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Annual report Central Africa Region

 International Federation
of Red Cross and Red Crescent Societies

30 April 2012

**This report covers the
period 1st/January/2011
to 31st/December/2011.**

Fighting against cholera was one of the main focuses of IFRC's Central Africa Regional Representation (CARREP) in 2011. This picture shows how non-food items were distributed to some primary schools of Limbe, South-West Region of Cameroon, in August 2011 to help stop the spread of cholera in Cameroon.
Photo by Christine Wang/IFRC/Canadian Red Cross



In brief

Programme outcome

In line with the strategic aims of Strategy 2020, the Central Africa Region aims to contribute to five main outcomes: 1) save lives, protect livelihoods, and strengthen recovery from disasters and crises; 2) Enable healthy and safe living; 3) Increase Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability; 4) Promote social inclusion and a culture of non-violence; 5) Facilitate the implementation of programmes in favour of vulnerable people in Central Africa.

Programmes summary

Towards the end of 2010, the Federation's Central Africa Regional Representation (CARREP) failed to send its revised 2011 plan in time. Consequently, the 2010-2011 Plan was republished as CARREP's revised plan for 2011. The 2011 mid-year report that was published on 29 August 2011 highlighted the achievements during the first half of the year, and also presented the revised objectives and budget for the second half of 2011 ([See 2011 mid-year report for details](#)). This annual report highlights the achievements during the second half of 2011 and summarizes the year 2011 in Central Africa in the areas of disaster management, health and care, organizational development and capacity building.

2011 was characterized by several emergency situations in Central Africa (minor and major emergency situations). Two emergency appeals were launched, one in Republic of Congo to respond to Poliomyelitis outbreak, and the other in Cameroon to respond to serious cholera outbreak. DREF funds were allocated on eight occasions to help respond to poliomyelitis outbreak in Cameroon, violent winds in the Central African Republic (CAR) and Gabon, cholera outbreak in CAR and Republic of Congo, floods in CAR, chikungunya

outbreak in Republic of Congo, and measles in Republic of Congo ([see the corresponding reports on IFRC website under Publications and Reports](#)).

In disaster management, some of the major achievements included the completion of a food security project funded by the Japanese Government in CAR, the implementation of two operations to assist CAR refugees in Cameroon (Adamaoua and East regions of the country), and refugees from the Democratic Republic of the Congo (DRC) in Congo Brazzaville (Betou), the training of a national disaster response team (NDRT) for the Red Cross National Society of Equatorial Guinea, the implementation of a climate change-related disaster risk reduction project in Cameroon, and the development of a contingency plan for the Congolese and Cameroon Red Cross societies.

In health and care, the major achievements included the completion of PROLUSIDA (a three-year project funded by the European Union through the Central African Economic and Monetary Commission (CEMAC) to fight against HIV/AIDS along the Douala-Ndjamena and Douala-Bangui highways, which started in February 2009), the implementation of two operations to assist CAR refugees in Cameroon (Adamaoua and East regions of the country), and refugees from the Democratic Republic of the Congo (DRC) in Congo Brazzaville (Betou), and the pursuance of discussions for the extension of PROLUSIDA to other countries of Central Africa with a different donor, namely PPSAC1. In addition, the annual meeting of the Central Africa Red Cross Health Initiative Network (CARCHIN) was held in Kribi, Cameroon, in November 2011, and was followed in the same month by a regional training of trainers from all 08 Red Cross national societies (NS) of Central Africa on HIV prevention, treatment, care and support to people living with HIV (PLHIV).

In organizational development and capacity building, CARREP worked hand-in-hand with the Central Africa Regional Delegation of the International Committee of the Red Cross (ICRC) to help solve the institutional crisis that broke out at the Gabonese Red Cross in early 2011. CARREP's Regional Finance and Administration Delegate travelled to most countries of Central Africa to strengthen their financial management capacities. A regional planning workshop was organized in Republic of Congo, and a regional planning, monitoring, evaluation and reporting (PMER) workshop was organized in Douala, Cameroon. These two workshops contributed to strengthening the PMER capacities of the Red Cross national societies (NS) of Central Africa, Madagascar and Comoros, as well as Somali Red Crescent Society.

Financial situation

The total revised 2011 budget is CHF 3,016,646, of which CHF 2,718,494 (90%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,622,695, corresponding to 87% of the budgeted amount and 96% of the available funding.

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

See also:

- Emergency appeal on cholera outbreak in Cameroon ([MDRCM011](#) and the corresponding operations updates No 1, 2, 3 & 4)
- Emergency appeal on Polio outbreak in Congo Brazzaville ([MDRCG006](#) and the corresponding operations update No 1, 2 & 3 and final report)
- DREF operation on Poliomyelitis outbreak in Cameroon ([MDRCM012](#) and the corresponding DREF operation update No 1)
- DREF operation on Violent Winds in CAR ([MDRCF008](#) and the corresponding DREF operation update No 1 and final report)
- DREF operation on cholera outbreak in CAR ([MDRCF009](#) and the corresponding DREF operation update No 1)

¹ Projet de Prévention du VIH en Afrique Centrale

- DREF operation on Floods in CAR ([MDRCF010](#) and the corresponding DREF operation update No 1)
- DREF operation on chikungunya outbreak in Congo Brazzaville ([MDRCG007](#) and the corresponding DREF operation update No 1 and final report)
- DREF operation on Measles outbreak in Congo Brazzaville ([MDRCG008](#) and the corresponding DREF operation final report)
- DREF operation on cholera outbreak in Congo Brazzaville ([MDRCG009](#) and the corresponding DREF operation update No 1)
- DREF operation on Violent Winds and floods in Gabon ([MDRGA005](#) and the corresponding DREF operation update No 1 and final report)
- M1106008 (2011 mid-year and annual reports on refugee operation in Congo Brazzaville)
- M1105040 (2011 mid-year and annual reports on refugee operation in Cameroon)
- M0902068 (Final report)
- M1102108 (HIV project in CAR specific final report for the Finnish Red Cross)
- M1101001 (Food Security in CAR specific final report for the Japanese Government)
- M1104109 (Climate change adaptation specific final report for the Norwegian Red Cross)

