

Plan 2010-2011



Central Africa Regional Representation

Executive summary

Based in Yaoundé, Cameroon, the Federation's Central Africa Regional Representation (CARREP) covers the following eight countries: Cameroon, Central African Republic (CAR), Chad, Democratic Republic of the Congo (DRC), the Republic of Congo (RoC), Equatorial Guinea, Gabon and Sao Tome and Principe. However, the DRC and Chad have country representations and thus separate plans. A joint plan has been prepared for Cameroon, CAR, RoC, Equatorial Guinea, Gabon and Sao Tome and Principe. Acting from its headquarters in Yaoundé, Cameroon, CARREP provides the financial and technical support required to enable the six national societies covered by this plan to improve the quality and efficiency of their humanitarian, social and community-based services in favour of vulnerable people and other people exposed to all sorts of hazards.

The Central African region has been afflicted for many years by epidemics, endemic diseases, natural and man-made disasters, and conflicts that often led to significant population displacements or created situations of vulnerability which affected underprivileged communities incapable of self-sustenance (women, children, old persons and rural communities in general). Recently, the increasingly high cost of living has added a further burden to Central African populations. In addition, the illegal immigration phenomenon has intensified in Central Africa over the past years due to the rapid deterioration of living conditions. In fact, people chased away by conflicts and disasters, especially from the Central African Republic, the DRC and Chad, are forced to displace themselves, and this has intensified population movements within the region, the main destinations being Cameroon, Gabon, and in some cases Equatorial Guinea. Moreover, many are those people who even go as far as embarking on a journey to Europe or USA where they hope to get a better life. This situation has continued to dismember entire families in an alarming way, and to reduce local manpower, thereby increasing the risks of various crises.

Since it is the mandate of the Red Cross to alleviate the suffering of vulnerable people, the Central Africa National Societies have decided to respond to these situations as their priority for the next two years (2010-2011). However, the National Societies lack sufficient capacity to assist all vulnerable people. They are planning to carry out activities in the areas of disaster management, health and care, organisational development and promotion of humanitarian values, which are all in line with the Federation's Global Agenda, and are inspired by the Johannesburg Commitment of African NS (Pan African Conference 2008), which aims to improve the living conditions of vulnerable populations in Central Africa.

The target beneficiaries of this plan, estimated at about 2,500,000 vulnerable people, will include the six National Societies listed above, their volunteers and workers, and the communities of people made vulnerable by various diseases, disasters and other threats in all identified risk areas. The activities will be carried out both in rural and urban areas, and there will be no discrimination as far as age, gender and other personal considerations are concerned. Special attention will be focused on the most vulnerable people, including women, children and other people affected by all sorts of discrimination. Red Cross volunteers and workers will receive focused trainings which will contribute to improve their operational capacities. Through the smooth implementation of this plan, the Cameroon, Equatorial Guinea, Gabon, Central African Republic, Republic of the Congo and Sao Tome and Principe National Societies will become well-prepared National Societies, and the living conditions of the vulnerable people targeted will be improved. Concretely, the operational and organizational capacities of the NS will be improved, disaster preparedness and response actions will be taken, solutions will be sought to the most serious health problems in Central Africa, and efforts will be made to restore the human dignity of vulnerable

people. In order to achieve a better impact of Red Cross intervention, target beneficiaries will always participate in the design, implementation and monitoring of programmes.

The total 2010-2011 budget is CHF 7,500,253 (USD 7,242,422 or EUR 4,969,029)

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

Country context

The communities of the Central African countries as a whole, and the rural and near-urban populations in particular, who are the main targets of this 2010-2011 plan, have been facing unprecedented humanitarian challenges for some years now, and have been living under almost similar vulnerable conditions, with slight differences here and there. The main causes of such ever increasing vulnerabilities include conflicts, epidemics outbreaks, diseases (including HIV); poverty exacerbated by high cost of living, and worse still, the recurrent natural disasters expanded by the prevailing climate change. Massive populations' movements within Central Africa and illegal migration within the region, or often risky migration to other continents have become a sad reality associated with at least one of the above-mentioned causes of vulnerability. Moreover, public health systems, and the poor potable water supply system, etc. are likely to intensify food scarcity in Central Africa where the living conditions and the welfare of over 90% of the populations rely on agriculture, which is currently seriously threatened by bad weather, climate change and global warming. This growing reality adds to the risks of social conflicts and populations movements.

The Humanitarian situation is characterised by the trends listed below:

- Emergency situation/natural disasters

Central Africa is recurrently hit by several natural disasters, including floods and landslides in Cameroon, floods in Central Africa Republic (CAR), Republic of Congo (RoC) and Democratic Republic of Congo (DRC), and increased food insecurity in Chad and Cameroon. It should be noted that the causes of food insecurity are natural (drought) and political (poor agricultural techniques and rural development policies). The most frequent disasters that are registered in Central Africa are related to health. Such disasters include recurrent outbreaks: cholera epidemics in Cameroon, Chad and DRC, meningitis epidemics in Cameroon, CAR and Chad, Ebola epidemics in Gabon, RoC and DRC, with some few cases of poliomyelitis. Generally speaking, these epidemics have almost become endemics in some countries.

