

Mid-Year report

 International Federation
of Red Cross and Red Crescent Societies

Central Africa Regional Representation

Appeal No. MAA62001

31 August 2010

This report covers the period 01/01/2010 to
30/06/2010.



In May 2010, the Equatorial Guinea Red Cross Society distributed urgently needed materials after the fire that burnt down to ashes many houses in Malabo. **Manuel Ndong**/Equatorial Guinea Red Cross

In brief

Programme outcome: In line with the Strategy 2020 strategic aims, the International Federation of Red Cross and Red Crescent Societies' (IFRC) Central Africa Regional Representation programmes aims to support the National Societies actions in contributing towards saving lives, protecting livelihoods and strengthening recovery from disaster and crises, health and safe living and promoting social inclusion and a culture of non-violence and peace.

Programme(s) summary:

In accordance with the IFRC's ongoing rightsizing process, the Congolese Red Cross priorities that were originally included in the Central Africa Regional Representation's (CARREP) 2010-2011 Plan have been removed and added to that of the Democratic Republic of the Congo (DRC) as the Kinshasa Representation now covers both DRC and the Republic of Congo. This means that the CARREP's 2010-2011 Plan now covers five countries instead of six as initially planned. These five countries include Cameroon, Central African Republic (CAR), Equatorial Guinea, Gabon and Sao Tome and Principe (STP).

Under the rightsizing process, the capacity building and principles and values objectives and activities have been integrated to thematic programme activities under health and care and disaster management. The Swedish Red Cross provided support for 2010 on enhancing planning, monitoring, evaluation and reporting (PMER) to strengthen PMER capacities in Central Africa. This midyear report therefore highlights the achievements in the disaster management and health and care sectors of CARREP's 2010-2011 Plan from January to June 2010, as well as progress on the development of PMER.

Financial situation: The total 2010 budget is CHF 2,778,249 (USD 2,701,525 or EUR 2,116,761), of which CHF 1,657,636 (60 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 1,229,531 (44 per cent) of the budget.

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

No. of people we have reached: During the first half of 2010, about 3,878,409 people were directly reached through the IFRC-supported programme interventions, with 97,000 through the disaster management interventions and 3,781,409 through health and care. The people reached included 81,000 CAR refugees in Cameroon, 250 beneficiaries of the DREF on fire in Malabo (Equatorial Guinea); 1,150 beneficiaries of the DREF on violent wind in Gabon; 49,009 beneficiaries of the DREF on Chikungunya and Dengue in Gabon; 800,000 beneficiaries of the DREF operation on cholera in Cameroon; about 17,000 beneficiaries of the DREF on Measles in Cameroon; 800,000 children aged 0-5 years for polio in CAR; 2,100,000 children aged 0-5 years in Cameroon for polio; 30,000 beneficiaries of AH1N1 preparedness in Cameroon, CAR, Congo Brazzaville, Gabon and STP. It is expected that about the same number of people will benefit from activities planned for the rest of the year.

Our partners: UNHCR continued to support Cameroon Red Cross for the assistance to Chadian and CAR refugees in the North, East and Adamaoua regions respectively. A three-power agreement has been signed between UNHCR/WFP/IFRC for the distribution of food and non-food items to CAR refugees in Cameroon. UNHCR also renewed its trust in the Gabonese Red Cross for the management of urban refugees in Gabon. The IFRC shared information on emergency planning with Care Cameroon. The British DFID supported the H2P programme for five countries in Central Africa. Partner National Societies such as the Netherlands, Irish, Norwegian, Swedish, Japanese and Finnish Red Cross Societies also supported CARREP's programmes. Other partners included the Bill and Melinda Gate Foundation, ECHO, EU-CEMAC.

Context

Towards the end of 2009, an internal conflict in the Democratic Republic of Congo (DRC) pushed thousands of people to flee into neighbouring Republic of Congo. In early 2010, the number of DRC refugees in Congo Brazzaville was on the increase, reaching an unprecedented 100,000 refugees. This has disturbed CARREP's programmes implementation plan. During the first two months of the year, all efforts were concentrated on the assistance to DRC refugees in Congo Brazzaville. CARREP had to follow up the situation until March 2010 when the Kinshasa office actually took up the lead of the operation to assist the refugees.