Number of people we have reached

About 8,657,056 people benefited directly from secretariat-supported programme interventions in 2011. We believe that each of the 8,657,056 people reached directly by the programme supported by the secretariat has extended the benefit to at least 1 other person considered as indirect beneficiary. Therefore, the number of indirect beneficiaries can be estimated at 8,657,056 people, making a total of about 17,314,112 people reached in Central Africa in 2011 as described in the following table:

		People reached directly	People reached indirectly	Total
Disaster Management	DREF operation on violent winds in CAR (MDRCF008)	1,626	1,626	3,252
	DREF operation on floods in CAR (MDRCF010)	1,765	1,765	3,530
	DREF operation on violent winds and floods in Gabon (MDRGA005)	1,015	1,015	2,030
	DRC refugees operation in Congo Brazzaville, Betou (M1106008)	59,000	59,000	118,000
	CAR refugees operation in Cameroon (M1105040)	82,000	82,000	164,000
	Food security project in CAR (M1101001)	3,000	3,000	6,000
	Climate change adaptation project in Cameroon (M1104109)	10,000	10,000	20,000
Total DM		158,406	158,406	316,812
Health and Care	Emergency appeal on cholera outbreak in Cameroon (MDRCM011)	87,500	87,500	175,000
	Emergency appeal on Polio outbreak in Congo Brazzaville (MDRCG006)	4,000,000	4,000,000	8,000,000
	DREF operation on Polio outbreak in Cameroon (MDRCM012)	421,000	421,000	842,000
	DREF operation on cholera outbreak in CAR (MDRCF009)	1,500,000	1,500,000	3,000,000
	DREF operation on chikungunya outbreak in Congo Brazzaville (MDRCG007)	1,500,000	1,500,000	3,000,000
	DREF operation on measles outbreak in Congo	220,000	220,000	440,000

	Brazzaville (MDRCG008)			
	DREF operation on cholera outbreak in Congo Brazzaville (MDRCG009)	750,000	750,000	1,500,000
	PROLUSIDA (M0902068)	20,000	20,000	40,000
	HIV project in CAR (M1102108)	150	150	300
Total Health and Care		8,498,650	8,498,650	16,997,300
Organizational Development	The beneficiaries of projects/programmes implemented			
Grand total		8,657,056	8,657,056	17,314,112

Our partners

Inside the Movement, CARREP received contributions from the Swedish, Irish, Monaco, Norwegian, Japanese and Finnish Red Cross societies. Swedish Red Cross contributed to Disaster Management, Health and Care, Organizational Development and Coordination components of the regional budget. Norwegian Red Cross contributed to Disaster Management. Japanese Red Cross contributed to malaria prevention in CAR, and the Finnish Red Cross contributed to HIV-AIDS in CAR. The Monaco Red Cross contributed to the polio outbreak in Congo Brazzaville, as well as to the cholera response in Cameroon. The Canadian Red Cross also deployed a delegate to Cameroon to help CARREP with the implementation of the cholera emergency operation for 3 months (July, August, and September 2011).

The major contributions to the plan budget came from outside the Movement, namely from the United Nations High Commission on Refugees (UNHCR) to facilitate the implementation of refugees operations in Cameroon and Congo Brazzaville. The World Food Programme (WFP) also supported the nutrition initiatives of Cameroon Red Cross within the framework of the operation to assist CAR refugees in Cameroon. The Japanese Government funded a food security project in CAR. DFID supported disaster risk reduction and organizational development in Central Africa. The USA embassy in Cameroon supported the operation to respond to cholera outbreak in Foubot, Cameroon.

New partnerships were established with civil protection and weather services in the countries of Central Africa. A strategic collaboration also took place between the disaster management service of CEEAC² and CARREP, as well as between CARREP and the United Nations International Strategy for Disaster Reduction (UNISDR). This resulted in the invitation of DM officers from the NS of Central Africa to international workshops on disaster and climate change risk reduction in 2011.

IFRC joins Central African National Societies in thanking partners for their continued collaboration and support.

Context

In 2011, the socio-political situation in Central Africa was relatively calm. Presidential elections were conducted in the Central African Republic (CAR) and Cameroon with limited disorder. However, a serious institutional crisis broke out at Gabon Red Cross in early 2011, leading to the suspension of the Governance and Management teams, as well as all local committees by the Gabonese Government. This made it extremely difficult to carry out humanitarian activities in Gabon. That notwithstanding, CARREP and ICRC

² Communauté Économique des États de l'Afrique Centrale

have been maintaining contacts with the Gabonese Government to find quick solutions to the crisis and enable the NS to continue assisting vulnerable people in the country.

Meanwhile, the humanitarian situation did not improve within the region in 2011. In fact, the populations in Cameroon, Congo Brazzaville, Gabon, and Central African Republic (CAR) were affected by violent winds and floods, chikungunya, measles, poliomyelitis and cholera. Violent winds and floods occurred in Gabon in early 2011 and a DREF operation was implemented to respond to the situation. There were poliomyelitis, chikungunya, measles and cholera outbreaks in Congo Brazzaville. While an emergency appeal was launched and implemented to respond to polio outbreak, DREF operations were launched to respond to measles, chikungunya and cholera respectively. A serious cholera outbreak occurred in Cameroon affecting almost all 10 regions of the country. An emergency appeal was launched to respond to the disease. Negotiations with the Canadian Red Cross led to the deployment of a cholera delegate to help with the implementation of the emergency appeal on cholera in Cameroon by this partner national society (PNS). Other DREF operations were launched to assist people affected by violent winds, floods and cholera in CAR.

The various emergency situations that occurred and the institutional crisis in Gabon had a negative impact on the work of both national societies and the secretariat in the sense that much effort was concentrated in the response to the emergencies. Most of the activities that were planned for Gabon were not carried out as a result of the crisis at the NS. Another factor that impacted the work of NS and the secretariat in 2011 was the timid response by donors to the 2011 plan and the various emergency operations that were launched. In most cases, DREF allocations were instrumental in keeping the humanitarian action going.