Apart from the above-mentioned disasters, there are also volcanic eruptions in DRC (Nyiragongo and Mount Goma) and in Cameroon (Mount Cameroon); carbon monoxide emanations in Cameroon (Nyos and Mounoun lakes); and Methane emanations in Kivu (DRC).

- HIV/AIDS

AIDS is progressing in an alarming way, and this further weakens Africa's health system which is already very precarious. The AIDS pandemic is washing away over 20 years of development efforts in Central Africa. It is also responsible for the appearance of behaviours characterised by stigma and discrimination.

- Post-conflict recovery

In the sub region, there are two countries which are trying to recover from several years of armed conflicts, notably CAR and DRC. Post-conflict rehabilitation is very difficult in these countries and presents a lot of humanitarian challenges to the populations that are already extremely poor. In addition, the wounds opened by the years of war are yet to be cured and this has an important impact on the society as a whole. Women and children constitute the groups of the most vulnerable (women victims of all sorts of violence, including rape; and children soldiers without a future).

- Socio-economic situation

Generally, the Human Development Indicators as published by the United Nations Development Programme (UNDP) during the past five years confirm the following trends:

Central African countries are increasingly getting richer. Per capita GDPs are generally very high. However, this enrichment is only in theory as it is yet to have a real impact on the housewife's shopping basket. In fact, only 10% of the populations own close to 90% of the wealth and over 90% do not have

access to the minimum social services required to ensure their survival, and are therefore exposed to various vulnerabilities.

The vast majority of the population is becoming poorer and poorer, and lack access to basic social services. Community-based solidarity is progressively vanishing and the populations are becoming increasingly vulnerable.

In an attempt to get a job in towns, a good number of young people embark on rural migration. Villages no longer produce food, thereby exposing the populations to hunger. Promiscuity in towns exposes a larger number of persons to epidemics and other disasters.

The Human Development Indexes (HDI) for the six countries covered by this plan, summarized in the following tables, gives an idea of the humanitarian needs of the populations in Central Africa. These indexes might be deceitful in the sense that they do not translate the reality in the field.

The Human Development Index - going beyond income

HDI rank and value	Life expectancy at birth (years)	Adult literacy rate (% ages 15 and older)	Combined primary, secondary and tertiary gross enrolment ratio (%)	GDP per capita (PPP US\$)
139. Congo (0.548)	149. Congo (54.0)	77. Congo (84.7)	144. Congo (51.4)	153. Congo (1,262)
127. Equatorial Guinea (0.642)	159. Equatorial Guinea (50.4)	71. Equatorial Guinea (87.0)	137. Equatorial Guinea (58.1)	73. Equatorial Guinea (7,874)
144. Cameroon (0.532)	160. Cameroon (49.8)	108. Cameroon (67.9)	127. Cameroon (62.3)	130. Cameroon (2,299)
119. Gabon (0.677)	145. Gabon (56.2)	80. Gabon (84.0)	92. Gabon (72.4)	84. Gabon (6,954)
123. Sao Tome and Principe (0.654)	120. Sao Tome and Principe (64.9)	76. Sao Tome and Principe (84.9)	117. Sao Tome and Principe (65.2)	132. Sao Tome and Principe (2,178)
171. Central African Republic (0.384)	170. Central African Republic (43.7)	127. Central African Republic (48.6)	168. Central African Republic (29.8)	156. Central African Republic (1,224)

Human poverty focusing on the most deprived in multiple dimensions of poverty

Human Poverty Index (HPI-1) 2004	Probability of not surviving past age 40 (%) 2004	Adult illiteracy rate (%ages 15 and older) 2004	People without access to an improved water source (%)2004	Children underweight for age (% ages 0-5) 2004
11. Central African Republic (43.6)	6. Central African Republic (46.2)	13. Central African Republic (51.4)	46. Central African Republic (25)	36. Central African Republic (24)
45. Cameroon (31.8)	20. Cameroon (35.7)	32. Cameroon (32.1)	35. Cameroon (34)	52. Cameroon (18)
52. Congo (26.2)	27. Congo (30.1)	63. Congo (15.3)	23. Congo (42)	62. Congo (15)
43. Equatorial Guinea (32.4)	21. Equatorial Guinea (35.6)	69. Equatorial Guinea (13.0)	5. Equatorial Guinea (57)	51. Equatorial Guinea (19)
60. Gabon (20.4)	32. Gabon (27.1)	60. Gabon (16.0)	80. Gabon (12)	75. Gabon (12)
70. Sao Tome and Principe (15.8)	58. Sao Tome and Principe (15.1)	64. Sao Tome and Principe (15.1)	56. Sao Tome and Principe (21)	70. Sao Tome and Principe (13)

Capacity Building for women

GDI as % of HDI	Life expectancy at birth(years) 2004 Female as % male	Adult literacy rate (% ages 15 and older) 2004 Female as % male	Combined primary, secondary and tertiary gross enrolment ratio2004 Female as % male
135. Sao Tome and Principe (97.4%)	122. Sao Tome and Principe (105.9%)	107. Sao Tome and Principe (84.5%)	119. Sao Tome and Principe (99.1%)
104. Congo (98.6%)	157. Congo (104.7%)	99. Congo (87.3%)	155. Congo (89.1%)
116. Equatorial Guinea (98.3%)	152. Equatorial Guinea (105.0%)	103. Equatorial Guinea (86.2%)	174. Equatorial Guinea (81.7%)
114. Cameroon (98.4%)	185. Cameroon (101.6%)	119. Cameroon (77.7%)	171. Cameroon (83.0%)
87. Gabon (99.0%)	179. Gabon (102.3%)	97. Gabon (90.0%)	143. Gabon (94.0%)