Meanwhile, CARREP did not receive any funding support for its 2010 Plan by March. However, first funding support coincided with new emergency situations in Cameroon, Gabon and Equatorial Guinea, with measles and cholera outbreak in Cameroon, violent wind and Chikungunya and Dengue outbreak in Gabon, and fire in Malabo (Equatorial Guinea). For each of these emergency situations, CARREP successfully assisted the respective National Societies (NS) in the request for IFRC disaster relief emergency fund (DREF). The NS involved were left with very limited time to concentrate on the implementation of the 2010 planned long-term programmes as they were busy implementing the emergency relief operations, most of which are still ongoing.

Other events that have hampered the programme implementation included the celebration of 50 years of independence in Cameroon, and fighting between armed groups and the national army in the CAR. In Cameroon for example, everything almost stopped during the week of the celebration. The fighting in CAR caused several people to be internally displaced.

Progress towards outcomes

Disaster Management

Programme Component 1: National Society disaster management planning and organizational preparedness

Outcome 1: The NS of Cameroon, CAR and Gabon have disaster preparedness strategic plans, and their response systems are made operational through the updating of their population movement contingency plans and the finalization of the Cameroon-Chad-CAR cross-border contingency plan

Outcome 2: The Red Cross NS of Cameroon, CAR, Gabon, STP and Equatorial Guinea have put in place well-structured disaster management departments, with qualified and well-organized volunteers, through the creation of well-trained national and community disaster response teams (NDRT and CDRT).

Achievements

During the first half of 2010, the DM team of the IFRC supported the Red Cross NS of Central Africa in carrying out a number of activities in assistance of the most vulnerable in their respective countries. Such activities included:

- the finalization and adoption by the CAR Red Cross Society contingency plan on the upcoming presidential elections;
- the completion by the Red Cross of Chad and the Red Cross of the Democratic Republic of the Congo Well-prepared NS' (WPNS) Form (survey);
- Participation in the workshop to review Cameroon's National contingency plan. The workshop was organized by the multilateral task force on crisis management and the platform composed by Cameroon Government, the UN system and other humanitarian partners;
- Participation in a workshop to review STP's national contingency plan, which was jointly organized by Government and the UN system;
- Development by the STP NS of their contingency plan on natural disasters (floods), technological disasters (poisonous product and chemicals) and health hazards (epidemics);
- Participation in the workshop to review Gabon's National contingency plan. The workshop was organized by the UN system and other humanitarian partners.

During the second half of 2010, the IFRC will assist the Gabonese Red Cross in developing a contingency plan. The sub-regional contingency plan for Chad-Cameroon-CAR will also be developed within this period.

As far as the organization of disaster management departments at NS levels is concerned, two national disaster response teams (NDRT) have been established and trained; one in CAR and the other in Cameroon. In CAR, the trained NDRT is composed of 24 volunteers who act as disaster management focal points. The trainees came from 16 prefectures of the country, the eight Red Cross local committees of Bangui, and four staff members of the NS from the headquarters in Bangui. In Cameroon, the trained NDRT is composed of 30 volunteers from the ten regions that make up the country, and also are the disaster management focal points in their respective localities.

Programme Component 2: NS and community operational preparedness, and disaster, illegal migration and food crisis risk reduction

Outcome 1: All the five NS covered by this plan have updated their risk maps, and the communities in CAR have a better understanding of disaster risks and threats within their environment and have developed more efficient preventive actions.

Outcome 2: Thanks to the support of the NS of Gabon and Cameroon, the communities of targeted areas at risk have carried out disaster, illegal migration and food insecurity risk reduction activities.

Achievements

- The risk maps of Cameroon and CAR have been updated on the occasions of the training of their respective NDRT. The mapping took into consideration the specificities of each country and the ongoing crises.
- Cameroon Red Cross Society intensified sensitization to the risks of climate change, and to what needs to be done to prevent its effect.

Programme Component 3: Disaster response and recovery

Outcome 1: All Red Cross NS of Central Africa covered by this plan have rapidly and efficiently responded to emergency situations such as floods, violent winds, epidemics, earthquake, volcanoes eruption, social crises, etc. thanks to the practical measures taken in advance, and thanks to the active participation of the concerned communities.

Outcome 2: In collaboration with their partners within and outside the Movement, the Red Cross NS of Cameroon, Gabon and CAR have developed an efficient population movement management strategy (including refugees and internally displaced persons) within their respective territories, and have good coordination of their efforts when responding to an emergency situation.