Progress towards outcomes

Disaster Management

Programme Purpose: save lives, protect livelihoods, and strengthen recovery from disasters and crises	
Programme component 1: National Society disaster management planning and organizational preparedness	Outcome 1: The National Societies of Cameroon, Congo Brazzaville, CAR and Gabon have disaster preparedness strategic plans, and their response systems are made operational through the updating of their contingency plans and the finalization of the Cameroon-Chad-CAR cross-border contingency plan. <ul style="list-style-type: none"> • <i>In order to help the CAR Red Cross NS to prepare for the presidential elections that took place in January 2011, CARREP supported the NS with the updating of their contingency plan for presidential elections. In addition, CARREP provided financial support to enable CAR Red Cross to mobilize the volunteers who covered the presidential elections.</i> • <i>CARREP supported the CAR Red Cross NS with the development of their five-year strategic development plan (SDP), which was validated by their general assembly towards the end of the year.</i> • <i>In Cameroon, CARREP participated alongside with the Cameroon Red Cross society in the revision of Cameroon's national contingency plan, which was organized by Cameroon Government's Directorate for Civil Protection (DCP). An interagency contingency plan was also developed in preparation for the January 2011 presidential elections in CAR that could have resulted in massive population movement. In any case, the elections went on smoothly and there was no population movement. The contingency plan for Cameroon Red Cross was revised in May 2011. The NS also developed a contingency plan ahead of the presidential elections that took place in October 2011 in Cameroon. A simulation exercise was organized in</i>

Cameroon by the United Nations System under the coordination of the OCHA, with the participation of all Movement partners present in Cameroon (IFRC, ICRC, French and Spanish Red Cross societies, and Cameroon Red Cross). This exercise was intended to validate the interagency contingency plan for Cameroon ahead of the October 2011 presidential elections.

- CARREP finalized the cross-border contingency plan for Cameroon, CAR and Chad that was developed in late 2010. This plan was shared with the United Nations System in Cameroon, and the latter used it as a base for the interagency plan that was prepared ahead of the presidential elections in CAR. This cross-border plan also served during the second half of 2011 for the coverage of presidential elections in Cameroon and DRC.
- The Congolese Red Cross society received technical and financial support for the development of their contingency plan in preparation of presidential and legislative elections in neighbouring DRC. Another contingency plan on floods was prepared for the Congolese Red Cross.
- CARREP provided technical support for the development of a contingency plan on presidential elections for the Red Cross of the DRC.
- CARREP provided technical support for the finalization of Cameroon Red Cross' First-aid Trainer's Manual.
- CARREP participated as facilitator in an international workshop on disaster preparedness and response, which was organized in Yaoundé (Cameroon) by OCHA, the International Organization for Civil Protection (IOCP), and the Economic Commission for Central African States (ECCAS). The main output of that workshop was the development of a regional plan of action on disaster preparedness and response.

Outcome 2: IFRC's disaster management (DM) capacities are strengthened to enable her to provide adequate support to NS.

- In 2011, CARREP had only one person handling its disaster management (DM) department. In order to be able to manage all the operations, regional disaster response team (RDRT) members were regularly deployed to lend a helping hand to the DM department. As such, 04 RDRT members were deployed to Cameroon, Gabon, Congo Brazzaville and CAR. In Cameroon, the RDRT member covered the Operation funded by UNHCR to assist CAR refugees in Cameroon. In Gabon, the RDRT member covered the DREF operation on violent winds. In CAR, the RDRT member covered the food security project funded by the Japanese Government, and the DREF operations on violent winds and floods respectively. In Congo Brazzaville, the RDRT member covered the Operation funded by UNHCR to assist DRC refugees in Republic of Congo. Another RDRT member from DRC co-facilitated with IFRC's DM Coordinator the workshop to build the DM capacities and develop two contingency plans on floods and population movement respectively for the Congolese Red Cross. Some of these RDRT members were deployed on longer term basis as regional resource persons with a particular status different from that of an RDRT member.

Outcome 3: The Red Cross National Societies of Cameroon, Gabon, Congo Brazzaville, Equatorial Guinea, Sao Tome & Principe and CAR 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 & CDRT).

- A workshop to strengthen the capacities of the DM department of the Congolese Red Cross was organized in November 2011. The other technical staff at the headquarters of the NS, DM focal points from targeted divisional committees (Brazzaville, Pointe Noire: Kouilou division, Dolisie: Niari division, Sibiti: Lekoumou division, and Kinkala: Pool division), as well

	<p>as a staff from the Ministry of Sustainable Development, Forest Economy and Environment, i.e. a total of 21 persons, attended that training workshop. The various themes discussed during the workshop included understanding basic concepts such as hazard, danger, risk and vulnerability; the various components of disaster management, the various phases of the disaster management cycle (prevention, preparedness, response and rehabilitation/recovery). During the workshop, the focus was on the disasters that are recurrent in the country, such as cholera outbreak, floods and population movements. The participants chose two of the three disasters, namely floods and population movements, and based on their choice, they simulated an evaluation of an emergency situation, developed IFRC-recommended response tools such as information bulletin, DMIS and DREF operation bulletin. After that, they also simulated the writing of a report.</p> <ul style="list-style-type: none"> • A national disaster response team (NDRT) was trained in December 2011 for the Red Cross of Equatorial Guinea in Bata. 28 Red Cross volunteers from the 14 local branches of the country attended the training that was co-facilitated by IFRC and ICRC. The modules discussed during the training included understanding basic concepts such as hazard, danger, risk and vulnerability; the various components of disaster management, the various phases of the disaster management cycle (prevention, preparedness, response and rehabilitation/recovery), initiation to simple assessment techniques, the activity planning process, IFRC response system and tools, preparing a contingency plan, logistics, water and sanitation, social and community services, emergency health, and emergency IT, as well as the SPHERE standards. After the theoretical part of the training, case studies and field exercises enabled the participants to draw the disaster risk map of Equatorial Guinea, which is now available at CARREP level in Yaoundé. The risks identified have all been classified according to whether they are recurrent or not, their scope and frequency. • In addition to the training of the NDRT in Equatorial Guinea, first-aid, visibility and information materials donated by IFRC and ICRC were prepositioned at Equatorial Guinea Red Cross level. The materials donated by IFRC included 25 first-aid kits, 16 family tents, 50 Red Cross aprons, 35 T-shirts, 25 jackets, 35 caps, 25 copies of IFRC's 2010 World Disasters Report, and 03 copies of the Emergency Assessment manual.
<p>Programme component 2: National Societies and community operational preparedness, and disaster, illegal migration and food crisis risk reduction</p>	<p>Outcome 1: All the National Societies covered by this plan have updated their risk maps, and the communities in Congo Brazzaville, Equatorial Guinea and Sao Tome & Principe have a better understanding of disaster risks and threats within their environment and have developed more efficient preventive actions.</p> <ul style="list-style-type: none"> • The results of the vulnerability and capacity assessment (VCA) that was conducted in CAR towards the end of 2010 were published early 2011. In line with the recommendations of that report, a food security project was developed and submitted to the Japanese Government who funded it. This one-year project was completed successfully in December 2011, and the Japanese Government promised to support the extension of the same project in other localities of CAR in 2012. • CARREP participated in an exchange workshop on food security in Nairobi and seized the opportunity to learn new food security techniques. • CARREP attended the meeting of the Africa's disaster management team in Johannesburg. During that meeting, the participants reviewed all the risks to which each African country is exposed. The Africa Zone Office is currently using the data gathered during that meeting to develop a risk map for Africa. • During the workshop to train the NDRT for the Red Cross of Equatorial Guinea, case studies and field exercises enabled the participants to draw the disaster risk map of Equatorial Guinea, which is now available at