148. Central African Republic (95.9%)	95. Central African Republic (106.5%)	143. Central African Republic (51.7%)	191. Central African Republic (64.6%)
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Source : 2007-2008 Human Development Index (HDI), UNDP

National Society priorities and current work with partners

Priorities

The Central African NS intend to consolidate their achievements attained through the previous plan, and mainly in the field of Disaster Management, Emergency, preventive and curative health services, as well as social welfare assistance to vulnerable populations, in line with the objectives outlined in their respective strategic development plans. It has been understood that funding constraints and the lack of qualified staff are the major challenges confronting the implementation of RC programmes in Central Africa. Therefore, one of the priority areas of concentration for the next two years (2010-2011) will consist of improving the identification of communities' needs, based on vulnerability and capacity assessments, supported by the cooperation agreement strategy (CAS) process and project implementation for empowering branches to play a better role in programme planning, fundraising at local level and programme implementation.

Similar attention will be given to the NS' governance, management bodies and organisational capacities in order to provide them with the required technical tools and capacities for improving leadership and transparent management of resources. By doing so, the NS will be able to develop a regional common vision in internal and external communication as well as a proven early warning system. This will help advocate for fundraising with the ultimate goal of improving the living conditions of vulnerable communities. Following the analysis of the current difficult socio-economic and political context prevailing in Central African countries, and owing to inadequate funding for previous appeals, the NS in the region have agreed together with the Federation's Regional Representation to concentrate their resources on the following areas:

1. Disaster management in view of improving the living conditions of vulnerable people

This will be done through the following programme components:

- Disaster management planning and national societies organizational preparedness
- National societies and communities operational preparedness and disaster response, problems related to illegal migration and food crises risk reduction
- Disaster response and recovery

2. Emergency preventive and curative health, Community-based health care and fighting against the spread of epidemic diseases

This will be done through the following programme components:

- HIV/AIDS.
- Community-based health and first aid (CBHFA)
- Emergency health

3. Improving NS' leadership and management for better performance, financial sustainability and RC quality services at community levels

This will be done through the following programme components:

- Supporting NS organizational development process
- Developing NS leadership and management capacities
- Volunteering development
- Youth development

4. Promotion of Movement principles and humanitarian values

This will be done through the following programme component:

- Implementation of targeted gender based, violence and discrimination programmes

Partnership

The Movement partners of the Red Cross national societies of Central Africa include the British, Swedish, Spanish, Norwegian, Finnish and French Red Cross Societies, the International Committee of the Red Cross and the International Federation. The National Societies also receive support from the International Federation Zone office in Dakar and the ICRC delegations in Central Africa.

The non-Movement partners of Central Africa Red Cross national societies include the Governments of all six countries, embassies, United Nations agencies, especially the UNHCR and WFP, CEMAC-EU, PPSAC-KFW, RAP+AC¹, associations of “Filles Libres” or commercial sex workers, other local humanitarian associations, and National AIDS Control Committees (NACC).

The cooperation with these partners within the framework of the 2009-2010 plan yielded very good results. In fact, Cameroon Red Cross that was backed by the International Federation succeeded in managing the influx of Chadian refugees in Cameroon in 2008, with the financial support of the UNHCR and WFP. Mindful of the good results obtained, the UNHCR agreed to pursue this partnership with Cameroon Red Cross which is now managing the operation in the field alone following the commonly agreed withdrawal of the International Federation. In addition, having tested and discovered the expertise of both the International Federation and Cameroon Red Cross in refugee management, the UNHCR and WFP decided to sign another cooperation agreement with the Red Cross for the assistance to some 63,000 CAR refugees that have been scattered all over the East and Adamaoua regions of Cameroon since approximately 4 years. This operation was launched in early 2009 and is expected to continue, at least until the end of 2009, with the possibility to be extended to 2010. This operation will contribute to further enhance the refugee management capacities of Cameroon Red Cross.

On their part, the French and Spanish Red Cross societies decided to settle down in Yaoundé, Cameroon, with regional delegations, so as to be closer to their targets, i.e. the NS and the vulnerable populations of Central Africa. This is a clear sign that there are brighter days ahead for the cooperation in Central Africa where more partners are strongly awaited.

Secretariat supported programmes in 2010-2011

Disaster Management

a) The purpose and components of the programme

The numerous natural disasters that have become recurrent (floods, landslide, violent winds, tornados, volcanoes and drought), as well as the scope of the conflicts that have almost become traditional in Central Africa and in neighbouring countries, have been on the increase over the past years, thereby making the people vulnerable to populations movement (refugees, displaced persons and illegal migrants), food insecurity and precarious socioeconomic life in zones affected or at risk. This situation has intensified the already increased humanitarian needs in Central Africa. In addition, the disaster planning and management capacities of NS in Central Africa remain weak, and the actual involvement of vulnerable communities in disaster management programmes continues to be a challenge.

