

Annual report



International Federation
of Red Cross and Red Crescent Societies

Central Africa Regional Representation

MAA62001

29 April 2011

This report covers the period 1st January 2010 to 31st December 2010.



In August 2010, Cameroon Red Cross volunteers supported by IFRC assisted flood-affected people in Pouss, Far North Region of Cameroon /IFRC

In brief

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

Programme summary: This annual report covers the 2010 activities of national societies of

Cameroon, Central African Republic (CAR), Equatorial Guinea, Gabon, Sao Tome & Principe and Congo Brazzaville. The latter has been restored to CARREP after being originally included as part of the Democratic Republic of Congo plan.

Financial situation: The original 2010 budget was CHF 3,750,003, of which CHF 2,767,325 (74%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,734,473 (99% of available funding, 73% of original budget) highlighting the funding shortfall as the main constraint in the implementation rate.

It should be noted that budget was revised at mid year to CHF 2,778,249 due to low appeal coverage at that time (see 2010 mid-year report) and later increased to CHF 3,427,470 to include the contribution of UNHCR for assistance to CAR refugees in Cameroon.

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

See also (insert related appeals here)

- [MDRCM008](#) (Measles in Cameroon)
- [MDRCM009](#) (Cholera in Cameroon)
- [MDRCM010](#) (Floods in Cameroon)
- [MDRCF007](#) (Floods in CAR)
- [MDRGA003](#) (Violent wind in Mouila, Gabon)
- [MDRGA004](#) (Chikungunya and Dengue Fever in Gabon)
- [MDRCG005](#) (Population movement in Congo Brazzaville)
- [MDRCG006](#) (Polio outbreak in Congo Brazzaville)
- [MDRGG001](#) (Fire in Malabo, Equatorial Guinea)
- [2010 mid-year report](#)

Number of people we have reached: In 2010, about 3,878,409 people benefited directly from secretariat-supported programme interventions, including 97,000 people from Disaster Management interventions and 3,781,409 people from Health interventions. These people reached included 81,000 CAR refugees in Cameroon, 250 beneficiaries of the DREF on fire in Malabo (Equatorial Guinea), 1,150 beneficiaries of the DREF on violent wind in Gabon, 49,009 beneficiaries of the DREF on chikungunya and dengue in Gabon, 800,000 beneficiaries of the DREF operation on cholera in Cameroon, about 17,000 beneficiaries of the DREF on Measles in Cameroon, 800,000 children aged 0 to 5 years for polio in CAR, 2,100,000 children aged 0 to 5 years in Cameroon for polio, 30,000 beneficiaries of AH1N1 preparedness in Cameroon, CAR, Congo Brazzaville, Gabon and Sao tome & Principe. It is expected that about the same number of people will benefit from activities planned for 2011.

Our partners: UNHCR continued to support Cameroon Red Cross for the assistance to Chadian and CAR refugees in the North, East and Adamaoua regions. A tripartite power agreement was signed between UNHCR/WFP/IFRC for the distribution of food and non-food items to CAR refugees in Cameroon. WFP renewed the agreement with IFRC for a nutrition programme targeting CAR refugees and host population in the East region of Cameroon. UNHCR also renewed its trust in Gabon Red Cross for the management of urban refugees in Gabon. The Federation shared information on emergency planning with Care Cameroon. The British DFID supported the H2P programme for 5 countries in Central Africa. Partner NS such as the Netherlands, Irish, Norwegian, Swedish, Japanese and Finnish Red Cross NS also supported CARREP's programmes. Other partners included the Bill & Melinda Gate Foundation, ECHO and EU-CEMAC. The Swedish, British, Monaco and Japanese NS supported the emergency appeal on polio outbreak in Congo Brazzaville. On behalf of all the National Societies, the IFRC would like to thank all partners and contributors for their response to this appeal.

Context

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

Meanwhile, CARREP was still yet to receive the first funding for its 2010 Plan by March. When funding started coming in, new emergencies occurred in Cameroon, Gabon and Equatorial Guinea, with measles and cholera outbreak in Cameroon, violent wind and Chikungunya & Dengue outbreak in Gabon, and fire in Malabo (Equatorial Guinea). For each of these emergencies, CARREP successfully assisted the respective national societies (NS) in the request for DREF funds, which enabled the NS to respond to the various disasters. The NS involved were left with very limited time to concentrate on the 2010 Plan as they were busy implementing these DREF operations.

Other events that somehow disturbed programme implementation included the celebration of 50 years of independence in Cameroon, Gabon, CAR and Congo Brazzaville. Fighting between armed groups and the national army in CAR also hindered the smooth implementation of activities as planned.

Progress towards outcomes

Disaster Management

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

Outcomes:

1. The NS of Cameroon, CAR and Gabon have disaster preparedness strategic plans, and their response systems are made operational through the updating of their population movement contingency plan and the finalization of the Cameroon-Chad-CAR cross-border contingency plan.
2. The Red Cross NS of Cameroon, CAR, Gabon, Sao Tome & Principe and Equatorial Guinea have put in place well-structured disaster management departments, with qualified and well-organized volunteers, through the creation of well-trained national and community disaster response teams (NDRT & CDRT).

Achievements:

It was initially planned to develop population movement contingency plans for Cameroon, CAR and Gabon in 2010. Nevertheless, the actual context in 2010 imposed some slight changes in the orientation of the contingency plans; thus, the following achievements were obtained in the various countries:

- In CAR, the most preoccupying situation in 2010 was the presidential and legislative elections; thus, CARREP and ICRC assisted the NS in developing a contingency plan to prepare the elections. This plan was actually used by CAR Red Cross volunteers during the elections that took place in December 2010. It enabled the NS to ensure good coverage of the elections that went on hitch-free.
- In Cameroon, the NS supported by CARREP contributed enormously to the revision of the national contingency plan initiated by Government and backed by the UN system in Cameroon. This national contingency plan focused on population movements, floods, and fire incidents in markets. The Red Cross and Red Crescent Movement played a key role in

this revision, the result of which will be published in 2011. In addition to this national contingency plan, there was also an interagency contingency plan backed by the UN system in Cameroon. The Red Cross also provided a commendable contribution to the development of this plan, especially by sharing the experience gathered in Cameroon during the operation to assist CAR refugees in East and Adamaoua regions. The final version of that contingency plan will also be published in 2011.