Achievements

During the first half of 2010, serious fire and violent winds occurred in Equatorial Guinea and Gabon respectively. At the request of the NS, the IFRC allocated DREF to two countries to support the relief operations. Equatorial Guinea NS use the DREF for fire in Malabo to assist about 50 families, i.e. 250 people; whereas the DREF for violent wind in Gabon was used to assist some 230 families, i.e. 1,150 persons. In response to fire in Malabo, Red Cross volunteers distributed food and non-food items to the most vulnerable, sensitized communities on how to prevent fire outbreaks and what to do to save lives in the event of fire. In Gabon, Red Cross volunteers distributed non-food items to 230 families, conducted community-based sanitation activities such as the cleaning of gutters and the removal of branches from the road, and sensitization of communities on how to mitigate the consequences of violent winds. A regional disaster response team (RDRT) member was deployed in Gabon to assist the NS in implementing the operation for one month.

In response to the population management in the sub-region, the IFRC submitted a new proposal to UNHCR for 2010 funding support. This proposal has been accepted and Cameroon Red Cross supported by the IFRC has been implementing the project, the main activities of which include:

- Distribution of food and non-food items to 85 percent of the 82,631 CAR refugees in the East and Adamaoua regions of Cameroon in January, February, March, May and June;
- Participation in several meetings with the Cameroon's Ministry of Economy, Planning and Land-use management, in collaboration with WFP, UNHCR, FAO and other humanitarian partners in preparation for a joint assessment of food security in the two regions where CAR refugees are accommodated. The assessment which is ongoing will enable government and other partners to take necessary measures and to plan development activities in favour of refugees. Such activities would enable the refugees to take care of themselves as WFP is contemplating stopping food distribution by end of 2010;
- A proposal on food security and nutrition in favour of CAR refugees and the host populations in East and Adamaoua regions of Cameroon has been submitted to BPRM. A IFRC team also participated in a joint assessment mission conducted by BPRM and other partners in the field;
- Participation in activities to mark the African Child's Day and the World Refugee's Day.

Constraints or Challenges

Communication with NS has been very difficult as the IFRC Regional Representation office has not been receiving regular feedback on activities carried out by NS. This somehow delayed the implementation of planned activities. Moreover, much time was dedicated to the operation to assist CAR refugees in Cameroon given the difficult nature of the situation with about 82,631 refugees scattered all over in two big regions of Cameroon, covering about 50,000 km. In addition to that, emergency situations such as violent winds in Gabon and fire in Equatorial Guinea occurred and did not give the DM team enough time to concentrate on pilot food security projects and the

regional contingency plan for Chad, Cameroon and CAR. Another constraint was the late arrival of the first funding for 2010 activities, they were received in April.

Health and Care

Programme Component 1: HIV and AIDS

Outcome 1: Four hundred and sixty STI or HIV-positive sex workers have received appropriate treatment after communication for the change of behaviour (CCB) activities carried out by Red Cross volunteers in Cameroon and Central African Republic (CAR).

Outcome 2: The institutional capacities of six community organizations of sex workers are enhanced in Cameroon and CAR.

Outcome 3: The living conditions of 200 PLWH are improved through home care and support for the implementation of income-generating activities (IGA) in Gabon, CAR, and Sao Tome & Principe.

Outcome 4: At least two “Clubs 25” for blood donation are set up in Gabon and Cameroon.

Outcome 5: At least 700 secondary school students have undergone HIV screening tests and have collected their results following the sensitization activities carried out by the Red Cross in Equatorial Guinea and in Sao Tome & Principe.

Outcome 6: The discrimination and stigma against PLWH in Central Africa and against people affected by genetic diseases in Gabon is reduced thanks to the action taken by the Red Cross.

Achievements

In Cameroon, the main activities carried out in the HIV sector were within the framework of PROLUSIDA and the Operation to assist CAR refugees in the East and Adamaoua regions. PROLUSIDA is a project funded by the European Union and the Central Africa Economic and Monetary Community (CEMAC). The project started in 2009 and will end in 2011. It is aimed at fighting against HIV and AIDS along the pilot corridors Douala-N'Djamena and Douala-Bangui.