	<p><i>CARREP level in Yaoundé. The risks identified were all classified according to whether they are recurrent or not, their scope and frequency. Some of the major risks identified included floods, epidemics, fire, shipwreck, volcano, road accidents, seaquake and earthquake.</i></p> <ul style="list-style-type: none"> • <i>During the workshop to develop a contingency plan on population movement for the Congolese Red Cross, participants updated the risk map of the country focussing on population movement.</i> <p>Outcome 2: Thanks to the support of the National Societies of Gabon, Cameroon, Congo Brazzaville and CAR, the communities of targeted areas at risk have carried out disaster, illegal migration and food insecurity risk reduction activities.</p> <ul style="list-style-type: none"> • <i>Cameroon Red Cross volunteers used the communication aids that were developed in late 2010 to sensitize the populations in all 10 regions of Cameroon on climate change. The Norwegian Red Cross decided to support climate change risk reduction activities in Cameroon in 2011. A plan of action was implemented to that effect towards the end of the year. For details, see the specific report on M1104109 (Climate change adaptation specific final report for the Norwegian Red Cross).</i> • <i>The Japanese Government funded a one-year project to prevent the risk of food insecurity in some localities of CAR in 2011. This project was successfully completed in December 2011. For details, see the specific report on M1101001 (Food Security in CAR specific final report for the Japanese Government).</i>
<p>Programme component 3: Disaster response and recovery</p>	<p>Outcome 1: All the Red Cross National Societies of Central Africa covered by this plan have responded rapidly and efficiently to emergency situations such as floods, violent winds, epidemics, earthquake, volcanoes, social crises, etc. thanks to the practical measures taken in advance, and thanks to the active participation of the communities concerned.</p> <ul style="list-style-type: none"> • <i>In 2011, four countries of Central Africa experienced emergency situations. In fact, violent winds and floods occurred in Gabon, cholera, measles and polio occurred in Cameroon, Poliomyelitis, chikungunya, measles and cholera occurred in Congo Brazzaville, and violent winds, floods and cholera occurred in CAR. With CARREP's support, the respective NS received DREF allocations that enabled them to respond efficiently to the respective situations. Two emergency appeals were also launched in 2011, one on cholera outbreak in Cameroon, and the other on Poliomyelitis outbreak in Congo Brazzaville. The warehouse managed by CARREP in Yaoundé played a key role in the response to those emergency situations as the items prepositioned were sent immediately to the field and replenished later, thereby contributing to saving lives. CARREP also implemented two refugees operations, one in Betou (Congo Brazzaville) to assist refugees from the Democratic Republic of the Congo (DRC), and the other in Cameroon to assist refugees from the Central African Republic (CAR). For details, see the links to the respective operations on page 2 and 3 of this document.</i> <p>Outcome 2: In collaboration with their partners within and outside the Movement, the Red Cross National Societies of Cameroon, Gabon, CAR and Congo Brazzaville 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.</p> <ul style="list-style-type: none"> • <i>CARREP also continued to support Cameroon Red Cross and the Congolese Red Cross with the operations to assist CAR refugees in</i>

	<p>Cameroon and DRC refugees in Congo Brazzaville. Two regional resource persons (one in Cameroon and one in Congo Brazzaville) have been deployed to both countries to coordinate the implementation of the operations on behalf of the Federation.</p> <ul style="list-style-type: none"> • About 3,000 people fled Gabon and entered in Cameroon. CARREP provided support to Cameroon Red Cross to conduct an assessment mission, with the view to provide support to vulnerable people; even though the evaluation team did not meet the displaced people in the field as they had quickly been sent to their respective embassies in Yaoundé by Cameroon authorities. However, the mission realized that the capacities of Cameroon Red Cross along the borders with Gabon and Equatorial Guinea are very weak. People are constantly fleeing from Gabon and Equatorial Guinea into Cameroon. Thus the need to strengthen the capacities of the host NS to manage population movements along the borders. A project to that effect was developed by Cameroon Red Cross and CARREP, but has not been implemented because of lack of funding. • IFRC and ICRC joined efforts to strengthen the operational capacities of the Red Cross of Equatorial Guinea through the training of its NDRT and the repositioning of relief and first aid materials. The same joint effort facilitated the provision of technical and financial support to the Red Cross of CAR for the coverage of the January 2011 presidential elections. A contingency plan was developed to that effect, and funds were allocated for the management of Red Cross volunteers mobilized for the occasion. • CARREP facilitated the participation of DM officers from the NS of Central Africa in two international workshops on disaster and climate change risk reduction.
<p>Programme component Logistics</p>	<p>4:</p> <p>Outcome 1: A warehouse is well-managed and enables CARREP to facilitate rapid response to emergency situations by the National Societies of Central Africa.</p> <ul style="list-style-type: none"> • In 2011, CARREP continued to manage a warehouse in Yaoundé, and this was instrumental in providing timely response to various emergency situations (DREF and emergency appeal operations). Other non-food items (NFI) were repositioned in Congo Brazzaville in preparation of the presidential elections in neighbouring DRC. The total quantity of NFI repositioned were for 300 families and included mats, blankets, tarpaulins, soap, buckets, jerry cans, impregnated mosquito nets, shelter kits, and cooking kits. <p>Outcome 2: CARREP has improved on its human and material resources in order to be able to provide adequate technical and operational support to National Societies.</p> <ul style="list-style-type: none"> • In 2011, CARREP strengthened its logistics department by recruiting a logistics officer and a logistics assistant. Their contribution has been crucial in advancing the work of the Regional Representation in favour of vulnerable people.