- In Gabon, CARREP supported the NS to develop a contingency plan focussing on violent wind and floods that stand out as the most recurrent natural disasters in the country. In fact, for the past three years, violent wind and floods have caused serious damages in several parts of Gabon, and IFRC has allocated DREF funds on several occasions to respond to those emergencies. The Gabonese Red Cross contingency plan has been integrated in the national contingency plan of Gabon, which also focuses on violent wind and floods. In 2010, CARREP also participated in the development of the national contingency plan of Gabon alongside with the NS.
- Although Sao Tome & Principe Red Cross had not planned to develop a contingency plan in 2010, the NS had to follow the trend of Government that revised its contingency plan focussing on floods, technological disasters (management of toxic wastes) and epidemics. This government's initiative was backed by the UN system and other humanitarian partners in Sao Tome and Principe. CARREP supported the NS to develop their own contingency plan, which was integrated in the national contingency plan.
- At regional level, the process to develop a Cameroon-Chad-CAR cross border contingency plan on population movement was started as planned in CARREP's 2010 plan. However, in addition to Cameroon, Chad and CAR, this plan was extended to the Republic of Congo, the Democratic Republic of the Congo (DRC) and Gabon given the 2010-2011 context within the region. In fact, presidential elections are either planned to take place in these countries in 2011, or they are in a geographical position to probably welcome refugees from neighbouring countries were elections will be organized. The workshop to brainstorm on this plan was attended by participants from the countries highlighted above, and also from the UN system in Cameroon (UNDP, UNHCR, WFP, and WHO. All the participants contributed fully to the success of the operation, and the result (the final version of the cross border contingency plan) is expected to be published during the first quarter of 2011.

As far as the capacity building of the NS' disaster management departments is concerned, the following achievements were obtained:

- A national disaster management response team (NDRT) was trained and set up for the CAR Red Cross society. The training that was facilitated by CARREP and ICRC was for 24 volunteers from the 16 sub prefectures that make up the CAR. The executives heading the technical departments of CAR Red Cross were also trained as NDRT members.
- A national disaster management response team (NDRT) was trained and set up for the Cameroon Red Cross society. The team is composed of 30 volunteers from the 10 regions that make up Cameroon. The executives heading the technical departments of Cameroon Red Cross were also trained as NDRT members.
- In order to consolidate the disaster response database of CARREP, a new batch of regional disaster response team (RDRT) members was trained in July 2011. The 25 trainees came from 7 NS (Cameroon, Congo Brazzaville, DRC, Chad, Equatorial Guinea, Gabon and CAR) out of the 8 that make up Central Africa. The participants from Sao Tome & Principe failed to attend despite being invited. Nevertheless, those who participated received basic training for RDRT members, with modules ranging from disaster management, health in emergencies, water and sanitation in emergencies, logistics and finance to planning and reporting. Partners such as ICRC and WFP attended the training and contributed substantially for the smooth preparedness of the trainees.

After the respective trainings, the NDRT and RDRT members were deployed on several occasions in 2010 to practice what they had learned. In fact, while some were deployed to cover the floods and cholera operations in Cameroon, others were deployed for the floods operation in CAR.

It is planned that after the NDRT members in Cameroon and CAR, community disaster response team (CDRT) members will be trained in 2011 in both countries. In addition, RDRT members will be trained in Equatorial Guinea and Sao Tome & Principe in 2011. Retraining sessions may also be organized for Gabon and Congo Brazzaville, as well as for RDRT members, the objective being to have well-trained and ready-to-intervene workforce for subsequent Red Cross interventions in Central Africa.

The various trainings contributed to strengthening the operational capacities of the respective national societies. This was a contribution to the full development of national societies.

Constraints or Challenges:

The major constraint for this programme component is the fact that it has been extremely difficult to find the ideal solution to build the loyalty of trained human resources and retain them in NS. Consequently, CARREP is always faced with the scarcity of able hands to deploy in emergencies within the region. We believe that training a good number of resources on a yearly basis could be a solution. However, focus should be on having multidisciplinary teams such as RDRT logistics, shelter, WATSAN, Health, etc. All of this requires appropriate funding.

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

Outcomes:

1. All six NS covered by this plan have updated their risk maps, and respective communities have a better understanding of disaster risks and threats within their environment and have developed more efficient preventive actions.
2. Thanks to the support of the NS of Gabon and Cameroon, the communities of targeted areas at risk have carried out disaster, illegal migration and food insecurity risk reduction activities.

Achievements:

Out of the 5 countries targeted, only 2 (Cameroon and CAR) have been able to update their risk maps. This is because the Cameroon and CAR NS seized the opportunity of the training of their respective NDRT to update the maps. In fact, during the training, each of the two NS brought together volunteers from all of their respective local committees, and as such, it was easier to identify the various risks in the country. In addition, a vulnerability and capacity assessment (VCA) was conducted in 3 sub prefectures of CAR with support from the Swedish Red Cross. This VCA enabled the development of an integrated community-based health project, which has been submitted to the Swedish Red Cross for funding.