As far as PROLUSIDA is concerned, 50 Cameroon Red Cross volunteers sensitized 4,256 truck drivers, 6,739 “filles libres” (sex workers) and 22,991 people living along the Douala-N'Djamena and Douala-Bangui corridor, which is also referred to as the CEMAC corridor. The sensitization messages were aimed at discouraging the people targeted from engaging into risky sexual behaviours such as having sex without a condom. Red Cross volunteers had 10,995 contacts with truck drivers and the “filles libres”, i.e. the groups mainly targeted by PROLUSIDA, and referred 865 people to the health facilities working in partnership with the project for the management of STIs syndromes. The volunteers organized 826 educative talk sessions and distributed 7,248 condoms. They also organized two HIV screening campaigns and enabled 500 persons to know their serological status. Ten associations of sex workers have been set up in the sites of PROLUSIDA in Cameroon. These associations will be trained on the management of income-generating activities.

Within the framework of the Operation to assist CAR refugees in the East and Adamaoua regions of Cameroon, the recent voluntary screening campaigns revealed an increase of HIV prevalence in refugees. The prevalence rates stand at 12 percent for Cameroonians and 10.5 percent for refugees compared to 1 percent in 2007. The East and Adamaoua regions of Cameroon hold the highest prevalence rate in Cameroon.

In Gabon, 641 people living with HIV (PLHIV) benefited from psychological and nutritional support in the HIV treatment centres of Libreville and Port-Gentil. Gabonese Red Cross volunteers organized 254 home visits, 45 talk groups and 45 community meals in favour of those PLHIV.

In CAR, Red Cross volunteers are currently preparing to launch activities within the framework of the Global Alliance on HIV. Prior to this phase, the NS prepared an operational plan and shared it with the IFRC in Yaoundé. A memorandum of understanding has been signed with the NS to facilitate the start of activities.

Constraints

Programme implementation was somehow hampered by political and natural events. Political events included the attacks by the LRA armed groups in CAR; and natural events included violent

winds in Gabon and fire in Equatorial Guinea. These events caused volunteers and their supervisors to dedicate more time to the management of emergencies.

Programme Component 2: Community-based Health and First Aid

Outcome 1: RC volunteers and community voluntary workers in the Central African countries are actively engaged in sensitization campaigns and work with community-based health and first-aid programmes (CBHFA) tools developed at individual country or Movement levels.

Outcome 2: An increased number of children attending anti-measles and polio massive immunization campaigns are reached through the sensitization of targeted communities by the NS of Central Africa

Outcome 3: Access to sanitation services is improved in Equatorial Guinea through the construction of 50 latrines

Outcome 4: Access to potable water is improved in Equatorial Guinea through the rehabilitation of 25 water points

Outcome 5: The Central African NS have provided safety information to communities at risk of waterborne, hygiene and sanitation diseases and other types of potential deadly diseases to help prevent them being contaminated.

Outcome 6: Fifteen thousand people targeted actually sleep under Long Lasting Impregnated Mosquito Nets (LLIMN) following communication for the change of behaviour (CCB) campaigns and home visits activities carried out by the NS of Central Africa

Outcome 7: Fifteen thousand families are trained by the NS of Central Africa on home management of malaria cases.

Outcome 8: Four communities targeted in Cameroon and Gabon are further involved in the implementation of malaria risk reduction strategies through the spraying and disinfection of homes and the promotion of environmental hygiene and sanitation

Outcome 9: Sixty excision practitioners have abandoned the practice of female genital mutilations (FGM), thereby contributing to improving the health of women and young girls in Cameroon and CAR.

Outcome 10: The capacities of three community-based organizations of ex-excision practitioners are built in Cameroon and CAR.

Outcome 11: Malnutrition is reduced in refugees and host populations in Cameroon.

Outcome 12: The number of victims of road accidents is reduced through the promotion of road safety in Gabon and Cameroon.

Achievements

Within the framework of the operation to assist CAR refugees in the East and Adamaoua regions of Cameroon, 13,223 consultations have been conducted during the first half of 2010, and the following results have been registered:

- The common pathologies include malaria (6,341 cases, i.e. 48 percent), non-bloody and non-cholera diarrhoeas (1,273 cases, i.e. 9.62 percent), acute respiratory infections (ARI) (1,171 cases, i.e. 8.85 percent), and Helminthiasis (662 cases, i.e. 5 percent);
- 165 cases of sexually transmitted infections (STI), i.e. 1.24 percent.
- The number of deaths compared to pregnancies and deliveries has remained below the national rate which is (>600/100,000 births), but there are still a lot of risks in this sector, mostly associated with cultural factors;
- Four maternal deaths have been registered, but it is possible that some cases may not have been declared;
- The overall mortality rate stands at <1/10,000/d. Some 29 deaths in refugees have been registered in health centres.