This explains why for the next two years (2010-2011), we have developed a coherent and concerted planning of realistic activities in the areas of disaster risk reduction, community preparedness and rapid response, which are efficient in case of emergency in order to guarantee the success of the disaster management programme of the International Federation's Central Africa Regional Representation (CARREP) that falls in line with Global Agenda Goal No 1, i.e. to reduce the numbers of deaths, injuries and impact from disasters.

The main organizational priorities of this programme include finalizing and/or updating existing contingency plans and pursuing the creation of operational disaster management teams at national and local levels. Nevertheless, the main operational priorities of NS in Central Africa will include vulnerability

¹ CEMAC = Communauté économique et monétaire de l'Afrique Centrale; PPSAC = Programme de prévention du SIDA en Afrique Centrale ; RAP+AC = Réseau des personnes vivant avec le VIH en Afrique Centrale

and capacity assessment (VCA), the implementation of community-based programmes, and the development of emergency early alert and rapid intervention systems.

In addition, the ongoing operations to assist refugees in Cameroon and in Gabon will be pursued and used as frameworks for building the operational capacities of the local Red Cross branches involved in emergency relief management, rehabilitation and community development.

One of the key priorities of CARREP's disaster management department in support to NS in 2010-2011 will be advocating for the diversification of partners and building the loyalty of the latter. In the same vein, supporting the supply of relief materials to NS in Central Africa, and prepositioning emergency stocks at regional level or in some NS form an integral part of CARREP's support strategy to the operational preparedness of NS within the region.

The crisis and disaster risk reduction programmes of NS will essentially focus on food security, community flood preparedness, and the creation of first-aid brigades along the boundaries (Cameroon, CAR and Chad). Likewise, food security focal points (supervisors and community-based animators) will be trained in Cameroon, Gabon, Congo Brazzaville and CAR with the view to developing such programmes like community farms.

This disaster management programme is intended to directly assist 490,525 vulnerable people in 2010-2011 through community-based activities carried out by Red Cross volunteers, the members of community-based disaster response teams (CDRT), and food security focal points. This figure includes the populations in targeted communities, refugees and other people affected by various emergency situations through DREF operations (about 300,000 people at community level, 160,000 refugees, 30,000 DREF beneficiaries and 525 Red Cross volunteers and other national societies' resource persons).

Programme purpose
Reduce the number of deaths and injuries, and the impact of disasters.

The disaster management programme budget is CHF 4,500,248 (USD 4,345,546 or EUR 2,981,481).

Programme component 1: National Society disaster management planning and organizational preparedness
Component outcome 1: The NS of Cameroon, Congo Brazzaville, CAR and Gabon have disaster preparedness strategic plans, and their response systems are made operational through the updating of their populations movement contingency plan and the finalization of the Cameroon-Chad-CAR cross-border contingency plan.
Component outcome 2: The Red Cross NS of Cameroon, CAR, Congo Brazzaville, 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).

Programme component 2: NS and community operational preparedness, and disaster, illegal migration and food crisis risk reduction
Component outcome 1: All the six NS covered by this plan have updated their risk maps, and the communities in Congo Brazzaville and CAR have a better understanding of disaster risks and threats within their environment and have developed more efficient preventive actions.
Component outcome 2: Thanks to the support of the NS of Gabon, Cameroon and Congo Brazzaville, the communities of targeted areas at risk have carried out disaster, illegal migration and food insecurity risk reduction activities.

Programme component 3: Disaster response and recovery

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

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

b) Potential risks and challenges

Existing disasters in Central Africa are fast becoming recurrent, and this situation is further compounded by new disasters occurring because of climate change and its related challenges. In reaction to this situation, the Red Cross NS of Central Africa are determined to implement the programme described above in order to reduce the vulnerability of the populations and improve their living conditions. Nevertheless, there are several risks that might prevent the implementation of the programme. For example, the lack of commitment to support NS from governments (the Red Cross NS being auxiliary to Government) and other partners involved in this domain.

Moreover, the political and social instability in several countries of the region, with the deriving population movements and the internally displaced persons, is likely to hamper the smooth implementation of the programme.

The fact that the Red Cross NS in Central Africa are yet to develop their self-financing capacities, and the insufficient level of funding for programmes submitted by the Federation are some of the factors that might influence the implementation of activities, the funding of which essentially relies on the International Federation. All of these factors also have an influence on volunteers who are always tempted to join other partners, to the detriment of the Red Cross that trained them in the first place.

Possible strategies to overcome these challenges might include the receipt of financial and technical support from the International Federation and ICRC, as well as from potential donors, for the recruitment of key technical staffs, while respecting the timeframe for the disbursement of funds. Other solutions might also include the involvement of volunteers at all Red Cross action levels, and building the loyalty of the same volunteers. Likewise, we will encourage NS to submit their programmes to other partners. We will also reinforce our support within the framework of advocacy before other organizations and partners in the area of disaster management for proper response to be sought.

Health and Care

a) The purpose and components of the programme

Central Africa is a region with an abundance of climates, varying from the equatorial climate with four seasons to the Sahel climate, including the tropical climate. The vegetation is aligned with this variety of climates: the equatorial forest that alternates with the steppe, and even desert. The populations in Central Africa are exposed to a good number of health problems that differ according to the type of climate, geographic area, socioeconomic and political situation. Some of those health problems include HIV/AIDS which affects all the countries in Central Africa, with prevalence peaks in CAR with 13% prevalence rate, and in the DRC with 3 million people living with HIV (PLWH). However, malaria remains the main cause of mortality in Central Africa.

