

Annual report

 International Federation
of Red Cross and Red Crescent Societies

Central Africa Regional Representation programmes

Appeal No. MAA62001

28/04/2009

This report covers the period 01/01/2008 to
31/12/2008.



In 2008, Cameroon Red Cross volunteers cultivated a farm in the East Region to ensure food security for Central African Republic refugees in Cameroun.
International Federation

In brief

Programme purpose: The Central Africa Regional Representation (CARREP) programmes are aimed at meeting the Federation's four Global Agenda Goals within the region, namely: reduce the numbers of deaths, injuries and impact from disasters; reduce the number of deaths, illnesses and impact from diseases and public health emergencies; increase local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability; reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Programmes summary: Although funding was timid in 2008, the national societies of Central Africa endeavoured to carry out several activities in the areas of disaster management, health and care, organizational development and principles and values, with the support of the International Federation and other partners.

As far as disaster management is concerned, national and community disaster response teams were set up in Gabon, Congo Brazzaville, Central African Republic (CAR), and Cameroon. Efforts were made to ensure food security for CAR refugees and to provide assistance to 10,000 Chad refugees in Cameroon. One of the major achievements in 2008 was the restructuring of disaster management departments in Congo Brazzaville, CAR and Gabon. Emergency stocks were also pre-positioned at the Federation's Central Africa Regional Representation to facilitate subsequent interventions in case of an emergency.

Concerning health and care, several threats appeared during the year, including the arrival of 10,000 Chadian refugees in Northern Cameroon in early 2008, cholera outbreak in Congo Brazzaville and the anti-measles immunization campaign in CAR. All these operations and other activities planned in the 2008-2009 appeal constituted the main task of our health team throughout the year.

In the area of organizational development, efforts were made to train the Governance members and national executives of national societies on the notion of separation of powers and the principles of good management of resources in order to facilitate harmony between the governance team and the management team. National societies were coached in their resource mobilization efforts to facilitate the implementation of their programmes, the setting up and restructuring of local branches, and the promotion and development of volunteers.

Regarding the principles and values programme, several activities were carried out within the framework of other programmes like disaster management and health and care. However, some planned activities were not carried out due to limited funding and poor organization of the programme at institutional level.

Financial situation: The total 2008 budget is **CHF 3,091,736 (USD 2,740,900 or EUR 2,018,236)**, of which 47 per cent covered. Expenditure overall was 43 per cent. Donor response came in very late during the year, with some pledges arriving in late December 2008 and even early 2009. The coverage level of the budget revealed that it had been too ambitious at the time of planning.

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

See also ([Programme Update No 1 published on 2 September, 2008](#))

No. of people we help: A large number of people benefited directly from secretariat-supported programme interventions in 2008. In the first half of the year, over 35,000 Chadian refugees were assisted in Northern Cameroon; 130,000 people benefited from a meningitis operation in CAR, and about 400,000 more benefited from a cholera operation in Congo Brazzaville. Although the budget did not receive 100% coverage, many more people benefited from the actions during the second half of the year. Over 60,000 CAR refugees were assisted from September to December 2008, with the support of the German Red Cross. Most activities planned in the various national societies were carried out during the second half of the year, bringing the total number of persons assisted to about 3,177,500. The following table summarises the number of people assisted in 2008:

Programmes	Men	Women	Elderly > 55	Infants < 5	Children > 5	Volunteers
Disaster Management	204,000	850,000	10,600	340,000	360,000	1800
Health and Care	268,000	420,000	700	360,000	360,000	2,400
Organisational Development	Same as for DM and OD	Same as for DM and OD	Same as for DM and OD	Same as for DM and OD	Same as for DM and OD	Same as for DM and OD
Principles and Values	Same as for OD	Same as for OD	Same as for OD	Same as for OD	Same as for OD	Same as for OD
Total	472,000	1,270,000	11,300	700,000	720,000	4,200
Grand total	3,177,500					

Our partners: The partnership was timid within the region during this reporting period. However, Movement partners like the Spanish, Swedish, Norwegian, German, Finnish, Irish, Danish, Japanese and Greek Red Cross societies, and the International Committee of the Red Cross (ICRC) responded to the 2008-2009 Appeal. The Spanish Red Cross provided direct

support for the implementation of programmes, and also supported the two annual meetings of COSNAC (coordination des sociétés nationales de l'Afrique centrale). The Norwegian and German Red Cross supported the Disaster Management and food security programmes, the Swedish Red Cross supported all programmes, and the Canadian government supported health and care. The Spanish Red Cross also pledged to support the capacity building process of national societies as from 2009. This has been confirmed and the support is expected to be made available in 2009. Moreover, a contract was signed in December 2008 with the European Union through the Central African Economic and Monetary Commission (CEMAC) for the implementation of a big project to fight against HIV/AIDS along the Douala-Bangui and Douala-N'Djamena corridors. The United Nations High Commission for Refugees (UNHCR) supported the fight against malaria by facilitating the distribution of impregnated mosquito nets, and a few private donors from Luxembourg also provided some support. The roll Back Malaria Central Africa Regional Network BDM/CARN also supported the implementation of activities to fight against malaria. The Health Coordinator for the Sao Tome & Principe Red Cross is the focal point for Central Africa at the World Health Organization's Office in Libreville.