During this reporting period, children refugees have been vaccinated within the framework of routine expanded immunization programmes (EIP) and local immunization days (LID). The average immunization coverage rate now stands at 82.66 percent for BCG (with 100 percent coverage in some districts such as Garoua Boulai), 88.77 percent for penta3 (100 percent in Betare Oya), and 81.88 percent for measles. The Red Cross facilitated the referral of 122 patients from integrated health centres to district hospitals. They also facilitated 12 evacuations to national and regional hospitals.

During group discussions and home visits, Red Cross volunteers sensitised the refugees and the host populations on the following themes: the need to go to health centres, the importance of

assisted child delivery, vaccination, the promotion of balanced diet, hygiene and other good health friendly practices. The volunteers organized one to two talk sessions and home visits weekly.

Red Cross volunteers screened 85,371 persons including 33,023 children for malnutrition and detected 9,000 cases of malnutrition. From 11 to 13 January 2010, the coordinator of the health/nutrition sector CAR refugees' operation in Cameroon participated in a workshop to review Cameroon's national acute malnutrition case management protocol. The workshop took place in Kribi (Cameroon) and was presided over by the Health Promotion Division of the Ministry of Public Health, and was financed by UNICEF. In attendance were 68 heads of supplementary feeding centres (SFC), 20 IFRC staffs involved in the operation to assist CAR refugees in Cameroon, 11 members of the IFRC/WHO/UNHCR coordination, two nutrition focal points from the East and Adamaoua Regional delegations of Public Health, six members of Red Cross coordination, and nine nutrition focal points from health districts. The objective of the workshop was to brief SFC officials and nutrition focal points on nutrition oriented community based services and give them the tools required to build the capacities of community workers.

Cameroon Red Cross mobilized 650 volunteers, 37 local supervisors and four regional supervisors to facilitate the anti-polio immunization campaign in the Adamaoua, North, Far North and East regions. The volunteers carried out social mobilization activities that contributed to increasing the coverage rate to 100 percent. IFRC's Regional Health Coordinator in Central Africa conducted an independent monitoring of the 2nd round of the anti-polio campaign in Cameroon in partnership with WHO. The results achieved met the satisfaction and congratulations from partners and the Ministry of Public Health through an official letter.

In CAR, the NS mobilized 600 volunteers, 60 local supervisors, 17 regional supervisors and one central supervisor for the anti-polio campaign. Fourteen Red Cross volunteers from Cameroon, CAR, Congo Brazzaville, DRC, Chad, STP and Gabon were trained in Dakar on the new tools for community-based malaria control.

IFRC's Regional Health Coordinator was part of a Roll Back Malaria (RBM) mission to CAR from 12 to 22 June 2010. The mission aimed at facilitating the disbursement of the funds for the 4th and 8th rounds of the Global Funds to fight against malaria. Presently, the 4th round has been disbursed, and negotiations are underway for the disbursement of round 8.

Procedures for the hosting of the CARN/RBM focal point for Central Africa in IFRC office in Yaoundé have been completed, and the focal point is expected to be installed in Federation's office before the end of 2010.

Constraints or Challenges

The main challenges reported are associated with CAR refugees' operation in Cameroon, which include:

- The difficulty to access the refugees as they are scatted in the villages of two big regions of Cameroon (East and Adamaoua);
- The launching of the Nutrition project was delayed due to logistics constraints, human resources recruitment process, training of volunteers, adaptation of supply means, etc.;
- Multiple data collection tools;
- The health system failed to own Red Cross interventions.

Programme Component 3: Emergency Health

Outcome 1: The NS of Central Africa are well prepared and equipped to respond to various epidemic outbreaks, notably cholera in Cameroon, Equatorial Guinea and Sao tome & Principe, meningitis in Cameroon and CAR, Ebola in Gabon, yellow fever in CAR, and Chikungunya in Gabon.

Outcome 2: All disaster-prone areas covered by Central African NS are provided with a detailed mapping showing the types and characteristics of recurrent health problems (sickness epidemics, difficult access to health facilities, treatment opportunities and referral services).