<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>TOTAL People Reached</i>
490,525	158,406	158,406	316,812

Constraints or Challenges

In addition to the two operations to assist refugees in Cameroon and Republic of Congo, CARREP faced emergency situations right from the beginning of 2011 with violent winds in Gabon. Moreover, presidential elections were planned in several countries of the region in 2011. All of this somehow disturbed the 2011 plan leaving CARREP's DM department with very limited time to concentrate on planned activities. Focus was thus on the preparation of contingency plans and emergency operation plans.

In addition, a greater share of the funding for 2011 for DM was received towards the third quarter of the year, with just 3 months left before the end of 2011. Nevertheless, CARREP endeavoured to complete more than 80% of the activities funded, with the support of RDRT members who were deployed in various countries as regional resource persons.

Throughout the year 2011, and until now, the DM department was represented by a single person, which is not enough to provide adequate support to NS. There is an urgent need to recruit at least a DM assistant for CARREP.

At NS levels, most DM officers have been deployed in other countries or regions in various emergency operations. There is therefore an urgent need to recruit and train new DM officers for NS.

Additionally, there is the need to train a new batch of RDRT members, at least 3 people from each NS of Central Africa.

Health and Care

Programme Purpose: Enable healthy and save living	
Programme component 1: HIV and AIDS	<p>Outcome 1: Six 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, Central African Republic (CAR) and Congo Brazzaville.</p> <ul style="list-style-type: none"> • <i>Within the framework of the PROLUSIDA project, 6,969 truck drivers, 8,032 female sex workers (filles libres) and 30,657 people in the localities surrounding the project sites were sensitized on HIV and STIs prevention by 60 trained Cameroon Red Cross volunteers.</i> • <i>PROLUSIDA facilitated the treatment of 3,740 people with STIs. It also facilitated the distribution of 7,568 condoms.</i> • <i>Trained Cameroon Red Cross volunteers conducted 2,774 educative talk sessions to help sensitize the populations on HIV and STIs prevention.</i> • <i>PROLUSIDA distributed reactants and drugs to 10 health centres working in partnership with the project on a regular basis, covering their entire HIV screening materials and STI treatment drugs needs for 2011.</i> <p>Outcome 2: The institutional capacities of six community organizations of sex workers are enhanced in Cameroon, CAR and Congo Brazzaville.</p> <ul style="list-style-type: none"> • <i>PROLUSIDA facilitated the creation of 10 associations of filles libres along the Douala-Ndjamena and Douala-Bangui corridors, mobilizing about 300 filles libres. These associations have been trained on how to run an income-generating activity (IGA).</i> • <i>PROLUSIDA financed 10 IGA for filles libres.</i>

	<p>Outcome 3: The living conditions of 200 people living with HIV (PLHIV) are improved through home care and support for the implementation of income-generating activities (IGA) in Central Africa.</p> <ul style="list-style-type: none"> • <i>Within the framework of the Global Alliance to fight against HIV in CAR, 90 CAR Red Cross volunteers were trained on HIV and STISs prevention in Boali. The trained volunteers then convinced 150 PLHIV to join the project.</i> • <i>The staffs of the CAR Red Cross were trained on the management of HIV-related projects.</i> <p>Outcome 4: At least two “Clubs 25” for blood donation are set up in Gabon and Cameroon.</p> <ul style="list-style-type: none"> • <p>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.</p> <ul style="list-style-type: none"> • <p>Outcome 6: The discrimination and stigma against PLHIV in Central Africa and against people affected by genetic diseases in Gabon is reduced thanks to the action taken by the Red Cross.</p> <ul style="list-style-type: none"> •
<p>Programme component 2: Community-based health and first aid promotion</p>	<p>Outcome 1: Red Cross 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 programme (CBHFA) tools developed at individual country or Movement levels.</p> <ul style="list-style-type: none"> • <i>Within the framework of the polio and cholera operations in Congo Brazzaville and Cameroon respectively, Red Cross volunteers were trained on the community-based health and first aid (CBHFA) approach, with focus on epidemic management. In Congo Brazzaville, 300 volunteers were trained on behaviour change communication (BCC), the management of chikungunya and the CBHFA approach. While 150 of the volunteers were trained in Brazzaville, another 70 were trained Pool, 10 in Kouilou and 80 in Pointe Noire. In Cameroon, 22 Red Cross volunteers received the same training, with focus on the management of cholera epidemic. This training enabled them to carry out the activities of both operations smoothly.</i> <p>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 National Societies of Central Africa.</p> <ul style="list-style-type: none"> • <i>CARREP supported the NS of Cameroon and CAR to participate actively in immunization campaigns. In fact, Cameroon Red Cross was very active during the African immunization week that was organized in Cameroon from 12 to 15 May 2011. On their part, CAR Red Cross volunteers organized social mobilization within the framework of the anti-measles campaign in CAR that took place from 11 to 17 April 2011.</i> • <i>Trained Congolese Red Cross volunteers facilitated social mobilization within the framework of the anti-polio operation in Congo Brazzaville.</i> • <i>Two hundred and seventy Cameroon Red Cross volunteers and 13 coaches</i>

were mobilized, trained and deployed in the field to support the anti-polio immunization campaign that ran from 18 to 22 December 2011 in Adamaoua, North and Far north regions. These volunteers and coaches carried out door-to-door sensitization, facilitating the vaccination of 410,599 children below five years. Cameroon Red Cross representative in North region and 3 volunteers participated in the external monitoring of the campaign alongside with the World Health Organization (WHO). The Red Cross made available the posters that were used in all health districts for the campaign. The posters also contained messages on yellow fever, measles and meningitis.