The British DFID, WFP, UNDP, and specialized government services in Central Africa also supported the implementation of programmes in one way or the other. However, CARREP continued to maintain contacts with potential donors to get them increasingly interested in our programmes in favour of vulnerable people.

Context

Socio-political, economic or natural events affected the programmes of Central Africa national societies and their target beneficiaries throughout 2008. Political unrest in Chad pushed over 30,000 Chadians to flee into Cameroon in early February 2008. Troops of rebels invaded N'Djamena, the capital of Chad, and caused the terror that pushed an important number of Chadians to seek refuge in Cameroon. In line with their humanitarian mandate which is to provide assistance to vulnerable people, the Cameroon Red Cross Society and the Federation's regional representation launched an operation to assist those refugees.

A cholera outbreak occurred in Congo Brazzaville, while a meningitis outbreak occurred in CAR. Cameroon and Central African Republic have been flooded. This pushed the respective national societies to launch emergency operations through DREF allocation to respond to these disasters. A minor flooding took place in Yaoundé and the Cameroon Red Cross Society (CRCS) handled it with little support from the regional representation as no external support was required. Thousands of CAR refugees who have been in Eastern Cameroon since 2006 have drawn the attention this time around. The German Red Cross supported CRCS in providing assistance to vulnerable people during the second half of 2008.

Central Africa national societies faced numerous humanitarian challenges. Their resources remained absolutely insufficient to help them meet all of their objectives. Cameroon, Equatorial Guinea, Gabon, CAR, Congo Brazzaville and Sao Tome & Principe Red Cross Societies mainly relied on external support in 2008 for the implementation of their programmes. Despite the fact that the region is a disaster prone area, national societies seriously lacked disaster preparedness capacity. This explains why increased efforts were made by the International Federation in 2008 to train Red Cross volunteers and set up regional, national and community-based disaster response teams.

High cost of living originated socio-economic unrest in all the countries covered by the regional representation. Mindful of this, national societies identified the fight against high cost of living as one of their key priorities for 2009-2010. All of these events, compounded by the late or no availability of funds accruing from the 2008-2009 Appeal, made it extremely difficult for both the International Federation and national societies of Central Africa to carry out their activities as

planned in the appeal. Hopefully the situation will not be the same in 2009 as little funding has started coming in, and the socio-political situation in the region seems to be calm.

Progress towards outcomes

Disaster Management

Programme Component 1: Disaster Response

Outcomes

- The living conditions of refugees are improved upon thanks to food and non-food supplies;
- Emergency situations are managed promptly by Central African national societies through contingency planning and pre-positioning of emergency stock and equipment.

Achievements

In 2008, the regional representation and its national societies launched two emergency appeals and three DREF operations. The emergency appeals included the operation to assist Chadian refugees in northern Cameroon and the floods operation in Cameroon and Chad. The DREF emergency operations included floods in CAR and Congo Brazzaville, and cholera in Congo Brazzaville. All of these operations contributed to improving the living conditions of over 70,000 vulnerable people, including about 40,000 Chadian refugees and the beneficiaries of the DREF operations. These operations contributed to building the disaster management capacities of the concerned national societies.

Programme Component 2: Disaster Prevention, Risk Reduction and Capacity Building

Outcomes

- The vulnerability of inhabitants of disaster prone zones is reduced due to disaster risk prevention and reduction activities carried out by Red Cross volunteers;
- The national societies of Central Africa are well equipped and capable of effectively responding to disasters thanks to their operational capacities at head office and community levels.

Achievements

In the area of disaster risk reduction, contingency plans for Cameroon, Chad and CAR have been updated, and disaster risk maps have been developed for Gabon, Sao Tome & Principe, Equatorial Guinea, Congo Brazzaville and Democratic Republic of the Congo (DRC). As far as disaster management capacity building is concerned, the disaster management officers for Equatorial Guinea and Sao Tome & Principe Red Cross societies were trained on disaster management techniques following an on-the-job training approach as they travelled from one country to the other to attend the creation of national disaster management teams. Moreover, national disaster response teams have been set up and are operational in all the national societies covered by the regional representation. Community disaster response teams have been set up and are operational in Congo Brazzaville and DRC. National disaster response team training modules have been developed in central Africa and spread to the West and Central Africa Zone.

All disaster management departments in Central Africa now have their own organization chart which clearly states the roles and responsibilities of everyone. Visibility and first aid materials have been pre-positioned in Congo Brazzaville, DRC, Gabon, Sao Tome & Principe and Equatorial Guinea.

Efforts made in Cameroon enabled the UNHCR to see in CRCS through the International Federation a key partner in the management of CAR refugees in the east. A project to that effect is underway and will run throughout 2009. UNHCR has chosen Gabon Red Cross as partner for the management of urban refugees in Gabon for 2009.

Programme Component 3: Food Security

Outcome

The Central Africa Region national societies have enhanced their food security capacities and have contributed to reducing the risk of food insecurity among the refugees.

Achievements

The German Red Cross supported Cameroon Red Cross Society (CRCS) through the Federation in providing assistance to about 63,000 CAR refugees in eastern Cameroon. This assistance was focused on food security, with the cultivation of farms and the development of livestock activities. A number of 47,250 persons out of the 63,000 CAR refugees who have been living in eastern Cameroon for over two years now have been trained on how to overcome food shortage and ensure food security. They also received agricultural input like seeds, fertilizers and other implements to enable them start their farming activities. Some of them who are livestock breeders were given goats and sheep as a capital to start up livestock breeding as they had lost everything back in their native CAR due to rebel atrocities. Moreover, other community farms have also been created in Cameroon and Gabon to help combat high cost of living. In Central African Republic the national society enhanced its capacity in food security through the establishment of community farms and training of supervisors and community animators in Bangui, and central, west and east zones.