Several diseases with epidemic potential have taken up residence in Central Africa. Some of these diseases include cholera, meningitis, and most recently Chikungunya in Gabon, or yellow fever in CAR. Some epidemics that are more virulent and particularly deadly hit the region on sporadic occasions. Such epidemics include the Ebola virus haemorrhagic fever in Congo Brazzaville and Gabon. Presently, the

most worrying threat remains the possibility of an outbreak of a pandemic of human flu as a result of bird flu or AH1N1, with all the countries of the region almost sharing the same risks.

In the east and Adamaoua regions of Cameroon where CAR refugees are scattered, there is a global 7% acute malnutrition prevalence rate, which affects particularly children from 6 to 35 months. There is also a particularly preoccupying situation of women at childbearing age, 54% of whom are underweight. In addition, the case management programmes dropout rate is estimated at 26%, the coverage rate is very low, and the list of problems is far from being exhaustive.

The access to potable water and adequate sanitation facilities remains a luxury reserved for a tiny part of the population. For example, only 42% of the population has access to improved potable water sources. Diseases like poliomyelitis and measles continue to affect the population, which means that the immunization coverage remains insufficient. Female genital mutilations (FGM) in Cameroon and CAR, and mother and child health are the main regional concerns in the area of reproductive health. The victims of road accidents are also a group of vulnerable that need to be managed.

In reaction to this situation, the Red Cross NS of Cameroon, Congo Brazzaville, Gabon, Equatorial Guinea, CAR and Sao Tome & Principe have made the commitment, with the support of CARREP, to contribute to improving the health of vulnerable people in their respective countries by implementing projects and programmes in the areas of HIV/AIDS, integrating the creation of “Clubs 25” for the voluntary and free blood donation, and the fight against tuberculosis or all sorts of HIV/AIDS-related discrimination and stigma. In addition, the integrated community-based health and first aid (CBHFA) approach will be promoted, with focus on immunization, mother and child health, the supply of potable water, hygiene and sanitation, road safety, malaria control and the fight against malnutrition.

With regard to current issues characterized by emerging and re-emerging infectious diseases, the risk of the outbreak of human flu pandemic, the prevention and response to all sorts of epidemics remains a priority. To that effect, several activities are planned, including the training and retraining of volunteers, the identification of specific needs, the sensitization of people targeted, all sorts of social mobilization activities, the distribution of mosquito nets or other health-related kits, the spraying of houses, the screening and management of cases of malnutrition, STI/HIV/AIDS or tuberculosis-related activities, the construction of latrines or water wells, the organization of community meals, home coaching, and income-generating activities (IGA) to ensure people reached autonomy.

Mindful of the fact that this plan is for 2 years, only performance indicators have been taken into consideration to assess our achievements, as impact indicators can only be used effectively for programmes covering a minimum period of 3 to 5 years. Our performance indicators include the number of people reached, the number of volunteers trained, the stocks that have been prepositioned, the material, facilities and human resources available at NS levels, or health services statistics. Our target populations include sex workers, the youths, vulnerable women, female excision practitioners, children, families with children suffering from genetic diseases, refugees, drivers and other road users, and the population as a whole. The people targeted by this programme in the 6 countries covered by this plan are estimated at about 1,079,430, and the number of Red Cross local committees targeted is 17.

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The health and care programme budget is CHF 1,500,003 (USD 1,448,438 or EUR 993,774).

Programme component 1: HIV and AIDS
Component outcome 1: Six hundred and sixty STI or HIV-positive sex workers have received appropriate treatment after communication for the change of behaviour (CCB) activities carried out by Red Cross volunteers in Cameroon, Central African Republic (CAR) and Congo Brazzaville.
Component outcome 2: The institutional capacities of 6 community organizations of sex workers are enhanced in Cameroon, CAR and Congo Brazzaville.
Component outcome 3: The living conditions of 200 PLWH are improved through home care and

support for the implementation of income-generating activities (IGA) in Gabon, CAR, and Sao Tome & Principe.
Component outcome 4: At least two “Clubs 25” for blood donation are set up in Gabon and Cameroon.
Component outcome 5: At least 700 secondary school students have undergone HIV screening tests and have collected their results following the sensitization activities carried out by the Red Cross in Equatorial Guinea and in Sao Tome & Principe.
Component outcome 6: The discrimination and stigma against PLWH in Central Africa and against people affected by genetic diseases in Gabon is reduced thanks to the action taken by the Red Cross.