- In Congo Brazzaville, Red Cross volunteers conducted door-to-door sensitization, sensitized people in markets, schools, universities, churches and mosques in Pool, Sangha, Impfondo, Lekoumou, Cuvette Ouest and Bouenza. 254 Red Cross volunteers visited 56,625 households and sensitized 265,852 people.

Outcome 3: Access to sanitation services is improved in Congo Brazzaville and Equatorial Guinea through the construction of 100 latrines.

- Twenty sanitation agents were trained with support from Government within the framework of the cholera response operation. These trained volunteers then conducted sanitation activities in the cities of Brazzaville, Pointe Noire and Pool, contributing to keeping the environment clean as a means of preventing the spread of Chikungunya. They organized one sanitation activity per week for 3 months.

Outcome 4: Access to potable water is improved in Equatorial Guinea and in Congo Brazzaville through the rehabilitation of 50 water points.

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Outcome 5: The Central African National Societies 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.

- Throughout their intervention, Red Cross volunteers reached 50,000 people directly, and 750,000 people living in risk areas indirectly through the dissemination of cholera sensitization messages using local radio stations and various channels.

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 visit activities carried out by the National Societies of Central Africa.

- All of the 15,000 people targeted for the distribution of long-lasting insecticide treated mosquito nets (LLITN) were actually reached as they all received the mosquito nets in Congo within the framework of the response to chikungunya outbreak. These beneficiaries included pregnant and breastfeeding women, old people and people with disabilities identified as the most vulnerable among affected people. After the distribution, Red Cross volunteers also demonstrated the installation and use of the mosquito nets, and explained the importance of actually sleeping under the mosquito nets. Red Cross volunteers visited the people who received the mosquito nets and noticed that they were actually using them as planned. Mosquito repellent were also purchased and distributed to people with special needs such as old people, pregnant and breastfeeding women, and other people with disabilities.
- CARREP continued to support the activities of Roll Back Malaria (RBM)

	<p><i>through field visits, teleconferences and meetings.</i></p> <p>Outcome 7: Fifteen thousand families are trained by the National Societies of Central Africa on home management of malaria cases.</p> <p>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.</p> <p>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.</p> <p>Outcome 10: The capacities of 3 community-based organizations of ex-excision practitioners are built in Cameroon and CAR.</p> <p>Outcome 11: Malnutrition is reduced in refugees and host populations in Cameroon.</p> <ul style="list-style-type: none"> <i>Within the framework of the operation to assist CAR refugees in East and Adamaoua regions of Cameroon, the World Food Programme (WFP) supported the implementation of a nutrition project in favour of CAR refugees. Through this project, essential drugs were distributed to targeted health centres. In addition, 42 beds were distributed to 17 health centres in Bertoua, Garoua-Boulai and Betare-Oya (East region of Cameroon) to help facilitate the management of malnutrition cases. Moreover, 05 nutrition assistants, 06 supervisors and 126 volunteers were recruited to strengthen the health operational capacity of Cameroon Red Cross in refugee sites. Additionally, 35 volunteers and 15 “maman lumière”³ were recruited, and this increased the number of community-based sensitization sessions and the number of people reached.</i> <p>Outcome 12: The number of victims of road accidents is reduced through the promotion of road safety in Cameroon.</p>
<p>Programme component 3: Emergency health</p>	<p>Outcome 1: The National Societies of Central Africa are well prepared and equipped to respond to various epidemic outbreaks, notably cholera in Cameroon, Equatorial Guinea, Congo Brazzaville and Sao tome & Principe, meningitis in Cameroon and CAR, Ebola in Gabon and Congo Brazzaville, yellow fever in CAR, and chikungunya in Gabon.</p> <ul style="list-style-type: none"> <i>In 2011, several emergency situations occurred and CARREP supported the respective NS to respond. In Cameroon, an emergency appeal was launched to respond to cholera outbreak; and DREF operation was launched to respond to polio outbreak. In CAR, DREF operation was launched to respond to cholera outbreak. In Congo Brazzaville, an</i>

³ These are trained women who serve as guide for other community members, mostly women, in every aspect relating to malnutrition. They are so well trained that they can identify a child suffering from malnutrition within the community. They thus serve as relays between the populations, the Red Cross and health centres to facilitate malnutrition surveillance and management.

	<p><i>emergency appeal was launched to respond to polio outbreak; DREF operations were launched to respond to chikungunya outbreak, measles outbreak and cholera outbreak. The national disaster response teams (NDRT) that were trained in Cameroon, CAR and Congo Brazzaville facilitated the response to these operations. For details, see the reports on each emergency operation at www.ifrc.org.</i></p> <p>Outcome 2: All disaster-prone areas covered by Central Africa National Societies are provided with a detailed mapping showing the types and characteristics of recurrent health problems (epidemics, difficult access to health facilities, treatment opportunities and referral services).</p> <ul style="list-style-type: none"> <i>During the regional health meeting (CARCHIN meeting), participants prepared a document with details relating to the threats, potential health risks, strengths and different Red Cross local committees in their respective countries. This document is available in the health meeting report.</i> <p>Outcome 3: An emergency stock of drugs, IEC and protection materials is built up and prepositioned at CARREP level in Yaoundé to be distributed when necessary.</p> <ul style="list-style-type: none"> <i>CARREP has an emergency sock in Yaoundé, which is regularly used to facilitate immediate response to emergency situations within the region. This stock is usually replenished with DREF allocations or emergency appeals.</i>
<p>Programme component 4: Coordination of health activities</p>	<p>Outcome 1: CARREP’s Health Department has enough human resources to implement activities as planned.</p> <ul style="list-style-type: none"> <i>The regional HIV Officer left, and a consultant was recruited to replace him. This maintains the number of people in the health department to 02; which is insufficient.</i> <p>Outcome 2: The National Societies covered by this plan have received technical support from CARREP.</p> <ul style="list-style-type: none"> <i>In 2011, all Central African NS received support from health department trough field visits, conception or review of different documents, advocacy, trainings and retraining sessions.</i>

<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>TOTAL People Reached</i>
1,079,430	8,498,650	8,498,650	16,997,300

Constraints or Challenges

CARREP’s health department has only two staffs, the Regional Health Coordinator and the Regional HIV Officer. This is a very limited workforce to enable IFRC to provide adequate health support to NS in Central Africa. Support is therefore required to enable CARREP to recruit a health assistant, i.e. a third person in the department.