Constraints

Most of the activities that were initially planned for 2008 were not carried out due to the numerous emergency situations that occurred, the late arrival of the limited funds received, the difficulty to transfer money within the region, the overlapping between the activities of the Disaster Management (DM) teams in Dakar and Yaoundé, and the lack of working tools for some DM officers from national societies. These challenges have been taken into consideration during the planning for 2009-2010 to make sure that all the expected results are actually achieved.

Health and Care

Programme Component 1: HIV and AIDS

Outcome

Vulnerabilities to HIV and its impact are mitigated through the improvement of the quality of life of people living with HIV (PLWHIV) and community based sensitization on Sexually Transmitted Infections (STIs) and HIV/AIDS vulnerability to HIV is reduced through the implementation of "Filles Libres" projects.

Achievements

A good number of activities planned to fight HIV were carried out with very good results. About 500 volunteers were trained as peer educators and over 3,000 educative talk sessions organized to increase the awareness of the target populations on sexually transmitted infections (STIs) and HIV/AIDS. Over 600,000 male condoms and 90,000 female condoms were distributed. Coming next are the details per country.

In Gabon, six Red Cross volunteers paid 480 home visits to people living with HIV (PLWH), offering them 162 meals. The health team of Gabon Red Cross received 26 HIV positive people,

and referred them to specialized centres for anti retroviral (ARV) treatment. The national society succeeded in setting up a network, “La Flamme de l’espoir”, to bring together PLWH.

In Equatorial Guinea, 20 Red Cross volunteers were trained on how to combat sexually transmitted infections (STIs) and HIV/AIDS. These volunteers organized 320 educative talk sessions, sensitizing about 10,000 people to the dangers of STIs and HIV/AIDS.

In Sao Tome & Principe, the following activities to fight HIV were organized throughout the year: community-based sensitization, distribution of condoms, food supply to PLWH and placed under ARV treatment, and training PLWH on income generating activities (IGA) management.

In Cameroon the project to fight against HIV along the Douala-Bangui and Douala N’Djamena corridors submitted to the Central Africa Economic and Monetary Commission (CEMAC) in late 2007 was approved for funding in late 2008. This project will be implemented in 2009.

Still in Cameroon, the “Filles Libres Project” was implemented in the East and Centre regions with the support of Movement and non-Movement partners like John Hopkins, Aware-HIV/AIDS, and the Spanish Red Cross. The project had two aspects, medical and community-oriented. The medical aspect was taken care of at the Elig-Essono Health Centre (Yaoundé), while the community aspect was handled by Cameroon Red Cross Society (CRCS). As far as the medical aspect is concerned, 500 “filles libres” aged from 15 to 24 were tested positive and put under ARV treatment. Concerning the community aspect, CRCS volunteers worked in 56 sites of prostitution in Yaoundé and in the East region, training 50 “filles libres” as peer educators to conduct educative talks. These peer educators reached 631 “filles libres” in Yaoundé and 2,012 more in the East region, and encouraged those to go for the voluntary screening test, which they did hence the 500 that were tested positive.

In Congo Brazzaville, the “Filles Libres Project” was implemented as 25 peer educators, including 15 “filles libres” and 10 Red Cross volunteers were mobilized to sensitize the populations to the dangers of HIV. Three associations of “filles libres” were trained on how to run IGA as an alternative to prostitution, and their projects were funded.

Programme Component 2: Infectious Diseases

Outcomes

- Community health programmes are implemented in order to roll back maternal and infant mortality and the incidence of infectious diseases;
- Social mobilization campaigns in favour of voluntary blood donation were organized by volunteers;
- Men, women and children are protected against malaria, cholera, meningitis and waterborne diseases through appropriate surveillance, preparedness and control measures.

Achievements

In Cameroon 5,000 mosquito nets were distributed in the Noam Division, an enclosed locality where access to health facilities is very limited. In the meantime, 40 volunteers were trained on vector control. Some 50,000 mosquito nets have also been distributed to about 63,000 CAR refugees in the East region, with the support of the UNHCR in Cameroon.

In Gabon, 30 volunteers were trained on malaria management and have been deployed in the field to sensitize the population and distribute leaflets on how to avoid the disease in Libreville. Free consultations and distribution of drugs were also organized for 324 children below five years and 44 pregnant women. The national society also participated in a malaria campaign and distributed 500 mosquito nets to pregnant women and children below five in Woleu Ntem. Twenty volunteers sensitized 1,054 households and sprayed 520 houses as a preventive measure against malaria. Moreover 30 Gabonese volunteers conducted a cleanliness campaign

at the Nkembo and Melen hospitals, with the participation of members of the Governance team, including the Chairwoman of the national society. Gabonese Red Cross Society (GRCS) also organized 40 health coverage operations throughout the year. In Congo Brazzaville trained volunteers sensitized populations and distributed mosquito nets to pregnant women and children below five years as part of their efforts to fight malaria.