Outcome 3: Ten thousand households in areas at risk targeted in Cameroon, CAR and Gabon know the signs and symptoms of emergent and re-emergent diseases like avian flu or AH1N1 through the implementation of the Community-based health and first-aid (CBHFA) programme.

Outcome 4: An emergency stock of drugs, IEC and protection materials is built up and prepositioned at CARREP level in Yaoundé to be distributed when necessary.

Achievements

Following the outbreak of meningitis in Eastern Cameroon, 50 Cameroon Red Cross volunteers were trained on epidemic management. CARREP also put 100 posters and 300 leaflets at the disposal of Cameroon Red Cross to facilitate sensitization activities. The trained volunteers conducted door-to-door sensitization and reached over 1,000 households.

As part of AH1N1 preparedness, CARREP put the following sensitization materials at the disposal of NS in Central Africa: 10,000 posters and leaflets to CAR NS; 10,000 posters and leaflets to Cameroon NS; 5,000 posters and leaflets to STP NS; 10,000 posters and leaflets to Congo Brazzaville NS; and 10,000 posters and leaflets to Gabon NS. CARREP donated the content of a cholera kit to Cameroon Red Cross to improve assistance to Chadian and CAR refugees.

A measles outbreak occurred at the Chadian refugees camp in Langui (Northern Cameroon), and a DREF operation was launched to help respond to the epidemic. Cameroon Red Cross mobilized and trained seven supervisors, 26 vaccination agents, and 127 volunteers and social mobilization agents for the operation. These trained persons visited 304 households, and vaccinated 534 children aged 6 to 59 months (97.27 percent). In the four health areas surrounding the Langui camp, the volunteers visited 22,865 households, and vaccinated 12,576 children (75.93%). The overall vaccination coverage rate targeted was > 90 percent. This target was exceeded and the epidemic stopped.

A new cholera outbreak occurred in Far North region of Cameroon, precisely in Mada and Makary, two localities that were not affected during the 2009 outbreak. A DREF operation is ongoing to respond to the epidemics, but the situation remains critical because of the rainy season and flooding that has been complicating it. About 100 Cameroon Red Cross volunteers are active in the operation with disinfection materials.

A Chikungunya and Dengue epidemics occurred in Gabon, and a DREF operation is ongoing to help put the situation under control. An RDRT member is currently deployed to Gabon to assist the NS in this operation. About 12,000 long lasting insecticide treated nets have been distributed to the affected populations.

PMER capacity building

Goal: The Red Cross NS of Central Africa produce quality and timely reports for IFRC and for donors.

Component : PMER

Outcome 1: The leaders of Red Cross NS in Central Africa have understood the essential role of PMER within the process of their conversion into well-functioning NS.

Outcome 2: The PMER officers of the NS of Central Africa are well-trained on PMER techniques and actually use their know-how on behalf of their respective NS.

Achievements

Since his arrival in Cameroon in April 2010 the new IFRC Regional Representative has visited Cameroon, Congo Brazzaville, Gabon, Equatorial Guinea, Central African Republic, and STP NS. During the familiarization visits, the IFRC regional representative disseminated relevance of PMER to NS and the need for them to designate someone as a focal person to coordinate the processes. The result of his advocacy has been outstanding as the Presidents of all the NS said henceforth, their communication officers will be the focal points for PMER. The COSNAC meeting is scheduled to take place in Gabon in October 2010, and the occasion will be used to stress the importance of PMER to Red Cross action.

As far as PMER capacity is concerned, CARREP's PMER/Communication Officer went to Gabon to train not only the communications officer, but also all programme officers of the NS on planning and reporting. The participants (18) to the training included programme officers at national headquarters, and some programme officers from the Libreville local committees of Gabonese Red Cross Society. As a result of this training, the NS staff members produced the DREF Operation Update on violent wind in Mouila, and CARREP's PMER officer did not have a lot of difficulties editing it. The same staff members are preparing the final report of that DREF using IFRC template. The planning knowledge acquired also enabled them to efficiently plan the DREF on Dengue and Chikungunya, which has been approved and is ongoing.

It is planned that before the end of 2010, the NS of Cameroon, CAR and Congo Brazzaville will have been trained on planning and reporting. The urgent need in NS presently is that training on Planning and Reporting.