As far as disaster risk reduction is concerned, CARREP and the IFRC's Sahel Regional representation supported Cameroon Red Cross within the framework of their efforts to tackle climate change in Cameroon. In fact, a training workshop on climate change was organized in Mbalmayo (Cameroon) for 22 Red Cross volunteers who came from all 10 regions of Cameroon. During the workshop, the trainees developed climate change communication tools with the support of the facilitators (IFRC, the National Risk Observatory of the Cameroon's Civil Protection, and the National Weather Directorate). Such tools included a bilingual leaflet (English and French) on climate change, which was proofread by IFRC and put at the disposal of Cameroon Red Cross to be used for sensitizing the population on climate change in Cameroon.

CARREP's disaster management department also contributed in a training of Cameroon Red Cross volunteers on the restoration of family links (RFL), which was conducted by ICRC. The volunteers were trained to become Cameroon Red Cross RFL focal points as part of the efforts to manage migration.

The workshops on climate change and migration contributed to strengthening the operational capacities of Cameroon Red Cross volunteers. The presence of other partners such as the UN system and Government representatives in those workshops improved the visibility of the Red Cross and consolidated Cameroon Red Cross' position as auxiliary to Government.

Constraints or Challenges:

The many emergencies that occurred in 2010 did not leave enough time to organize workshops in all the countries and update their risk maps. Nevertheless, some aspects of risk maps were taken into consideration when revising the contingency plans for Gabon and Sao Tome & Principe NS.

CARREP could have produced the leaflets on climate change in several local languages in Cameroon had there been sufficient funding. It is believed that the leaflets will be more effective for the sensitization if translated into local languages.

Programme component 3: Disaster response and recovery

Outcomes:

1. All the Red Cross NS of Central Africa covered by this plan have responded rapidly and efficiently to emergencies 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.
2. In collaboration with their partners within and outside the Movement, the Red Cross NS of Cameroon, Gabon and CAR have developed an efficient population movement management strategy (including refugees and internally displaced persons) within their respective territories, and have good coordination of their efforts when responding to an emergency.

Achievements:

In 2010, CARREP assisted 4 NS of Central Africa in their efforts to respond rapidly and efficiently to emergency situations. In fact, DREF allocations were obtained for the response to floods in Cameroon and CAR, fire incident in Equatorial Guinea, and violent wind in Gabon. This contribution enabled the Red Cross of Equatorial Guinea to assist 92 families, i.e. 460 most vulnerable people affected by fire in Malabo. (See Final Report on MDRGQ001) The DREF allocation enabled the Gabonese Red Cross society to assist 230 families, i.e. 1,442 people identified as the most vulnerable people affected by violent wind in Mouila. (See Final Report on MDRGA003) With the DREF funds, Cameroon Red Cross assisted the most vulnerable 600 families, i.e. 3,000 people affected by floods in Pouss. (See Final Report on MDRCM010) CAR Red Cross assisted the most vulnerable 330 families, i.e. 1,650 people affected by floods in Bossangoa, Nanga-Boguila and Soumgbé. (See Final Report on MDRCF007) All of these DREF operations were supervised by the members of the newly trained RDRT team for Central Africa; one of them was deployed in each country to cover the operation on behalf of IFRC (CARREP).

In Cameroon, CARREP continued to support the NS within the framework of the operation to assist the more than 80,000 CAR refugees who are scattered in the East and Adamaoua regions of Cameroon, with UNHCR and WFP funding. CARREP also maintained good relationships with government authorities in charge of emergency and disaster management, which facilitated the deployment of both the staffs and relief items, and paved the way for smooth disaster preparedness.

The various Red Cross interventions highlighted above contributed to strengthening the disaster management capacities of the communities concerned. In fact, sanitation kits were distributed to the population, which will enable them to continue keeping their environment clean even long after Red Cross intervention. Moreover, community members participated actively in Red Cross interventions, thereby acquiring disaster management know-how. The interventions also

contributed to improving the visibility of the respective NS not only before Government and partners, but most importantly before the communities of beneficiaries.

Constraints or Challenges:

The main challenge CARREP faced in all its interventions was trying to balance the relief supplies and the support costs. This has always been a very difficult task given the distances between Yaoundé (CARREP's base) and the various localities affected. In most cases, the items needed are only available in Cameroon, and the local prices are too high; thus the need to order from Geneva. However, when ordering from Dubai, transport costs will definitely rise. In order to save intervention time, a warehouse has been opened in Yaoundé. The remaining unsolved problem is the transport cost from Dubai to Yaoundé and from Yaoundé to the affected localities. We believe that the solution would be to consider including transport costs in relief supplies.

Health and Care

Programme component 1: HIV and AIDS

Outcomes:

1. Four hundred and sixty STI or HIV-positive sex workers have received appropriate treatment after communication for the change of behaviour (CCB) activities carried out by Red Cross volunteers in Cameroon and CAR.
2. The institutional capacities of 6 community organizations of sex workers are enhanced in Cameroon and CAR.
3. The living conditions of 200 PLWH are improved through home care and support for the implementation of income-generating activities (IGA) in Gabon, CAR, and Sao Tome & Principe.
4. At least two "Clubs 25" for blood donation are set up in Gabon and Cameroon.
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.
6. The discrimination and stigma against PLWH in Central Africa and against people affected by genetic diseases in Gabon is reduced thanks to the action taken by the Red Cross.

Achievements:

Within the framework of a cooperation agreement between the Gabonese and French Red Cross national societies (NS), a programme to provide psychosocial and community support to PLWH was implemented in the outpatient treatment centres of Libreville and Port-Gentil. The results of this implementation were as follows:

- Conduct of 214 PLWH home visits
- Sensitization of 826 PLWH members of 189 talk groups
- Preparation and distribution of 195 community meals to 289 PLWH
- Tracing of 11 defaulter patients

Within the framework of the Global Alliance Project on HIV in CAR, 50 Red Cross volunteers were trained in 2010 on Information, Education and Communication (IEC) and on how to treat and support PLWH, with support from the Finnish Red Cross. These volunteers conducted 25,412 educative talk sessions, sensitizing 12,044 female sex workers (*filles libres*), providing them with counselling on HIV/AIDS, and encouraging them to go in for voluntary HIV screening test. The bulk of activities to support PLWH were carried out at the Nutrition unit of the Bangui Community Hospital, and contributed to improving the living conditions of 2,453 PLWH in 2010.