Regarding blood donation, volunteers conducted social mobilization activities to increase the number of faithful voluntary blood donors and facilitate the availability of free blood units. In Cameroon Red Cross Society volunteers organized a blood donation campaign in 18 schools of the Centre and South West regions of the country, with the collaboration of some hospitals, and came out with 3,013 blood bags that were donated to patients. Gabonese Red Cross Society created "club 25" that brings together youth between 18 and 25 years willing to do free blood donation to save the lives of patients registered at the national blood centre. These clubs have collected 102 blood bags during their first campaign in December 2008.

Central Africa national societies managed promptly health emergencies. In Central African Republic, the national society responded to an outbreak of meningitis in Nana Gribizi with the support of the International Federation's DREF. A training session on public health emergencies was organized in Berberati with the participation of 50 persons. The Congolese Red Cross responded to the cholera epidemic with the support of the International Federation's DREF. About 70 volunteers participated in this operation which contributed to limiting the number of death.

Programme Component 3: Mother and Child Care

Outcomes

- Access to the immunization service by mothers and infants is improved;
- Access to quality gender-specific services is improved for men, women and children, with special attention on the most vulnerable groups.

Achievements

As a member of the interagency committee, Cameroon Red Cross Society (CRCS) participated in the national days of infant and maternal nutrition during which immunization campaigns against poliomyelitis, tetanus, and the administration of vitamin A were organized. CRCS acquired land for the construction of new health facilities in Grand-Batanga (Kribi) and Melbang with the support of the French Red Cross. The national society also equipped eight health centres with advanced materials (X-ray scanner, ultrasonograph) with the support of Cameroon Coca Cola Foundation. Cameroon Red Cross Society also participated in a large immunization campaign against measles in the Far North region of the country. In CAR, 550 Red Cross volunteers were mobilized in Ombella-Mpoko and Bangui for the same campaign.

The Congolese Red Cross took care of patients at the Mpoumako integrated health centre with the support of the French Red Cross; with focus on pregnant women and children under five.

Programme Component 4: Community-Based First Aid and Water and Sanitation

Outcomes

- First-aid workers are trained and are capable of intervening during emergency situations in their communities;
- The Sao Tome and Principe Red Cross improves the living conditions of vulnerable persons exposed to water and sanitation related illnesses;
- The Red Cross of Equatorial Guinea increases access to potable water and improves the living conditions of vulnerable persons exposed to waterborne and sanitation related diseases.

Achievements

In Congo Brazzaville, the capacities of the Brazzaville sea port first-aid post were built, and 10 Red Cross volunteers were trained on emergency health care. A first-aid post was opened along the national highway no. 2 at 45 km for the management of road traffic accidents.

In Sao Tome & Principe, the national society sensitized the population to the need of keeping the environment clean as a vector control measure, distributed long lasting mosquito nets, and instructed for a correct use. Red Cross volunteers were also trained on how to handle simple cases of malaria; community-based surveillance and alert brigades were set up.

In Equatorial Guinea, 10 latrines were built, two water points improved, and the beneficiaries (suburban communities) sensitized on how to use these facilities in order to avoid faecal and waterborne diseases.

Constraints

In Cameroon, the International Federation assisted Cameroon Red Cross in developing a proposal that has been submitted to the Global Funds to fight against HIV, Malaria and Tuberculosis. The project has not been funded as it was integrated in the Cameroon's national proposal. The major constraint was the non skilled and limited number of staff of health teams in each national society. The implementation of activities was also hindered by the late disbursement of funds or no availability of financial resources. These constraints contributed reducing the number of activities planned, thereby jeopardizing the targeted impact.

Capacity Building

Programme Component 1: National Society and Community Capacity Building

Outcomes

- The coordination, management and good governance capacities of Central Africa national societies are built at headquarters and local committee levels;
- The national societies of Central Africa have signed cooperation agreement strategies (CAS) with partners and donors, and the capacities of communities are built to enable them improve their living conditions;
- The fundraising capacities of Central Africa national societies are built and their financial autonomy enhanced through the promotion of income-generating activities (IGAs).

Achievements

In 2008, the International Federation contributed to setting up and restructuring local branches in some national societies, building their management capacities, developing their fundraising abilities and partnership. Thirteen new Red Cross divisional committees were set up in Gabon, 10 more were created, sensitized and prepared for the restructuring process in Central African Republic (CAR), and three divisional committees were restructured in Congo Brazzaville.

As far as building management capacities is concerned, the International Federation facilitated the recruitment of competent staff in Cameroon, Congo Brazzaville and CAR. A new Secretary General was recruited and new national technical executives appointed in Congo Brazzaville; a deputy Secretary General appointed in Cameroon. The newly appointed national technical executives in Congo Brazzaville have been to better understand their duties. A programme coordinator and a new accountant were recruited in CAR. In Cameroon, the International Federation facilitated the assessment of the secretariat general and the evaluation of their budget development capacities.

Concerning the development of fundraising abilities, the International Federation continued to support a successful income-generating activity initiated by the national societies in Sao Tome &

Principe, i.e. the Lotto, which yielded around CFA F 6 million per week (CHF 720,000) in 2008. An emergency fund was created in Cameroon, and about CFA F 30 million (CHF 75,000) was collected from the general public in 2008 through that channel.