CARREP also deplored the shortage of inputs in Cameroon (shortage of reactants for HIV screening, shortage of drugs for the treatment of STIs/HIV). Another challenge was the difficult access to intervention areas in CAR, and the poor coordination of activities, which is translated by the limited involvement of Red Cross local committees in projects. Most activities planned were not carried out as CARREP was concentrated on the

response to emergency situations (cholera, measles, polio and yellow fever in Cameroon, Polio, chikungunya and measles in Congo Brazzaville, and cholera in CAR).

CARREP carried out very few development activities as can be seen in the blank spaces left above. This is because the 2011 health programme budget was not fully covered. In Gabon, the NS was under a serious crisis which prevented CARREP from carrying out activities there in 2011.

Organizational Development/Capacity Building

Programme Purpose: Increase Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability	
Programme component 1: National societies finance development	<p>Outcome 1: The financial management capacities of all eight National Societies of Central Africa are improved.</p> <ul style="list-style-type: none"> • <i>During the COSNAC meeting of April 2011, CARREP's Regional Finance and Administration Delegate trained the secretary generals and programmes coordinators of all 8 NS of Central Africa on financial management.</i> • <i>CARREP's Regional Finance and Administration Delegate travelled to the Central African Republic (CAR) to assess the finance system of the CAR Red Cross and propose corrective measures.</i> • <i>CARREP's Regional Finance and Administration Delegate travelled to Congo Brazzaville to assess the finance system of the Congolese Red Cross and propose corrective measures.</i> • <i>A harmonized regional procedures manual for the NS of Central Africa was prepared with the participation of ICRC's Regional Delegation in Cameroon.</i> • <i>The harmonized procedures manual was endorsed by all the presidents of Red Cross NS in Central Africa during a COSNAC meeting in October 2012.</i>
Programme component 2: Information technology	<p>Outcome 1: Measures are taken to ensure the smooth flow of information between National Societies and CARREP.</p> <ul style="list-style-type: none"> • <i>CARREP's IT Officer travelled to the Central African Republic to parameterize and reconfigure the computer network of the Red Cross of CAR and restore their internet connection. He also travelled to Gabon to ensure maintenance of the computer population of Gabonese Red Cross.</i> • <i>The website of the Coordination of Central Africa Red Cross National Societies (COSNAC), www.cosnac.org, was rehabilitated.</i> <p>Outcome 2: The IT materials put at the disposal of National Societies by CARREP are closely monitored and maintained.</p> <ul style="list-style-type: none"> • <i>CARREP's IT officer seized the opportunity of his travels to Gabon and CAR to ensure maintenance and follow-up of the computer networks of both national societies. He also ensured online monitoring of the use of the computer populations that were put at the disposal of other NS in 2010.</i>
Programme component 3: PMER	<p>Outcome 1: The leaders of Red Cross National Societies in Central Africa have understood the essential role of PMER within the process of their conversion into well-functioning NS, and each NS of Central Africa has a PMER focal point.</p> <ul style="list-style-type: none"> • <i>During COSNAC meetings, the importance of PMER was stressed to the presidents and secretary generals of the NS of Central Africa. They confirmed that they understood the relevance, but could not yet create the PMER post or department in their respective NS because of lack of funding. In any case, CARREP staff has been seizing the opportunity of their</i>

respective travels to NS to inculcate PMER techniques and practice in the technical staffs of NS. The first results of this initiative are already appearing as most technical staffs in NS now know that logical frameworks is an unconditional part of their planning process. Efforts will continue in 2012.

Outcome 2: The Planning, Monitoring, Evaluation and Reporting capacities of the National Societies of Central Africa are strengthened.

- *The programme management capacities of the secretary generals of the NS of Central Africa were strengthened during the COSNAC meeting that was held in Yaoundé (Cameroon) from 12 to 15 April 2011.*
- *A regional planning workshop was organized in Brazzaville (Republic of Congo) to build the planning, monitoring and reporting capacities of programmes coordinators from the NS of Central Africa. About 30 people were trained and each NS identified their priorities for 2012-2015.*
- *A regional planning, monitoring, evaluation and reporting (PMER) training workshop was organized in Douala, Cameroon, in December 2011. Participants from the NS of Central Africa and other French speaking NS in Africa such as the Madagascar Red Cross, the Comorian Red Crescent and the Somalia Red Cross learned the basics of project/programme planning, monitoring, evaluation and reporting.*
- *The teams managing emergency operations in Central Africa were initiated in the development and use of monitoring and evaluation (M&E) tools such as volunteers' sheets (data collection tool), M&E plans, and logical frameworks and M&E reports templates. This was done following an on-the-job learning approach in the site of implementation of the various emergency operations such as DREF and emergency appeals.*

Outcome 3: The 2011 planning process for 2012-2015 is facilitated and the National Societies of Central Africa have produced quality plans.

- *The regional planning workshop that was organized in Brazzaville (Republic of Congo) during the first half of 2011 focused on the 2012-2015 planning process. The workshop served as a forum to help NS representatives to understand the process and contribute by giving the priorities of their respective NS for 2012-2015.*

Outcome 4: Each National Society of Central Africa has produced quality and timely reports on activities.

- *RDRT members/regional resource persons were used extensively in 2011 to facilitate the production of quality reports by NS. The approach used to ensure the owning of the technique by NS was on-the-job learning under the coaching of the RDRT members who had been briefed in Yaoundé prior to their deployment to the field.*

Outcome 5: Baseline studies (vulnerability and capacity assessment "VCA") are conducted in all 6 NS covered by this plan, and the VCA capacities of the NS of Cameroon, Congo Brazzaville, Gabon, Equatorial Guinea, Sao Tome & Principe, and CAR have been strengthened.

- *The activities planned have been carried forward to 2012 as the means available were not enough to cover them.*

<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>TOTAL People Reached</i>
50,000	The beneficiaries of projects/programmes implemented	The beneficiaries of projects/programmes implemented	The beneficiaries of projects/programmes implemented

Constraints or Challenges

The major constraint here is the absence of PMER focal points at NS level. The leaders of NS have understood the relevance of PMER, but there is the need to provide financial support to help them set up PMER departments in their respective NS. Moreover, CARREP's PMER department is represented by a single person, which is not enough to cover all PMER needs of the region. There is the need to recruit at least a Reporting assistant for CARREP.