In Cameroon, 60 Red Cross volunteers were mobilized for the implementation of the PROLUSIDA project along the Douala-Bangui and Douala-N'Djamena corridors, with support from the European Union through CEMAC. These volunteers supported by IFRC organized 2,513 educative talk sessions in 2010, reaching 96,449 people with the information on HIV transmission and prevention.

The people reached included 9,769 truck drivers, 11,535 *filles libres*, and the surrounding population. Red Cross volunteers also facilitated the organization of 2 HIV screening campaigns in the Mandjou and Mbé sites of PROLUSIDA. As a result of this activity, 1,246 people now know their serological status; which represents a revolution given that in other sites of the project, only pregnant women know their serological status as they are systematically tested during prenatal consultations as part of the efforts to prevent mother-to-child transmission of HIV. Moreover, following clinical examination, 2,427 people were tested positive with sexually transmitted infections (STIs) and treated. Other achievements of PROLUSIDA included the strengthening of the operational capacities of the health centres working with the project. In fact, 10 workers of those health centres were trained on how to manage people with STIs. The medical and health equipment that was purchased in 2009 was distributed to health centres in 2010 based on their respective needs.

Still in connection with PROLUSIDA, 300 *filles libres* (10 associations of 30 *filles libres* each) were mobilized by Red Cross volunteers along the Douala-Bangui and Douala-N'Djamena corridors. 3 of the 10 associations started implementing income-generating activities (IGA) funded by PROLUSIDA in 2010; and it is anticipated that while corrective actions will be taken to improve the first 3 IGA, the initiative will be extended to the remaining sites of the project in 2011.

Constraints or Challenges:

Out of the 6 outcomes of the HIV components highlighted above, 4 have been reached (1, 2, 3 and 6). The outcomes number 4 and 5 have not been reached because CARREP received earmarked funding not targeting those two results in 2010.

Programme component 2: Community-based health and first aid

Outcomes:

1. RC volunteers and community voluntary workers in the Central African countries are actively engaged in sensitization campaigns and work with community-based health and first aid programmes (CBHFA) tools developed at individual country or Movement levels.
2. An increased number of children attending anti-measles and polio massive immunization campaigns are reached through the sensitization of targeted communities by the NS of Central Africa.
3. Access to sanitation services is improved in Equatorial Guinea through the construction of 50 latrines.
4. Access to potable water is improved in Equatorial Guinea through the rehabilitation of 25 water points.
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.
6. Fifteen thousand people targeted actually sleep under Long Lasting Impregnated Mosquito Nets (LLIMN) following communication for the change of behaviour (CCB) campaigns and home visits activities carried out by the NS of Central Africa.
7. Fifteen thousand families are trained by the NS of Central Africa on home management of malaria cases.
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.
9. Sixty excision practitioners have abandoned the practice of female genital mutilation (FGM), thereby contributing to improving the health of women and girls in Cameroon and CAR.
10. The capacities of three community-based organizations of ex-excision practitioners are built in Cameroon and CAR.
11. Malnutrition is reduced in refugees and host populations in Cameroon.

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

Achievements:

As a contribution to popularizing the community-based health and first aid (CBHFA) approach in Central Africa, CARREP organized 3 workshops in Cameroon, CAR and Congo Brazzaville respectively to train CBHFA experts and facilitators. About 20 CBHFA experts and facilitators were trained in each of the countries. Moreover, CARREP facilitated the participation of 14 Red Cross volunteers from the NS of Cameroon, CAR, Congo Brazzaville, DRC, Chad, Sao Tome & Principe, and Gabon to a workshop in Dakar, Senegal, to train them on the use of new tools for community-based malaria control. After that training, each NS received a comprehensive community-based malaria prevention kit composed of about 100 books and images. The books and images were on topics such as scaling up malaria prevention, how to install long-lasting insecticide-treated mosquito nets (LLITN), community-based malaria prevention, IEC for volunteers, and community-based volunteers supervision. The kits also comprised a tool kit for organizing integrated campaigns aimed at encouraging the distribution and use of LLITN.

In 2010, CARREP continued to work in close collaboration with Roll-Back Malaria (RBM) in her capacity as a member of the coordination committee. In addition to routine activities coordinated via teleconferences and meetings, CARREP provided technical support for resolving the deadlock situation that was preventing the release of round 5 of the Global Funds' subsidies for malaria control in CAR. CARREP also started negotiations with RBM to host their Central Africa Regional Office as from 2011.

As far as anti-measles immunization is concerned, WHO confirmed 2 cases of measles at the Chadians refugee camp in Langui (Cameroon) on 3 February 2010, thereby kick-starting the response operation that lasted from 3 to 7 March 2010. In fact, on that occasion, Cameroon Red Cross supported by CARREP mobilized the population in and around the camp, encouraging them to get their children vaccinated against measles. Cameroon Red Cross deployed 7 supervisors, 26 vaccination agents and 127 volunteers and social mobilization agents for the campaign. These Red Cross staffs obtained the following results:

- **At the Langui camp:** 304 households visited, 534 children from 6 to 59 months vaccinated (97.27% coverage)
- **In the 4 health areas surrounding the Langui camp:** 22,865 households visited, 12,576 children vaccinated (75.93% coverage).

The immunization coverage rate set at above 90% was notably exceeded within the Langui camp, and this explains why the spread of the epidemic was stopped.