Talking about partnership development, the International Federation facilitated the establishment of a partnership between the Spanish Red Cross and six national societies of Central Africa, namely Cameroon, CAR, Gabon, Congo Brazzaville, the Democratic Republic of the Congo (DRC) and Chad. This partnership will contribute to building the capacities of these NS in 2009. The Federation enabled the consolidation of the French Red Cross presence in Central Africa, and since February 2009, they have a delegation hosted by the Federation in Yaoundé.

Several other partnerships were established in 2008, including UNDP and the Global Fund to fight against HIV in Cameroon, Gabon and CAR, with the Central African Economic and Monetary Commission (CEMAC) to fight against HIV along the corridors from Douala to Bangui and Douala to N'Djamena, with UNHCR for the management of refugees in Cameroon (Chad and CAR refugees) and Gabon (urban refugees). The Gabon Red Cross society was appointed as Vice President of the network of Non-governmental Organizations to fight malaria in Gabon.

In 2008, the International Federation also facilitated the consolidation of the legal framework for the Coordination of Red Cross national societies in Central Africa, which is known by its French acronym COSNAC. A document to record the rules and regulations of COSNAC were approved and signed by all presidents. Two strategic meetings of COSNAC were held in 2008, one in March and another in September. A new president was also elected, and an organization chart was adopted to be used by the secretariat general of each national society in Central Africa.

Programme Component 2: Good Governance

Outcomes

- All members of the board of directors and 50% of local committee bureau executives in the six national societies are trained in good governance;
- All members of the national board of directors and 50% of local committee bureau executives in the six national societies have signed the Code of Conduct and base their work on the adopted work plans.

Achievements

In this sector, the International Federation facilitated the holding of the general assembly in Cameroon. The process to review the statutes was launched in Gabon and will be pursued in 2009. Members of the governance teams at local committee levels were trained on the separation of powers in Congo Brazzaville.

Programme Component 3: Promotion and Development of Volunteers

Outcomes

- Volunteer management policies are developed and effectively implemented in the six national societies;
- An association for the welfare of volunteers is set up in the six national societies;
- About 1,200 brilliant volunteers in the six national societies are given awards to build their loyalty to the Red Cross.

Achievements

About 4,200 volunteers were trained on community-based first aid in all six Central Africa countries. These trained volunteers were then mobilized for the management of refugees (Cameroon), floods (Cameroon, Chad and Congo Brazzaville), malaria and HIV (in all countries). The volunteers were also mobilized to mark the world Red Cross and Red Crescent Day, and the Civil Protection Day. They also participated in a road safety campaign in Cameroon. On their

part, female Red Cross volunteers distinguished themselves as they marched past on the occasion of the Women's day on 08 March. A youth Red Cross meeting was organized in the East of Cameroon, and a Cameroon Red Cross youth delegate participated in the Pan African Conference in Johannesburg.

Constraints

Several constraints were registered in 2008 and can be classified in three categories given their specificities: for national societies for the regional organizational development department, and for COSNAC.

For national societies, the following challenges were noted:

- The difficulty linked with the separation of powers between Governance and management teams (centralization and confiscation of powers, restriction of the breathing space for the management team);
- The problem linked with the legal documents of the national societies (reviewing, adoption, dissemination and application);
- Strategic planning issue (respecting the orientations set out by the International Federation, selection of priority areas);
- Financial resource mobilization issue (policy and strategies);
- Volunteer development and promotion issue (management policy);
- The issue of the national societies' image at national and international levels (openness, integrity, transparency);
- The cooperation issue (marketing, cooperation agreement strategy).

For the regional organizational development department, following challenges have been faced:

- Planning, concentration and efficiency;
- The issue of programme follow-up and evaluation (diversity);
- Funding issue (availability and disbursement).

For COSNAC, the following challenges are:

- The conformity to resolutions;
- Harmonization of procedures and documents.

In one way or another, the above mentioned challenges or constraints had an impact on the programmes implementation. The late disbursement of funds (which seems to have become normal), the deficit in communication with national societies, the selective appropriation of norms, procedures and programmes by national societies', the fact that partners are suspicious and lack confidence in national societies' considerably hindered the timely implementation of programmes.

In order to change this situation, it is important to:

- Review legal documents of each national society;
- Develop or update strategic development plans as the case may be;
- Intensify training on good governance.
- Develop better financial resource mobilization policies and strategies
- Harmonize volunteer management and development policies;
- Recruit an OD Officer, or at least fill an internship position
- Improve communication flow between Geneva, Dakar and Yaoundé in order to come out with better strategies.
- Remind the new president of COSNAC the strategic importance of his position for the region.
- Remind member national societies their commitments towards COSNAC.

Principles and Values

Programme Component 1: Principles and values

Outcomes

- The principles and values of the Movement, and Red Cross activities are widely disseminated in Central Africa;
- The targeted people have better knowledge of and respect for the Red Cross emblem.

Achievements

In 2008, the national societies of Cameroon, Gabon and Congo Brazzaville were given spaces in their respective national radios to disseminate Red Cross messages aimed at fighting against discrimination, and promoting the respect for difference and the culture of peace. The national radio stations of all six countries disseminated Red Cross news in the form of press releases and information notes on the occasion of Red Cross events like meetings, workshops, and general assemblies. Programme managers directly intervened over the radio in Gabon, Congo Brazzaville and Cameroon on the occasion of Red Cross events and disseminate Red Cross messages. Such events included the World Red Cross and Red Crescent Day, the World AIDS Day, and the World Volunteering Day.

