which will lead to heightened knowledge, experience and skills.

## Health and Care

The health and care programme seeks to scale up health activities in the area of HIV, TB and small scale support for new project initiatives. This would enable the necessary support to be given to the regional National Societies in the areas of building partnerships and alliances with affected groups, health and social care authorities, and relevant national and international networks. The regional representation will promote, encourage and assist National Societies to participate in the Red Cross Red Crescent Global Alliance on HIV. This will be a valuable contribution to the concept of developing operational alliances which is an essential component within the new operating model. Furthermore, capacity building within National Societies to address special health needs and vulnerabilities among the most vulnerable groups will be especially focused upon.

The regional health and care programme budget is CHF 386,214 (USD 352,029 or EUR 245,996).

**Programme purpose**

Reduce the number of death, illnesses and impact from diseases and public health emergencies.

**Programme component: HIV and AIDS**

**Component outcome 1:** National Societies in the region are contributing to reduced impact of HIV, stigma and discrimination.

**Component outcome 2:** National Societies have expanded their response to HIV through partnerships and networks.

**Programme component: Tuberculosis**

**Component outcome 1:** National Societies in the region are contributing to TB control and prevention and support of directly observed treatment.

**Component outcome 2:** Increased awareness and reduced stigma related to TB through advocacy and social mobilisation in the region.

**Programme component: Knowledge and experience sharing**

**Component outcome 1:** National Societies in the region have expanded their response to health related issues through partnerships and networks.

**Component outcome 2:** Regular meetings organized between the health coordinators in the region.

**Profile of target beneficiaries**

The programme components of the regional health and care programme aims to directly support the National Societies of Albania, Bulgaria, Croatia, FYR of Macedonia and Romania. The regional representation will, in addition, support activities related to promoting regional cooperation between the National Societies in central Europe and southern Caucasus in heightening health knowledge and experience sharing.

Within the HIV programme, the National Societies in the region will target youth, injecting drug users and people living with HIV and AIDS. Activities of the HIV component will focus on strengthening the capacities of the National Societies in the region to deliver and scale up HIV activities through harm reduction activities, increasing awareness on HIV prevention and building partnerships between the National Societies as well as through the Global Alliance on HIV. Furthermore, TB awareness towards risk groups and work towards people living with TB will be especially emphasised.

## Organizational Development/Capacity Building

The priorities expressed by the National Societies have been focused on organizational issues such as governance and management, strengthening financial systems, human resource management, and programme development as well as on promoting knowledge sharing, networking and building partnerships in technical programme areas. This will be done through meetings organized for leadership and programme managers of the National Societies in the region. The regional representation will encourage and intends to assist National Societies that focus on capacity building, among others through intensified capacity building (ICB) for societies granted ICB funds. Intensified and tailor-made capacity building support is an essential part of the International Federation's new operating model.

The regional organizational development/capacity building programme budget is CHF 429,410 (USD 392,514 or EUR 273,510).

**Programme purpose**

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

**Programme component: Improving leadership capacities**

**Component outcome 1:** Improved leadership skills contributing to characteristics of well functioning national societies in the region.

**Component outcome 2:** The knowledge and experience sharing between the National Societies in the region is strengthened through the annual leadership meetings.

**Programme component: Ensuring well functioning National Societies**

**Component outcome 1:** Improved and effective human resource management structures.

**Component outcome 2:** The National Societies have better accounting and reporting systems.

**Programme component: Increasing capacity for programme development and management**

**Component outcome 1:** The skills of National Societies staff have strengthened to develop, implement and report on programmes and projects.

### Profile of target beneficiaries

This work will target the National Societies' leadership, programme managers and Red Cross local branches. They will benefit from the advice, consultancy, training and peer support which will improve their knowledge, extend their skills and experience to better address the organizational issues of their National Societies and to develop or strengthen programmes that will reach the most vulnerable populations

## Principles and Values

In the principles and values programme the regional representation will be focusing on challenging behaviours, both within the National Societies and in communities. The main emphasis will be in ensuring that the work of the National Societies in the region are tailored towards influencing changes within society thus promoting tolerance and non-discrimination. The National Societies included in this plan have prioritized the PCD approach as an important element in their programming with marginalized groups and in particular decreasing the social exclusion.

The regional principles and values programme budget is CHF 392,610 (USD 358,876 or EUR 250,070).

<b>Programme purpose</b>
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.
<b>Programme component 1: Promotion of fundamental principles and humanitarian values</b>
<b>Component outcome 1:</b> National societies are recognized and respected as dialogue partners on national and regional vulnerability issues
<b>Programme component 2: Operationalisation of fundamental principles and humanitarian values</b>
<b>Component outcome 1:</b> National Societies programmes are planned and implemented based on fundamental principles and values
<b>Programme component 3: Anti-discrimination and violence prevention/reduction programmes</b>
<b>Component outcome 1:</b> Local communities are empowered to cope with the vulnerabilities and discrimination through the PCD approach

### Profile of target beneficiaries

The principles and values programme components will primarily target the National Societies of Albania, Bulgaria, Croatia, FYR of Macedonia and Romania in their work with ethnic minorities, people at risk of human trafficking and those who have experienced it, migrants facing discrimination and intolerance, the elderly, the disabled, people living with HIV and other marginalized groups. Approximately 10,000 vulnerable people are targeted through the principle and values programme of the National Societies in the region.

## Role of the secretariat

### Technical programme support

Currently the International Federation's structure in central Europe consists of the regional representation in Budapest and country representations in Serbia, which also covers Montenegro, and

Bosnia and Herzegovina and an office in Kosovo, all reporting to the Budapest regional representation. Since November 2007, the regional representation has extended its responsibility towards Armenia, Azerbaijan and Georgia with a representation or office in each of the countries. In this context the regional representation has assumed an increasing role in coordinating support in response to the National Societies' demands.

The regional representation works closely with the country representations in providing support to the respective National Societies. This support is planned and complementary since the capacities to respond to the National Societies' needs are not available in one place, but throughout the region. The regional representation will play the role of main facilitator to ensure support is channelled to the National Society as planned and the main humanitarian issues are addressed in a proper and cost efficient way.

The regional representation will be mapping the opportunities in the region through dialogue with partners to address all relevant issues in as efficient a way as possible. Support can be ensured also from the zone technical and management level when required. Participating National Societies at local or regional level will be also included in discussing plans and implementation of programmes according to the availability of expertise in any of the areas of interest. This approach is very much in line with harnessing the Movement's strength that is the essence of the new operating model.

## Quality, accountability and learning

The regional representation has developed a practice of utilizing the best practices and experience available in the region through its human resource roster mechanism. This is a pool of expertise from all the regional National Societies and from the International Federation's offices in the region who have competence and experience in various fields and are available to assist National Societies in need.

This practice will be further developed in the coming years since the regional representation is well positioned and experienced in creating platforms for sharing, joint planning and for promoting the latest standards, procedures and best practices. This will be done by further developing and maintaining the regional human resource roster and by providing opportunities for regional meetings, training sessions as well as during regular country visits and daily communication.

How we work	
<p>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".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
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