The first round of the synchronized anti-polio local immunization day (LID) in Cameroon and CAR took place in April 2010 and was targeting 2,171,056 children from 0 to 59 months in Cameroon, and 8,00,000 children from 0 to 59 months in CAR. In CAR, the NS mobilized 600 volunteers, 60 local supervisors, 17 regional supervisors and 1 central supervisor for the anti-polio campaign. Cameroon Red Cross mobilized 650 volunteers, 37 local supervisors and 4 regional supervisors to facilitate the anti-polio immunization campaign in the Adamaoua, North, Far North and East regions. Red Cross volunteers carried out social mobilization activities that contributed to increasing the coverage rate to more than 100%. IFRC's Regional Health Coordinator in Central Africa conducted an independent monitoring of the 2nd round of the anti-polio campaign in Cameroon in partnership with WHO, and the results achieved met the satisfaction and congratulations from partners and the Ministry of Public Health through an official letter by WHO representative in Cameroon. This monitoring facilitated the vaccination of some children that had been left out in some poorly covered localities such as the health districts of Garoua 1 (6 children), Garoua 2 (4 children), Lagdo (4 children) and Touboro (8 children). The immunization was restarted in some health districts based on monitoring results.

In December 2010, Cameroon Government organized the Child and Mother Health and Nutrition Action Week (CMHNAW) known in French as SASNIM (*Semaine d'action de santé et de nutrition infantile et maternelle*). The CMHNAW was organized at the same time with the 2nd round of the anti-polio LID from 9 to 12 December 2010. Thanks to the social mobilization efforts made by the volunteers of Cameroon Red Cross, the immunization recorded a resounding success with 90.68% children from 0 to 59 months vaccinated in the Adamaoua region, 96.34% in North region, and 101.69% in the Far North region. In the East region, out of the 2,171,056 children from 0 to 59 months that were targeted, 2,289,366 (105.45%) were actually vaccinated, as compared to 2,203,050 (101.47%) during the first round. Among the children vaccinated were 476,042 children from 0 to 11 months, i.e. 98.67% of the children vaccinated, as compared to 438,618 children of the same age (90.9%) during the first round; with the East region recording the lowest rate in this age range (86.9%). The 1,290 Red Cross volunteers that were deployed by Cameroon Red Cross with CARREP's support in the 4 regions targeted contributed to reaching a significant number of children that had not been vaccinated since they were born. In fact, they discovered 2,624 such children from 0 to 59 months and got them vaccinated in the Adamaoua region. They did the same for 7,307 children in North region, 14,173 children in far North region, and 419 children (1.43% of the targeted population) in the East region.

As a contribution to putting in practice the Community-based health and first aid approach (CBHFA), the Manyu divisional committee of Cameroon Red Cross implemented a community-based project to fight against malaria and female genital mutilations (FGM) in 2010. Prior to the implementation of the project, 23 Red Cross volunteers were trained on modules 1, 2 and 3 of the CBHFA approach and on specific themes relating to the fight against malaria and (FGM). The achievements of that project included the purchase, distribution and installation of 4,000 LLITN to the population of the Mamfé health district. These same populations were also sensitized on the harmful effects of FGM.

Another contribution by Cameroon Red Cross to the popularization of the CBHFA approach was within the framework of the implementation of the project to assist CAR refugees in the East and Adamaoua regions of Cameroon, which is supported by UNHCR through CARREP. Concretely, the Red Cross has been strengthening the operational capacities of the health centres involved in the project, facilitating the vaccination of targeted populations and referring patients to health centres, all of this using the CBHFA approach. Cameroon Red Cross has also been implementing a project to combat malnutrition in the favour of CAR refugees in Cameroon with the support of WFP through CARREP. The role of the Red Cross in that project is to conduct screening in the field, management of moderate or non-complicated severe malnutrition cases, active search for lost to follow-up cases, and support for compliance.

A malaria control project was implemented in the Moyen Ogoûé and Woleu Ntem provinces of Gabon, within the framework of which Red Cross volunteers distributed 1,500 LLITN to the population. The volunteers also sensitized the population and got them involved in sanitation activities as a strategy to help them own the activity. The houses of the families that received the LLITN were also disinfected in August, September, October, November and December 2010.

In CAR, 30 Red Cross volunteers were trained on the CBHFA in action approach, with special emphasis on malaria, AIDS and FGM. The training workshop took place in Boali from 8 to 14 November 2010. After the training, Red Cross volunteers went on sensitizing the population to the importance of keeping their environment clean. As a result of this sensitization, 50,000 inhabitants in the Ombella M'poko health prefecture conducted a sanitation campaign together in the towns of Boali, Bossembélé, Yaloké, and Damara towns. This campaign was aimed at preventing the spread of malaria vectors in their respective localities. Red Cross volunteers also conducted home visits during which they presented malaria prevention messages to the population and showed them how to properly install and use LLITN.

In Sao Tome & Principe, 35 trained Red Cross volunteers sensitized the Mé-Zochi and Lobata populations on how to prevent malaria, and distributed them LLITN. These volunteers then toured the houses of the beneficiaries to ensure that the LLITN are properly used. The Red Cross society of Sao Tome & Principe also developed 2 spot announcements on malaria prevention and control, which is broadcasted regularly on the national television TVS.

Constraints or Challenges:

Female excision workers were not willing to work with the Red Cross as they were being chased by police because a girl had recently died as a result of FGM. There is the fear that the women practicing FGM will continue to do so in the dark. They have not been properly sensitized. They have not even been identified and trained, as one component of the FGM project was to identify women practicing FGM, sensitize them to the harmful effects of their activity, and train them on alternative income-generating activities (IGA) to help they quit FGM. However, this component of the project has been carried forward to 2011. Advocacy activity will need to be carried out to involve the police in the project in one way or the other.