In Cameroon, efforts were made to build the capacities of 20 community-based radio stations as they were trained on how to manage Red Cross information and Movement, with the support of ICRC and the International Federation.

Each of the six national societies of Central Africa produced a news magazine on a regular basis to promote the Fundamental Principles of the Red Cross and humanitarian values.

In Cameroon, Congo Brazzaville and Gabon, Red Cross volunteers organized campaigns to combat the unauthorized use of Red Cross emblem. Concretely, a TV commercial on the protection of Red Cross emblem was produced and is regularly published over the national and other private televisions. About 150 radio and TV messages have been disseminated in Cameroon, Gabon and Congo Brazzaville to protect Red Cross emblem and restrict its use by unauthorized entities.

At regional level, three radio programmes were produced, and six interviews were conducted to promote Red Cross action and principles and values on the occasion of the COSNAC meeting in Douala, the health counterparts meeting in Kribi, and the World Volunteering Day in Yaoundé. Two issues of the magazine *La Tribune du Volontaire* were published in 2008 to promote Red Cross action and principles and values in Central Africa.

All these achievements contributed to increase the knowledge of the Red Cross and Red Crescent and its principles and values by the populations both within and outside Central Africa.

Programme Component 2: Psychosocial support

Outcomes

- Women who practise female genital mutilation (FGM) in the Central African Republic have abandoned it and are undertaking income generating activities;
- The right to education of deaf and dumb children in Equatorial Guinea is respected;
- The volunteers' support to the elderly is effective.

Achievements

In the Central African Republic (CAR), a project to fight female genital mutilations (FGM) was implemented in Sibut, with the aim of preserving the health of women. A number of 50 excision

workers were trained on how to run income-generating activities (IGA) as an alternative to quit excision; and the populations were sensitized to the dangers of excision.

In Equatorial Guinea, the national societies continued to ensure the schooling of 20 deaf and dumb children in 2008, with the support of the Cuban Cooperation.

On their part, 30 Sao Tome & Principe volunteers took proper care of 80 old persons abandoned or neglected by their families throughout the year. The volunteers provided psychological support, food assistance, aftercare, and coached them on recreational and gardening activities, with the view of enabling them to live as long as possible in good conditions and with dignity. By the end of the year, the NS had succeeded in getting 20 of these old people accepted back into their original families through advocacy and counselling.

Programme Component 3: Eliminating intolerance and promoting the respect for diversity

Outcomes

- People are sensitized on the importance of peace building;
- Media officials and volunteers of committees in conflict areas are better trained to facilitate the fight against intolerance and to promote respect for diversity;
- Intra-community tensions, intolerance, discrimination, exclusion and violence are reduced and human dignity respected.

Achievements

In Congo Brazzaville, 30 programmes were broadcasted over the radio to promote tolerance and the culture of peace in Pool, a post-conflict locality. The local branch produced a comic strip on the culture of peace, got it translated into the local language, and distributed it in several primary schools, reaching about 10,000 pupils.

Constraints

The main constraint to the implementation of the programme in 2008 was the fact that this programme is not taken into consideration in the organization chart both at national society and Zone Office (Dakar) levels. Any national society considers it serious to work on Principles and Values. A Principles and Values Manager should be recruited in Dakar to coordinate activities in this sector within the zone. After that, Principles and Values officers must be appointed in each national society and at the Federation's regional Representation in Yaoundé, with clearly defined responsibilities.

Another major constraint was the fact that the Information and Diffusion officers in all 6 national societies were reluctant to working with the Federation (sending information to the Federation) because, as they said, they never receive anything from the Federation (their salaries are often paid by the ICRC to which they report on a regular basis). There should be a clear distinction between Communication and Principles and Values, as the same person cannot coordinate both programmes efficiently. As a result of these constraints, most activities that were planned for 2008 were not carried out.

Coordination

Outcomes

- The regional coordination group has improved dialogue between national societies and has consolidated its collaboration with the Federation;
- The eight national societies of Central Africa have adopted a Regional resource mobilization strategy and the volume and quality of their activities have increased at least by 20% by 2009;

- A better visibility of the Federation and national societies, reliable plans of action targeting the most vulnerable communities, and quality representation underpinned by "assisted" advocacy have attracted more donors/partners.

Achievements

In 2008, two meetings of COSNAC were held in Cameroon, one in Yaoundé in April 2008, and one in Douala in September 2008. The outcomes of those two meetings included the creation of COSNAC with clearly defined rules and regulations signed by the presidents of the eight national societies, the putting in place of a joint organization chart to be used by all national societies in Central Africa, and the adoption of a common decision making policy within the region.

A regional marketing strategy has been drafted, and will be presented to the national societies during the next COSNAC meeting to be approved and validated.

As part of his coordination work, the International Federation's Regional Representative for Central Africa travelled twice to all 8 national societies within the region, apart from Chad where he travelled only once last year.

Constraints

Despite the good willing shown during COSNAC meetings, some national societies have failed to respect the decisions jointly taken, probably because of local or national constraints. COSNAC needs to be strengthened in order to fully play its role as a channel for the capacity building of our NS.