Working in partnership

UNHCR continued to support Cameroon Red Cross for the assistance to Chadian and CAR refugees in the North, East and Adamaoua regions respectively. A three-power agreement has been signed between UNHCR/WFP/IFRC for the distribution of food and non-food items to CAR refugees in Cameroon. UNHCR also renewed its trust in Gabonese Red Cross for the management of urban refugees in Gabon. The IFRC shared information on emergency planning with Care Cameroon. The British DFID supported the H2P programme for five countries in Central Africa. Partner NS such as the Netherlands, Norwegian, Swedish, Japanese and Finnish Red Cross NS also supported CARREP's programmes. Other partners included the Bill and Melinda Gate Foundation, ECHO, EU-CEMAC.

Contributing to longer-term impact

The IFRC Central Africa Regional Representation insisted on the effective use of regional resource persons to provide close support to NS (deployment of RDRT members). This has permitted efficient monitoring of activities, enabled national staff members to learn by doing, and improved the results obtained. For example, the deployment of an RDRT member in Gabon facilitated the preparation of the first DREF operation update in time; and the NS is now preparing the final report of that operation using IFRC template. The IFRC and NS gave equal opportunity to men and women in all their activities during the first half of 2010, and hope to continue that way during the second half of the year.

Looking ahead

Some activities planned for the first half of the year because of emergency situations and late funding have been carried forward to the second half of 2010. Such activities including the preparation of the regional contingency plan for Chad, Cameroon and CAR will be given priority before the end of 2010. New RDRT members will be trained in July 2010. Where new emergency situations occur, these RDRT members will be deployed, and this will give IFRC's DM team enough time to concentrate on planned activities.

In health and care programme focus will be on the follow up of emergency operations such as cholera in Cameroon, and the dengue and Chikungunya epidemics in Gabon in addition to planned activities.

CARREP will pursue the training of NS staff members on planning and reporting during the second half of 2010, and will monitor the involvement of trained staff in the related activities at the NS level.

How we work

All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

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International Federation of Red Cross and Red Crescent Societies

MAA62001 - Central Africa Regional Representation

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAA62001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,237,872	790,376	300,001	150,000	300,000	2,778,249
B. Opening Balance	17,599	167,928	64,334	2,185	21,037	273,083
Income						
<u>Cash contributions</u>						
DFID - British Government		23,790				23,790
European Commission - Europe Aid - Tripartite		188,214				188,214
Finnish Red Cross		11,188				11,188
Finnish Red Cross (from Finnish Government)		63,396				63,396
Japanese Red Cross			22			22
Norwegian Red Cross (from Norwegian Government)	30,976					30,976
Other		-19,204				-19,204
Swedish Red Cross (from Swedish Government)	73,859	73,859	36,929	36,929	73,859	295,434
UNHCR - UN Refugee Agency	568,945	-13,163				555,782
WFP - World Food Programme		20,065				20,065
C1. Cash contributions	673,779	348,146	36,951	36,929	73,859	1,169,664
<u>Outstanding pledges (Revalued)</u>						
European Commission - Europe Aid - Tripartite		-208,823				-208,823
Finnish Red Cross		4,025				4,025
Finnish Red Cross (from Finnish Government)		22,807				22,807
Japanese Red Cross		48,707				48,707
Netherlands Red Cross (from Netherlands Government)	-732					-732
Swedish Red Cross (from Swedish Government)	70,323	70,323	35,162	35,162	70,323	281,294
UNHCR - UN Refugee Agency	390,171					390,171
WFP - World Food Programme		-34,373				-34,373
C2. Outstanding pledges (Revalued)	459,763	-97,334	35,162	35,162	70,323	503,076
<u>Income reserved for future periods</u>						
DFID - British Government		-944				-944
European Commission - Europe Aid - Tripartite		91,190				91,190
UNHCR - UN Refugee Agency	-424,608	41,753				-382,855
C3. Income reserved for future periods	-424,608	131,999				-292,608
<u>Other Income</u>						
Miscellaneous Income		30			2,792	2,822
Services					1,599	1,599
C6. Other Income		30			4,392	4,422
C. Total Income = SUM(C1..C6)	708,935	382,841	72,113	72,091	148,574	1,384,553
D. Total Funding = B + C	726,534	550,769	136,447	74,276	169,611	1,657,636
Appeal Coverage	59%	70%	45%	50%	57%	60%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	17,599	167,928	64,334	2,185	21,037	273,083
C. Income	708,935	382,841	72,113	72,091	148,574	1,384,553
E. Expenditure	-696,209	-347,330	-56,456	-18,874	-110,661	-1,229,531
F. Closing Balance = (B + C + E)	30,324	203,439	79,991	55,402	58,949	428,105