Programme component 3: Emergency health

Outcomes:

1. The NS of Central Africa are well prepared and equipped to respond to various epidemic outbreaks, notably cholera in Cameroon, Equatorial Guinea and Sao tome & Principe, meningitis in Cameroon and CAR, Ebola in Gabon, yellow fever in CAR, and Chikungunya in Gabon.
2. All disaster-prone areas covered by Central African NS are provided with a detailed mapping showing the types and characteristics of recurrent health problems (sickness epidemics, difficult access to health facilities, treatment opportunities and referral services).
3. Ten thousand households in areas at risk targeted in Cameroon, CAR and Gabon know the signs and symptoms of emergent and re-emergent diseases like avian flu or AH1N1 through the implementation of the Community-based health and first aid (CBHFA) programme.
4. An emergency stock of drugs, IEC and protection materials is built up and prepositioned at CARREP level in Yaoundé to be distributed when necessary.

Achievements:

In 2010, the Far North and North regions of Cameroon experienced the most serious cholera epidemic in Cameroon for several decades. By the 52nd epidemiological week (30 December 2010), i.e. 238 days after the outbreak of the disease, 9,399 cases and 599 deaths had been registered in Far North region, i.e. a 6.37% lethality rate. Cameroon Red Cross supported by CARREP deployed 495 volunteers who reached 1,044,511 beneficiaries with the following services: sensitization, referral, and even management of some cholera cases, water treatment, and equipment of restaurants with hand-washing kits, hygiene promotion, sanitation and organization of village committees.

As from April 2010, there were two outbreaks of chikungunya and Dengue fever respectively in Gabon. Laboratory tests revealed that 303 cases were positive with chikungunya, and 84 with Dengue. Although no death was registered, the number of cases kept on increasing and reached 443 cases of chikungunya and 108 cases of Dengue Fever in late May 2010. 15 co-infections (both epidemics) were also identified in early June 2010. The Gabonese Red Cross society supported by CARREP conducted an operation to assist the people affected by both epidemics (See final report on the DREF number MDRGA003 in Gabon).

In Congo Brazzaville, CARREP assisted the NS with the response to polio outbreak as from October 2010. An emergency appeal on polio outbreak was prepared in collaboration with the national society and was covered to the tune of 30%. Thanks to Red Cross intervention, about

95% of the people targeted were actually vaccinated after the second round of the immunization campaign by end of December 2010.

A pilot project to sensitize the population on avian flu AH1N1 was implemented in 2010 in Cameroon, CAR, DRC, Sao Tome & Principe, Gabon and Congo Brazzaville. In order to facilitate this sensitization, IFRC (CARREP) published and distributed 1000 posters to each of these NS. In Gabon, 47 volunteers were trained on AH1N1 sensitization, including 20 volunteers in Tchibanga, 10 in Lambarene and 17 in Mouila. CARREP provided technical support for these NS for preparing their proposals, which they submitted to the H2P Manager. However, the needs were not the same in each NS. In fact, while Congo Brazzaville, Gabon, Cameroon, CAR and Sao Tome & Principe needed support for developing technical sheets for the designing and production of IEC materials and drafting the request of payment letters, DRC needed a more important support; especially for developing IEC materials, and organizing volunteers deployment to their respective communities for 6 months.

CARREP has been keeping a stock of BHC primary health centre ready to be deployed as the case may be. This stock comprises equipment, drugs and accessories.

Organizational Development/Capacity Building

Programme component 1: Supporting NS organizational development process

Outcomes:

1. The NS of Gabon, CAR and Equatorial Guinea have improved their resources management, strategic planning and management capacities.
2. The NS of Cameroon, CAR, Gabon, Equatorial Guinea and Sao Tome & Principe are coached within the framework of the process to consolidate their legal bases through the promotion of integrity based on transparency and accountability mechanisms.

Achievements:

The Regional Representative and the Programmes Coordinator conducted 13 support missions to Gabon, CAR, Congo Brazzaville, Equatorial Guinea and Sao Tome & Principe. They also visited the East region of Cameroon where CAR refugees are being assisted with support from the UNHCR. Those missions enabled them to assess the humanitarian and institutional situations in those countries, identify capacity building gaps and identify possible solutions. As a result of those missions, some relevant actions to develop those national societies have been identified.

Thanks to the support provided by the Central Africa Regional Representation (CARREP), six projects have been submitted and are funded for 2010-2011. These projects include Food security, fight against HIV, and community-based health in CAR, an emergency appeal to respond to the polio outbreak in Congo Brazzaville, and a project submitted to UNHCR to consolidate the assistance to DRC refugees in Likouala (Congo Brazzaville); a project submitted to UNHCR to assist CAR refugees in Cameroon. 8 DREF operations have also been implemented in Cameroon, Gabon, Equatorial Guinea, CAR and Congo Brazzaville. CARREP also supported the Red Cross national society of Sao Tome & Principe with the rehabilitation of 7 houses for old people.

A vulnerability and capacity assessment has been conducted in CAR. This facilitated the identification of the needs of communities, and will also serve as baseline information for the 2012-2015 strategic planning of the NS.

There has been a total restructuring of the General Secretariat of the Congolese RC. The posts of the General Secretariat were opened and a fair recruitment process was carried out. Administrative

and Human Resources procedures have been put in place to ensure a stable General Secretariat that functions well, with established procedures. This was done with the support of IFRC.

The technical staffs of Cameroon, Congo Brazzaville, DRC and CAR NS have been trained on administrative, logistics and financial procedures following the learning-by-doing approach. After the training, management tools were put at the disposal of the NS, and this enabled them to improve on their own way of managing funds and submitting good quality supporting documents in time. The quality of narrative and financial reports has also improved, though more efforts need to be made.