Programme component 2: Community-based health and first aid
Component outcome 1: RC volunteers and community voluntary workers in the Central African countries are actively engaged in sensitization campaigns and work with community-based health and first aid programmes (CBHFA) tools developed at individual country or Movement levels.
Component outcome 2: An increased number of children attending anti-measles and polio massive immunization campaigns are reached through the sensitization of targeted communities by the NS of Central Africa.
Component outcome 3: Access to sanitation services is improved in Congo Brazzaville and Equatorial Guinea through the construction of 100 latrines.
Component outcome 4: Access to potable water is improved in Equatorial Guinea and in Congo Brazzaville through the rehabilitation of 50 water points.
Component outcome 5: The Central African National Societies have provided safety information to communities at risk of waterborne, hygiene and sanitation diseases and other types of potential deadly diseases to help prevent them being contaminated.
Component outcome 6: Fifteen thousand people targeted actually sleep under Long Lasting Impregnated Mosquito Nets (LLIMN) following communication for the change of behaviour (CCB) campaigns and home visits activities carried out by the NS of Central Africa.
Component outcome 7: Fifteen thousand families are trained by the NS of Central Africa on home management of malaria cases.
Component outcome 8: Four communities targeted in Cameroon and Gabon are further involved in the implementation of Malaria risk reduction strategies through the spraying and disinfection of homes and the promotion of environmental hygiene and sanitation.
Component outcome 9: Sixty excision practitioners have abandoned the practice of female genital mutilations (FGM), thereby contributing to improving the health of women and young girls in Cameroon and CAR.
Component outcome 10: The capacities of 3 community-based organizations of ex-excision practitioners are built in Cameroon and CAR.
Component outcome 11: Malnutrition is reduced in refugees and host populations in Cameroon.
Component outcome 12: The number of victims of road accidents is reduced through the promotion of road safety in Gabon and Cameroon.

Programme component 3: Emergency health

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

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

Component outcome 3: Ten thousand households in areas at risk targeted in Cameroon, CAR, Congo Brazzaville 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.

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

b) Potential risks and challenges

The potential risks and challenges that are likely to have a negative impact on the achievement of the expected results of this programme include:

- The instability of human resources (health coordinators) at NS level;
- The weakness of project/programme planning and development, as well as local fundraising capacities;
- The need to build the capacities of NS, especially in the areas of communications and reporting;
- The need to multiply success stories (the Filles libres project, water and sanitation, malaria control, FGM and epidemics management projects) in all the countries in Central Africa;
- Resources mobilization.

Generally, annual appeals in the past have been covered to the tune of less than 50% by our traditional donors. The direct consequence of this is that very few development activities are carried out. It should be noted that health is a sensitive area, one of the key activities of which is communication for the change of behaviour (CCB) the very reason why the Red Cross was created in the first place. Literature holds it that a real CCB cannot be conducted in less than 3 years of continued activities within the targeted population; and yet it is absolutely impossible to name a single activity that has been carried out continuously for 3 years in Central Africa. The Filles libres project started well in Cameroon, CAR and Congo Brazzaville, but it has never been possible to pursue them continuously because of lack of funding.

Nevertheless, CARREP have just received some funds from the CEMAC/EU, which will enable Cameroon Red Cross to carry out the activities of the filles libres project in part of Cameroon. In the same vein, agreements are currently being finalized with PPSAC/KFW, in collaboration with RAP+AC for the fight against HIV/AIDS in Cameroon, Gabon, CAR, Congo Brazzaville and Equatorial Guinea. In addition, CARREP is currently engaged in agreements with the UNHCR for the assistance to CAR refugees in the East and Adamaoua regions of Cameroon. On their part, WFP has promised to support the implementation of a project to fight against malnutrition in the same regions, not only in favour of refugees, but also the Cameroonian host communities.

At NS, trained health counterparts are regularly replaced by new comers. In fact, only CAR Red Cross has maintained the same health coordinator over the past three years.

The main weaknesses include the coaching of NS for better owning of the programmes, the lack of an institutional and legal framework for salvation intervention in NS, and a greater presence in the field upon request.

Generally, well-trained executives are available in Central Africa, reason why the few projects that are funded are successfully implemented; but the question is how to motivate them, and especially how to

retain them within the Red Cross. CARREP has made the commitment to provide institutional support to NS, notably by paying the salaries of their health executives, and most importantly by carrying out any other NS capacity building activity (additional training, retraining), and multifaceted technical support.

However, as far as the planning, development and submission of projects for local fundraising is concerned, CARREP's technical support is absolutely needed at this time. To that effect, regional exchange might just facilitate the change of experience. Presently, the Central Africa health counterparts' annual meeting is one of the efficient solutions, but remains insufficient. The Central Africa Red Cross Health Initiative (CARCHIN) network is a forum where health counterparts can exchange. Presently, these are the only two possible meetings for NS health counterparts in Central Africa. It is imperative to move from the passive way of exchanging through emailing to more operational exchanges.

Although the NS of Central Africa have in large been excellent in emergency response, they still have weaknesses as far as the implementation of medium to long term programmes are concerned, and the expected impact of which is not questionable. CARREP has made the commitment to support the NS within the region in their efforts to apply as beneficiaries or sub-beneficiaries for the Global funds to fight against AIDS, malaria and tuberculosis, as well as for the European Union's appeals.

Organisational Development/Capacity Building

a) The purpose and components of the programme

The priorities of the NS in Central Africa for four years (2008-2011), in line with the Federation's Global agenda goal No 3 which is to improve the level of competence and professionalism of NS to ensure better output, included reinforcing the links between governance and management teams, and developing their volunteer networks to ensure efficient implementation of programmes in favour of vulnerable people. However, taking into consideration the qualified results obtained, the increasingly difficult economic situation, and other constraints that have been highlighted, there is the need to carry this vision forward to 2010-2011. The peculiarity of this planning lies in the fact that it is focused on capacity building, especially in the area of programmes, branches and volunteering development.