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MAA62001 - Central Africa Regional Representation

Mid-year Report 2010

Selected Parameters	
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Budget Timeframe	2010/1-2010/12
Appeal	MAA62001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

International Federation of Red Cross and Red Crescent Societies

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Mid-year Report 2010

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Appeal	MAA62001
Budget	APPEAL

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		1,237,872	790,376	300,001	150,000	300,000	2,778,249	
Supplies								
Construction Materials						7	7	-7
Clothing & textiles	12,600	293	25,942				26,235	-13,635
Food		4,513	104				4,617	-4,617
Water & Sanitation	107,400		18,402				18,402	88,998
Medical & First Aid	23	39,660	26,708				66,368	-66,344
Teaching Materials	900	4,999	139				5,138	-4,238
Utensils & Tools	24,120	36	50				86	24,034
Other Supplies & Services		4,949	348			32	5,328	-5,328
Total Supplies	145,043	54,449	71,692			39	126,180	18,863
Land, vehicles & equipment								
Land & Buildings			4,176				4,176	-4,176
Computers & Telecom	3,000	1	3,714			545	4,260	-1,260
Office/Household Furniture & Equipm.	6,000							6,000
Total Land, vehicles & equipment	9,000	1	7,890			545	8,437	563
Transport & Storage								
Storage		11,416	5,128				16,543	-16,543
Distribution & Monitoring		7,171	3,002				10,173	-10,173
Transport & Vehicle Costs	48,954	92,058	21,879	4,335	1	2,674	120,948	-71,993
Total Transport & Storage	48,954	110,645	30,009	4,335	1	2,674	147,664	-98,710
Personnel								
International Staff	88,800	59,697	1,876	199		50,385	112,157	-23,357
Regionally Deployed Staff	147,000	11,433	6,722	9,193	704		28,051	118,949
National Staff	92,208	50,672	49,822	8,397	6,562	6,892	122,345	-30,137
National Society Staff	331,294	192,065	85,469	17,750	2,334	4,889	302,507	28,787
Consultants	51,060					0	0	51,060
Total Personnel	710,362	313,866	143,889	35,539	9,600	62,166	565,060	145,302
Workshops & Training								
Workshops & Training	143,323	9,718	13,087			3,086	25,891	117,432
Total Workshops & Training	143,323	9,718	13,087			3,086	25,891	117,432
General Expenditure								
Travel	93,115	6,755	2,775	1,990	477	8,594	20,590	72,525
Information & Public Relation	158,231	2,051	37,639	55	6,334	498	46,577	111,654
Office Costs	27,183	32,787	31,797	2,446	370	4,872	72,272	-45,089
Communications	53,961	14,049	10,733	-804	0	2,377	26,356	27,604
Professional Fees	10,000	30,948	6,431	446	940	2,093	40,857	-30,857
Financial Charges	6,000	16,087	17,724	331		2,037	36,179	-30,179
Other General Expenses	1,272,952	473	277	72		1,765	2,586	1,270,366
Total General Expenditure	1,621,442	103,150	107,376	4,536	8,121	22,235	245,417	1,376,025
Depreciation								
Depreciation						2,407	2,407	-2,407
Total Depreciation						2,407	2,407	-2,407
Programme Support								
Program Support	100,124	47,666	21,816	3,593	1,152	6,758	80,985	19,140
Total Programme Support	100,124	47,666	21,816	3,593	1,152	6,758	80,985	19,140
Services								
Services & Recoveries			1,165				1,165	-1,165
Total Services			1,165				1,165	-1,165
Operational Provisions								
Operational Provisions		56,716	-49,594	8,453		10,750	26,325	-26,325

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		1,237,872	790,376	300,001	150,000	300,000	2,778,249	
Total Operational Provisions		56,716	-49,594	8,453		10,750	26,325	-26,325
TOTAL EXPENDITURE (D)	2,778,249	696,209	347,330	56,456	18,874	110,661	1,229,531	1,548,718
VARIANCE (C - D)		541,663	443,046	243,544	131,126	189,339	1,548,718	