Programme component 2: NS leadership and management development

Outcomes:

1. The presidents of all 6 NS covered by this plan are trained on leadership, and on programme coaching and support.
2. The secretary generals of the NS of Cameroon, Gabon and Congo Brazzaville are trained on leadership; the NS of Cameroon, CAR and Gabon are engaged in the CAS process, and the NS of Cameroon, CAR, Congo Brazzaville and Equatorial Guinea have evaluated their respective programmes, with a view to set up management teams capable of establishing sustainable organizations in the respective NS.
3. The management and human, financial and material resources management capacities of the NS of Cameroon, CAR and Congo Brazzaville are improved.

Achievements:

Two COSNAC meetings have been organized in Gabon and DRC. The one in Gabon brought together all 8 NS of Central Africa and other partners (within and outside the Movement). It served as a forum to discuss and adopt the new IFRC strategy of action within the region. It also facilitated the exchange of success stories and failures from the various NS. The second one that brought together the President and Vice President of COSNAC, IFRC Regional Representative and Programmes coordinator, as well as the newly recruited COSNAC Executive Assistant served as a forum to discuss the plan of action of COSNAC for 2011 and 2012.

The IFRC is looking forward to launch a meeting for NS SG and Programmes Coordinators scheduled for April 2011 and aiming at ameliorating NSs skills in project management and planning. Also during this workshop, participants will work on the production of a standardized manual of procedures for the region.

As part of IFRC support to COSNAC, CARREP technical staffs conducted 6 missions to various countries of Central Africa. In fact, the Regional IT officer went to Gabon, Congo Brazzaville, DRC and Cameroon. The Regional Administration and Human Resources Officer travelled twice to Congo Brazzaville. The Regional Programmes Coordinator travelled to Congo Brazzaville, DRC and CAR, and the Regional Representative went to Gabon, Congo Brazzaville and DRC. The Regional PMER/Communications Officer also travelled to Gabon and CAR. All of these IFRC staffs helped the respective NS put in place or improve on their communication system, restructure their respective secretariat general, and improve on their planning and management capacities. They also contributed to solving a certain number of institutional issues.

IFRC also created a website for COSNAC, and the NS are currently being trained on how to use and animate the website

Seven regional resource persons (RR) have been deployed in the various countries of Central Africa to support the implementation of emergency operations and some specific projects. In fact,

- In Cameroon two RR from the Chad RC and Equatorial Guinea RC were deployed for cholera epidemic and floods
- In Gabon a RR managed the Chikungunya and Dengue DREF operation

- In the Republic of Congo, two Regional Resources were involved in the polio project.
- CARREP welcomed the Programmes Coordinator (PC) of Chad Red Cross for an on-the-job training that lasted for 2 months. Through field visits and discussions with staff members in Cameroon, the PC learned new ways, which he said would be useful for the development of his national society back in Chad.

A protocol of deployment and management of Regional resources has been put in place by the COSNAC Executive office so as to ensure a fair and ameliorated management of the said resources.

IFRC maintained permanent contacts with partners to update them on the progress of programmes.

Thanks to IFRC support, NS developed pertinent projects that have been submitted and discussed with partners. IFRC has received funding and pledges from potential partners (PNS, UN, governments and local partners). IFRC contacted new partners and submitted the pertinent projects developed by NS to them for funding. Funding and pledges have been received from non-traditional partners such as the Japanese government and the Red Cross of Monaco, etc.

Programme component 3: Volunteering development

Outcomes:

1. National volunteer management policies are developed and implemented by the NS of Gabon, CAR and Congo Brazzaville; and the volunteers of the NS of Cameroon, Gabon, CAR and Congo Brazzaville are insured.
2. The NS of Equatorial Guinea, Sao Tome & Principe and Gabon are supported in their processes to develop a volunteer management system in emergencies.
3. The NS of Cameroon, Gabon, Equatorial Guinea, Congo Brazzaville, CAR and Sao Tome & Principe have implemented activities to promote volunteering ahead of the celebration of the year of volunteering in 2011.

Achievements:

Indicated above under Disaster Management and Health and Care

Programme component 4: Youth

Outcomes:

1. The NS of Congo Brazzaville, CAR and Gabon have developed and implemented youth development policies, and the NS of Gabon, Sao Tome & Principe and Equatorial Guinea have set up youths coaching and animation structures through peer education, non-formal education and exchanges among peers of various generations.

Achievements:

Indicated above under Disaster Management and Health and Care

Constraints or Challenges:

A major issue influencing programme implementation in this area was the abolishment of programme positions in Organizational Development/Capacity Building and Principles and Values. In order to solve the problem, all capacity building and principles and values objectives and activities were shifted to relevant Health and Care (H&C) and Disaster Management (DM) components, and corresponding achievements are highlighted under the under the H&C and DM programmes above. It should be noted, that achievements also derive from activities carried out by the Regional Representative who arrived in April 2010, and the Regional Programmes Coordinator who arrived in September 2010.

PMER capacity building

Outcomes:

1. The leaders of Red Cross NS in Central Africa have understood the essential role of PMER within the process of their conversion into well-functioning NS.
2. The PMER Officers of the NS of Central Africa are well trained on PMER techniques and actually use their know-how on behalf of their respective NS.

Achievements:

Since his arrival in Cameroon in April 2010 to take over his functions as the new CARREP's Regional Representative, Mr Denis DUFFAUT has toured Cameroon, Congo Brazzaville, Gabon, Equatorial Guinea, Central African Republic, and Sao Tome & Principe NS on several occasions. During his various missions, he explained the relevance of PMER to NS and the need for them to designate someone to hold that position in their respective NS. The result of his advocacy has been outstanding as the Presidents of all the NS said henceforth, their Communication officers will be the focal points for PMER. The COSNAC meeting that took place in Gabon in October 2010 was used as an occasion to stress the importance of PMER to Red Cross action.