The International Federation's wish is to see that the NS of Central Africa have reached a satisfactory level of progress in terms of organization and restructuring; have developed their leadership and resources management; have given special attention to volunteering development and promotion, and have developed their youths.

Although the outcomes are in line with the hopes and expectations of the NS, it should be stressed that they need to improve on their financial and other resources management. Another priority will be to consolidate the legal bases of the NS in order to ensure that integrity has become a culture through mechanisms to promote transparency and the obligation of accountability. The NS also need to develop their governance so as to become an engine of development, support and coaching for programmes implementation. Other priority areas will include leadership development with the view to achieve an organizational stability; move from improvisation to innovation in line with the current changes; develop volunteering to match Movement standards and enable volunteers to play the key role in conflict management and emergency preparedness, which would earn them national and international recognition; and develop youths to ensure the continuity of Red Cross action.

The direct beneficiaries of this programme will be the NS of Central Africa, i.e. the 6 NS directly covered by CARREP from Yaoundé, namely Cameroon, Gabon, Congo Brazzaville, CAR, Equatorial Guinea, and Sao Tome & Principe. Other direct beneficiaries will include Red Cross volunteers in these countries estimated at about 50 000; the local branches that follow the administrative division of the countries, estimated at about 600. Obviously, the indirect beneficiaries of this programme will be the populations of these countries, the number of which is constantly changing as new local branches are created, and the coverage of localities in terms of Red Cross interventions.

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

The organisational development/capacity building programme budget is CHF 600,001 (USD 579,375 or EUR 397,509).

Programme component 1: Supporting NS organizational development process

Component outcome 1: The NS of Gabon, CAR and Equatorial Guinea have improved their resources management, strategic planning and management capacities.

Component outcome 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.

Programme component 2: NS leadership and management development

Component outcome 1: The presidents of all 6 NS covered by this plan are trained on leadership, and on programme coaching and support.

Component outcome 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 the view to set up management teams capable of establishing sustainable organizations in the respective NS.

Component outcome 3: The management and human, financial and material resources management capacities of the NS of Cameroon, CAR and Congo Brazzaville are improved.

Programme component 3: Volunteering development

Component outcome 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.

Component outcome 2: The NS of Equatorial Guinea, Sao Tome & Principe and Gabon are supported in their processes to develop a volunteer management system in emergency situations.

Component outcome 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.

Programme component 4: Youth development

Component outcome 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.

b) Potential risks and challenges

In most cases, the implementation of programmes is hampered by socio-political instability, the enclosed nature of some localities, limited funding and the delay in the disbursement of available funds. In order to solve these problems, the NS of Central Africa have decided to consolidate their role as auxiliary to Government and have polished their image before the populations and the civil society. Meanwhile, they have developed strategic partnerships at local level. The NS of Central Africa are increasingly mastering communications means between their headquarters and the field by using all available opportunities at logistics and climate levels. Moreover, they have multiplied coordination meetings during which such problems are debated.

Principles and Values

a) The purpose and components of the programme

Within a context characterized by conflicts, numerous disasters and the deriving discriminations and stigmas, the NS of Central Africa have made the commitment to remain closer to vulnerable people in order to provide them with comfort through the principles and values programme. The bulk of projects that will make up this programme of CARREP in 2010-2011 will include: 1) fighting against child trafficking, the overall intention being to get the parliament to adopt a law to ban child trafficking; 2) fighting against female genital mutilations (FGM); 3) the schooling of young girls in areas where they are wilfully denied the right to go to school; 4) the schooling of abandoned deaf-mute children; and 5) the management of old people who have been accused of witchcraft and thus abandoned by their respective families.

The sensitization of communities affected by crises and other social disorders is a key dimension of the efforts to mitigate the risks of things getting out of control in times of unrest. It will also be a concern of the Federation's Regional Representation. Sensitization activities will be carried out to enable the Red Cross to consolidate the basis of its humanitarian commitment before vulnerable communities, especially at a time when the African traditional values of solidarity, brotherhood, sharing and dialogue are progressively fading out. To that effect, working with the media will provide unequalled opportunities for the dissemination of Movement messages on the respect of life and human dignity, the respect of differences, and on the consideration of gender issues, to a greater number of persons, and within the shortest possible timeframe. In fact, the media are everyday partners, in times of war, disaster, epidemics or lull. Their contribution will be sought, especially in the area of the promotion of the fundamental principles and humanitarian values. The media will also be involved in the sensitization campaigns on the consequences of illegal migration and child trafficking which is a real social issue in Central Africa.

The populations targeted directly by this programme, which are estimated at about 2,002,700 vulnerable people, include children victims of child trafficking, excision practitioners, young girls who are denied the right to go to school, deaf-mute children, old people, journalists, Red Cross members and volunteers, and the numerous people sensitized directly. The populations targeted indirectly by this programme, estimated at about 3,000,000 vulnerable people, include people sensitized by various means. It should be noted that these estimates are for one year (2010) and that the same number of people will be targeted in 2011.

Programme purpose
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The principles and values programme budget is CHF 300,000 (USD 289,687 or EUR 198,754).