In 2008, the refugees' operations in Cameroon (Chad refugees in Northern Cameroon, and CAR refugees in Eastern Cameroon) mobilized a lot of our human and material resources, and this prevented us from implementing more activities in other national societies.

Working in partnership

The International Federation took part in all inter-agency meetings with other international organizations and non-governmental organizations. The Federation contributed to the elaboration of a contingency plan for the region, in close collaboration with the World Food Programme (WFP), the UN Office for the Coordination of Humanitarian Affairs (OCHA), the UN Children's Fund (UNICEF). The Federation also participated in bilateral coordination and advocacy meetings with a good number of embassies, including Spain, Italy, Japan, China and Canada; and with some Cameroon Government ministries like the Ministry of Public Health, the Ministry of External Relations and the Ministry of Territorial Administration and Decentralization.

In 2008, an increasing number of non traditional donors started soliciting us for joint management of emergency programmes. These included the UNHCR for the fight against malaria, and the Chad refugees operation in Cameroon; and CEMAC/EU for the fight against HIV/AIDS along the Douala-Bangui and Douala-N'Djamena corridors.

As far as the 2008-2009 Appeal is concerned, partnership was timid within the region. However, Movement partners like the Spanish, Swedish, Norwegian, German, Finnish, Irish, Danish, Japanese and Greek Red Cross societies, and the ICRC responded to the 2008-2009 Appeal. The Spanish Red Cross provided direct support for the implementation of programmes, and also supported the two annual meetings of COSNAC. The Norwegian and German Red Cross supported disaster management and food security, the Swedish Red Cross supported all the programmes, and the Canadian government supported health and care. The Spanish Red Cross pledged to support the capacity building process of Central Africa national societies as from 2009. This has been confirmed and the support is expected to be made available in 2009. Moreover, a contract was signed in December 2008 with the European Union through the Central African Economic and Monetary Commission (CEMAC) for the implementation of an

important project to fight against HIV/AIDS along the Douala-Bangui and Douala-N'Djamena corridors. The UNHCR supported the fight against malaria by facilitating the distribution of impregnated mosquito nets, and a few private donors from Luxembourg also provided some support. The Roll back malaria Central Africa regional network also supported the implementation of activities to fight against malaria. The Health Coordinator for the Sao Tome & Principe Red Cross society is the focal point for Central Africa at the World Health Organization's Office in Libreville.

The British DFID, WFP, UNDP, and specialized government services in Central Africa also supported the implementation of programmes in one way or another. However, CARREP continued to maintain contacts with potential donors to get them increasingly interested in Central Africa programmes in favour of vulnerable people.

Constraints

Partner organizations, especially the United Nations, now prefer to work with the International Federation rather than directly with national societies. Efforts are being made at Federation level to achieve a change of behaviour and improve the quality of services rendered by Central Africa national societies to make sure that they become completely trustworthy in the eyes of partners by the next two to three years.

Contributing to longer-term impact

In 2008, increased efforts were made in the area of disaster preparedness. This was translated by the training of about 4,200 volunteers on community-based first aid, the setting up of national and community disaster response teams and the prepositioning of emergency relief materials within the region. Although most of the activities that were planned for 2008 were not carried out because of lack of funding, the Federation and its national societies in Central Africa also seized the opportunity of emergency operations (Chadian refugees in Cameroon, Meningitis in CAR, and Cholera in Congo Brazzaville) to build the operational capacities of the national societies involved. Cameroon Red Cross Society is now well prepared to face populations' movement, CAR and Congo Brazzaville Red Cross Societies for epidemics management, and the regional representation for the coordination of several operations at the same time, including working with an emergency response unit (ERU) water and sanitation team and ensuring the transfer of their responsibilities to the operating national societies. In the long term, these achievements will enable Central Africa national societies to provide more efficient and timely assistance to vulnerable people. Challenges that were identified will be used as lessons learned for future operations.

Looking ahead

Most activities planned for the first half of 2008 were not carried out because of lack of funding. Some activities were carried out during the second semester. Mindful of the achievements in 2008, the UNHCR in Cameroon decided to support the Cameroon Red Cross society through CARREP in providing assistance to CAR refugees in Cameroon. This operation will start in early 2009. For the coming year, priority will be given to community-based disaster and epidemic preparedness, capacity building of national societies and the fight against discrimination. Although the International Federation is out, the Chadian refugee operation in Northern Cameroon will continue with the support of UNHCR and other partners. Federation's efforts in 2009 will be concentrated in the CAR refugees operation in Eastern Cameroon. CARREP will maintain contacts with potential donors and plead with them to support its programmes.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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International Federation of Red Cross and Red Crescent Societies