As far as PMER capacity is concerned, CARREP's PMER/Communication Officer went to Gabon to train not only the communications officer, but also all programme officers of the NS on planning and reporting. The participants (18) to the training included programme officers at national headquarters, and some programme officers from the Libreville local committees of Gabon Red Cross. As a result of this training, Gabon Red Cross staff members produced all the reports requested on two DREF Operations in their country, namely the one on violent wind in Mouila and the DREF on Ebola and Dengue Fever. CARREP's PMER/Communications officer did not have difficulties editing those reports. The planning knowledge acquired also enabled the national society to efficiently plan the DREF on Dengue and Chikungunya, which has been implemented and reported on accordingly using IFRC templates.

The NS of Cameroon, CAR and Congo Brazzaville have also been trained on planning and reporting. Since the approach adopted was learning by doing, IFRC seized the opportunity of DREF implementation in these countries to train both national society staffs and volunteers on planning and reporting. Considering that PMER was not yet a tradition for Central Africa national societies, CARREP decided to first stress on planning and reporting in 2010. Focus in 2011 will be on Monitoring and Evaluation with the support of partners.

Constraints or Challenges:

The major constraint here is the fact that the PMER focal points identified by NS are too busy with communications duties. A good solution to that would be to get the NS identify new people to concentrate only on PMER. However, they have already pointed out their difficulty to get funds for the salaries of such people. CARREP's efforts will thus be to look for partners who are willing and ready to support PMER capacity building in Central Africa.

Principles and Values

Programme component: Targeted programmes on gender, violence and discrimination

Outcomes:

1. Discrimination and social exclusion are reduced, and human dignity is respected in Gabon.
2. Girls living in areas with low education level in CAR are identified and registered in schools and in vocational training centres, with the approval of their parents.
3. FGM are reduced in Cameroon and CAR.
4. The right of deaf-mute children to go to school is respected in Equatorial Guinea.
5. The dignity of old people is respected and their living conditions and management are improved in Sao Tome & Principe.
6. Gabonese Government authorities are sensitized and encouraged to develop and implement policies aimed at combating child trafficking, and the populations in Cameroon and Congo Brazzaville (2010), CAR and Equatorial Guinea (2011), know the consequences of illegal migration.

Achievements:

The FGM project in Cameroon was successfully conducted in the South West region where about 50 women practicing FGM were identified and sensitized to the harmful effects of the practice. Efforts to help those women abandon FGM are expected to continue in 2011, especially in the form of the promotion of income-generating activities.

In Equatorial Guinea, the NS continued to run a school for deaf-mute children; thereby securing their right to go to school like other children. Such efforts to combat social exclusion and discrimination were also made in Sao Tome and Principe where the NS continued to take care of old people with the funds accruing from the exploitation of the *Totoloto* national lottery.

Following mainstreaming of principles and values, other achievements are indicated above under Disaster Management and Health and Care

Constraints or Challenges:

As mentioned, unlike the successes of the similar project in Cameroon, the CAR FGM project could not reach women practicing excision as they feared arrest by police who were actively pursuing practitioners following the death of a girl from excision.

In 2010, no funding was received for Principles and Values activities in Central Africa. Consequently, CARREP had to integrate some of the planned activities in the Disaster Management and Health and Care programmes. This explains why some planned outcomes remain undone in this programme.

Working in partnership

UNHCR continued to support Cameroon Red Cross for the assistance to Chadian and CAR refugees in the North, East and Adamaoua regions respectively. A tripartite agreement was signed between UNHCR/WFP/IFRC for the distribution of food and non-food items to CAR refugees in Cameroon. WFP renewed the agreement with IFRC for a nutrition programme targeting CAR refugees and host population in the East region of Cameroon. UNHCR also renewed its trust in Gabon Red Cross for the management of urban refugees in Gabon. The Federation shared information on emergency planning with Care Cameroon. The British DFID supported the H2P programme for 5 countries in Central Africa. Partner NS such as the Netherlands, Irish, Norwegian, Swedish, Japanese and Finnish Red Cross NS also supported CARREP's programmes. Other partners included the Bill & Melinda Gate Foundation, ECHO and EU-CEMAC. The Swedish,

British, Monaco and Japanese NS supported the emergency appeal on polio outbreak in Congo Brazzaville.

Contributing to longer-term impact

The Federation's Central Africa Regional Representation insisted on the effective use of regional resource persons in order to provide close support to NS (deployment of RDRT members). This has permitted efficient monitoring of activities, enabled national staffs to learn by doing, and improved the results obtained. In 2010, four regional resource persons were deployed to Cameroon, Gabon, CAR and Congo Brazzaville to cover DREF operations and refugees operation. The people who were deployed are back into their respective NS with the operation management skills acquired during their deployment. This is an added value to the NS whose members were deployed. The policy is to deploy at least a member of each NS in Central Africa. This will be pursued in 2011 and will be followed up by the Coordination of Central Africa Red Cross national societies (COSNAC), which is supported by CARREP. The Federation and NS gave equal opportunity to men and women in all their activities in 2010, and the hope is to continue that way in 2011.

Looking ahead

In 2010, IFRC embarked on filling the communication gap existing between Central Africa NS and IFRC (CARREP). In so doing, CARREP has made available computers for some NS. This policy will be pursued in 2011, and all IFRC computers placed in NS will be connected to a server in Yaoundé. This is expected to ease the transfer of files from NS to IFRC.

Several NS staffs and volunteers have been trained on epidemic and disaster management, planning and reporting. In 2011, focus will be on following up how those trainees are using the skills acquired for the benefit of vulnerable people in their respective NS.

CARREP will pursue the training of NS staff members on Planning and Reporting in 2011, but will focus on monitoring and evaluation to ensure that national society staffs are well prepared as far as project planning and implementation is concerned.

How we work	
All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.	
The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.	The International Federation's work is guided by Strategy 2020 which puts forward three strategic aims: <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
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