Working in partnership

Inside the Movement, CARREP received contributions from the Swedish, Irish, Monaco, Norwegian, Japanese and Finnish Red Cross societies. Swedish Red Cross contributed to Disaster Management, Health and Care, Organizational Development and Coordination components of the regional budget. Norwegian Red Cross contributed to Disaster Management. Japanese Red Cross contributed to malaria prevention in CAR, and the Finnish Red Cross contributed to HIV-AIDS in CAR. The Monaco Red Cross contributed to the polio outbreak in Congo Brazzaville, as well as to the cholera response in Cameroon. The Canadian Red Cross also deployed a delegate to Cameroon to help CARREP with the implementation of the cholera emergency operation for 3 months (July, August, and September 2011).

The major contributions to the plan budget came from outside the Movement, namely from the United Nations High Commission on Refugees (UNHCR) to facilitate the implementation of refugees operations in Cameroon and Congo Brazzaville. The World Food Programme (WFP) also supported the nutrition initiatives of Cameroon Red Cross within the framework of the operation to assist CAR refugees in Cameroon. The Japanese Government funded a food security project in CAR. DFID supported disaster risk reduction and organizational development in Central Africa. The USA embassy in Cameroon supported the operation to respond to cholera outbreak in Foubot, Cameroon.

New partnerships were established with civil protection and weather services in the countries of Central Africa. A strategic collaboration also took place between the disaster management service of CEEAC and CARREP, as well as between CARREP and the United Nations Strategy on Disaster Risk Reduction. This resulted in the invitation of DM officers from the NS of Central Africa to international workshops on disaster and climate change risk reduction in 2011.

These contributions really gave CARREP and its NS means for providing long-awaited assistance to vulnerable people. Nevertheless, there are still numerous vulnerable people in Central Africa expecting to be assisted. In fact, a Vulnerability and Capacity Assessment was conducted in CAR in late 2010, and a project was developed to respond to the immediate needs that were identified by then. CARREP is still looking for potential donors to finance that project. There is the need to carry out VCA in other countries. Moreover, WFP stopped providing food to keep the distributions to CAR refugees in Cameroon. Contributions are also welcome to help continue the distribution of food to the refugees who really need it.

Contributing to longer-term impact

The new strategy put in place by CARREP in accordance with the NS of Central Africa to ensure the smooth implementation of activities in favour of vulnerable people implied the use of regional resource persons to ensure the monitoring and evaluation of projects and programmes. Regional resource persons are trained RDRT members who are deployed from their NS to assist a sister NS with the implementation of an operation. In 2011, CARREP deployed 09 regional resource persons from 08 NS to coordinate projects with the host NS in 05 countries as highlighted in the following table:

Operations covered	Number of RDRT/regional resource persons deployed	NS of origin	Host NS
UNHCR-funded operation to assist CAR refugees	01	Congo Brazzaville	Cameroon
DREF operation on violent winds	01	DRC	Gabon
UNHCR-funded operation to assist DRC refugees, Emergency appeal on Polio outbreak, DREF operations on Chikungunya, Measles and cholera outbreaks	04	Cameroon (02), CAR (01), Chad (01)	Congo Brazzaville
DREF operation on Cholera outbreak, Japanese Government-funded Food security project	02	Congo Brazzaville, Togo	Central African Republic
Emergency appeal on cholera outbreak	01	Cameroon	Chad
Total	09	08	05

The presence of those resource persons was an added value in the sense that it helped CARREP keep a close eye on what is happening in the field and facilitated the collection of data for proper reporting and justification of expenses. The presence of RDRT members also benefited the national societies because the resource persons were from NS, and most of them have now returned to their respective NS after their missions. We believe that the experience gathered during their respective missions will help improve programmes planning and implementation at NS levels.

Within the framework of the operations to assist CAR and DRC refugees in Cameroon and Congo Brazzaville respectively, gender issues were taken into consideration as special attention was paid to women and children in the refugees' camps. Special activities such as the distribution of hygiene kits to girls and women were carried out in camps. Moreover, special distributions were made for people with specific needs such as physically impaired people, pregnant women and unaccompanied children. The lessons learned during programme implementation were shared during interagency meetings.

We believe that the food security and HIV projects in CAR will contribute to the CAR's Poverty Reduction Strategy in the sense that it will provide the country with people that are strong enough to concentrate on development issues. The same applies to the operations to assist refugees as they are progressively prepared to become self-reliant and ready to embark on development initiatives whether in host countries or back in their respective countries.

Looking ahead

In 2011, much effort was concentrated on the implementation of emergency operations in various countries of Central Africa. Most development projects were not implemented because of lack of funding. Learning from that, CARREP will intensify its fund raising efforts as from 2012. To that effect, focus will be on the capacity building of NS, especially in the areas of PMER and financial development and management that were pointed out as weaknesses. We believe that if quality projects are submitted to potential donors and good accountability is ensured, this will build the loyalty of donors for the coming years.

In 2011, focus was on Cameroon, CAR and Congo Brazzaville. Considering the humanitarian situation in these countries, CARREP will continue to focus on them in 2012, but will also work with the NS of Sao Tome & Principe, Equatorial Guinea and Gabon that have expressed the need. The Gabonese Red Cross for example is struggling to recover from a serious institutional crisis that affected them in 2011. They will definitely need increased support from CARREP in 2012.

Climate change activities will be intensified in countries of Central Africa. To that effect, there will be the need to strengthen national and community disaster response teams (NDRT/CDRT) in all the countries. Most RDRT members have left the region for greener pastures. New RDRT members will have to be trained. There is also a generalized need for vulnerability and capacity assessment (VCA) in all the countries of Central Africa. Moreover, the number of emergency situations is ever increasing in Central Africa. There is therefore the need to strengthen the regional emergency stock in Yaoundé by increasing the stock and renting a bigger warehouse.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGOs) in Disaster Relief and 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.

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Saving lives, changing minds.



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 nonviolence and peace.

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