MAA62001 - Central Africa

Annual Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/12
Budget Timeframe	2008/1-2008/12
Appeal	MAA62001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	715,754	1,080,115	483,995	448,262	363,610	3,091,736
B. Opening Balance	9,311	10,516	244	1,496	4,429	25,996
Income						
<u>Cash contributions</u>						
Canadian Government		2,493				2,493
Capacity Building Fund			20			20
Finnish Red Cross			0			0
Finnish Red Cross (from Finnish Government)			0			0
German Red Cross	48,450					48,450
Irish Government	106,569	102,829	65,659		38,060	313,117
Japanese Red Cross		4,868				4,868
Luxembourg - Private Donors				0		0
Norwegian Red Cross	138,100					138,100
Other	-6	-7,361	-111			-7,477
Spanish Red Cross					151,611	151,611
Swedish Red Cross	11,990	7,993	5,610	3,996	2,398	31,987
Swedish Red Cross (from Swedish Government)	315,494	239,559	185,307	89,085	131,454	960,899
C1. Cash contributions	620,597	350,381	256,485	93,081	323,523	1,644,068
<u>Outstanding pledges (Revalued)</u>						
Swedish Red Cross (from Swedish Government)	-87,700	-87,700	-78,930	-13,155	-30,695	-298,180
UNHCR (UN Agency)		0				0
C2. Outstanding pledges (Revalued)	-87,700	-87,700	-78,930	-13,155	-30,695	-298,180
<u>Inkind Personnel</u>						
Spanish Red Cross					74,400	74,400
C4. Inkind Personnel					74,400	74,400
C. Total Income = SUM(C1..C5)	532,897	262,681	177,555	79,926	367,228	1,420,288
D. Total Funding = B + C	542,208	273,197	177,799	81,422	371,657	1,446,283
Appeal Coverage	76%	25%	37%	18%	102%	47%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	9,311	10,516	244	1,496	4,429	25,996
C. Income	532,897	262,681	177,555	79,926	367,228	1,420,288
E. Expenditure	-490,827	-271,352	-177,329	-80,979	-332,541	-1,353,027
F. Closing Balance = (B + C + E)	51,382	1,845	470	443	39,116	93,256

Selected Parameters	
Reporting Timeframe	2008/1-2008/12
Budget Timeframe	2008/1-2008/12
Appeal	MAA62001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination			
A		B						A - B	
BUDGET (C)		715,754	1,080,115	483,995	448,262	363,610	3,091,736		
Supplies									
Clothing & textiles	10,000							10,000	
Food		6,806		1,539			8,345	-8,345	
Seeds,Plants	45,000	15,540					15,540	29,460	
Water & Sanitation	20,000	4,140	9,438				13,578	6,422	
Medical & First Aid	9,831	177	956				1,133	8,698	
Teaching Materials		313	15				328	-328	
Utensils & Tools	38,402	1,540	35	6			1,581	36,821	
Other Supplies & Services		515	815	48			1,377	-1,377	
Total Supplies	123,233	29,029	11,258	1,593			41,881	81,352	
Land, vehicles & equipment									
Computers & Telecom	6,563	11,438	6,194			1,032	18,665	-12,102	
Office/Household Furniture & Equipm.	21,905					-22,465	-22,465	44,370	
Total Land, vehicles & equipment	28,468	11,438	6,194			-21,433	-3,801	32,268	
Transport & Storage									
Storage	150,000	2,820	143			3	2,966	147,034	
Distribution & Monitoring		3,157				-2,194	963	-963	
Transport & Vehicle Costs	58,912	37,903	15,492	12,415	5,424	10,085	81,318	-22,405	
Total Transport & Storage	208,912	43,881	15,635	12,415	5,424	7,893	85,247	123,665	
Personnel									
International Staff	259,401	96,889	20,202	6,504	14,374	127,036	265,006	-5,604	
Regionally Deployed Staff	265,510	-4,496	1,369				-3,126	268,636	
National Staff	92,830	69,929	98,430	49,318	31,208	21,240	270,125	-177,295	
National Society Staff	943,678	56,864	45,726	49,151	300	37,607	189,648	754,029	
Consultants	80,800		735				735	80,065	
Total Personnel	1,642,218	219,187	166,463	104,973	45,883	185,883	722,388	919,830	
Workshops & Training									
Workshops & Training	431,838	46,159	13,369	14,837	2,958	42,926	120,248	311,590	
Total Workshops & Training	431,838	46,159	13,369	14,837	2,958	42,926	120,248	311,590	
General Expenditure									
Travel	70,766	26,571	9,413	16,881	6,102	20,269	79,237	-8,472	
Information & Public Relation	154,449	3,662	5,406	3,642	8,288	9,378	30,376	124,073	
Office Costs	79,751	53,646	24,277	18,121	5,481	27,538	129,063	-49,312	
Communications	89,301	20,106	19,934	129	2,078	5,069	47,316	41,985	
Professional Fees	-0	1,028	2,859	855		1,051	5,792	-5,792	
Financial Charges	12,000	-9,128	-8,573	-4,692	-499	3,304	-19,588	31,589	
Other General Expenses	49,838	-4,713		0		-2,220	-6,933	56,771	
Total General Expenditure	456,104	91,171	53,317	34,935	21,450	64,390	265,263	190,841	
Depreciation									
Depreciation						4,814	4,814	-4,814	
Total Depreciation						4,814	4,814	-4,814	
Programme Support									
Program Support	200,963	33,417	17,638	11,526	5,264	16,779	84,624	116,339	
Total Programme Support	200,963	33,417	17,638	11,526	5,264	16,779	84,624	116,339	
Operational Provisions									
Operational Provisions		16,545	-12,522	-2,950		31,290	32,362	-32,362	
Total Operational Provisions		16,545	-12,522	-2,950		31,290	32,362	-32,362	
TOTAL EXPENDITURE (D)	3,091,736	490,827	271,352	177,329	80,979	332,541	1,353,027	1,738,709	
VARIANCE (C - D)		224,928	808,763	306,666	367,284	31,069	1,738,709		