Programme component: Targeted programmes on gender, violence and discrimination
Component outcome 1: Discrimination and social exclusion are reduced, and human dignity is respected in Gabon.
Component outcome 2: Young 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.
Component outcome 3: FGM are reduced in Cameroon and CAR.
Component outcome 4: The right of deaf-mute children to go to school is respected in Equatorial Guinea.
Component outcome 5: The dignity of old people is respected and their living conditions and management are improved in Sao Tome & Principe.
Component outcome 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.

b) Potential risks and challenges

The lack of funding is a major factor preventing the achievement of the objectives of the Red Cross in the area of the fight against discriminations. Another negative factor for NS is the preoccupying socio-political, economic and security situation which prevents NS from obtaining enough local funding for their programmes, and worse still to attract external donors. Establishing partnerships with other actors who consider themselves as competitors in the area of principles and values is also a big challenge. In fact, the Red Cross whose origin dates as far back as the war that opposed France to Austria towards the end of the 1850s is currently finding it very difficult to bring its experience to organizations whose origins and references are recent.

In addition, the absence of formally appointed principles and values officers at NS levels is likely to disturb the implementation of this programme. Other factors like corruption, organized crime, political instability and social unrest are likely to hamper the smooth implementation of the programme. The major challenge of the Red Cross will be to collect sufficient funds that will enable it to achieve its objectives and reach the maximum number of persons not only in terms of volume and impact, but also and most importantly in terms of succeeding in making a very good planning to avoid the risk of having less than 60% of activities carried out by the end of the period 2010-2011.

Mindful of the above, it is clear that this programme deserves increased support and special attention. A solution might be to integrate it in all other Red Cross programmes in favour of vulnerable people.

Role of the secretariat

The secretariat's budget for its support role is CHF 600,001 (USD 579,375 or EUR 397,509).

a) Technical programme support

In 2010 and 2011, the Federation's Regional Representation will ensure the coordination of internal and external support to strengthen the institutional and organisational basis of the NS in Central Africa. This support will be specifically provided through the main areas targeted by the NS' programmes aligned with the Federation's Global Agenda Goals, namely:

Emergency preventive and curative health care in emergency situations, fighting against HIV/AIDS and other epidemics

The Federation will continue to support the Central African national societies in setting up mechanisms for consolidating capacities in delivering emergency health services to the refugee populations and IDP. Special attention will be paid to the compliance of the NS to Federation's rules and regulations; as well as international standards, including Sphere and WHO recommendations for the management of emergency community health centres.

For 2010 and 2011, the volunteering programme based on ARCHI 2010 initiative will help the national societies in Central Africa to recruit more qualified staff and volunteers. Special effort will be made to attract volunteers in rural areas to encourage the national societies' involvement in nutrition activities in line with the Algiers Plan of Action and the federation's Global Agenda.

The STI/HIV/AIDS and FGM prevention projects will take advantage of the increased dissemination opportunities created since last year by the Central & West African communications network with its massive media support in mobilising the "Power of Humanity" against all forms of discrimination and related issues.

Disaster planning, risk reduction, preparedness, response and recovery programmes

The Federation's Representation will encourage the Central African NS to enhance the efforts made in 2008-2009 in the management of refugee operations in Cameroon (over 4,000 Chadian refugees in Langui and over 63,000 CAR refugees in Adamawa and Eastern Cameroon regions; as well as over

13,000 urban refugees in Gabon); in the Republic of Congo (risk of new refugees influx from DRC), and some 10,000 IDP in the CAR. The Federation's secretariat will also provide support to the host communities in the six countries covered by this plan. To that effect, host communities will be involved actively in NS risk reduction programmes, and their capacities to assist vulnerable people will be enhanced.

Furthermore, it is envisaged to train more regional competencies in order to strengthen and enlarge the disaster preparedness and response skills of the Federation's RDRT Teams and consequently those of the national societies (community and national disaster response teams, CDRT & NDRT). The restructuring of DM departments, the setting up and training of NDRT and CDRT in 2008-2009 really improved the operational capacities of the NS concerned. The extremely positive expertise developed in the past three years by the regional RDRT in West and Central Africa in providing quality emergency health and disaster response services will be further strengthened and largely promoted at regional level in 2010-2011. NDRT will be fully integrated in the Federation's regional disaster management system in order to improve the deployment of human resources at zone level.

Standard procedures (relating to contracts, insurance and financial requirements) will be further improved to guarantee the rapid deployment of regional disaster response teams in the future (when required) and to facilitate/maintain the deployment of the required international teams. With a vision of connectedness within the Movement, expatriate delegates and regional competencies will give the national societies an excellent opportunity to build their operational capacities through volunteer training, increased communal risk awareness and a high level of disaster preparedness. NS' country-teams will be thoroughly integrated into the regional disaster management system of the Federation to improve the deployment of resources at zone level.

b) Partnership development and coordination

With regards to coordination, the Federation's Representation will continue to build upon its image, promote knowledge of the Red Cross and ensure its visibility within government circles, potential partners of the UN system and the civil society. It will attain this goal by contributing directly or indirectly to the advocacy efforts of NS in order to diversify and build the loyalty of strategic or operational partners, and by encouraging further NS' participation in coordination gatherings, as well as attendance in important humanitarian events and operations (at national, regional and local levels).

The current Plan will facilitate an effective development of a Cooperation Agreement Strategy (CAS) in each of the NS in Central Africa with the support of the Federation's Representation. The CAS will create a framework within which the Federation, ICRC, PNS, UN agencies and the government of Central African countries can support the capacity building of the national societies to meet the humanitarian needs of vulnerable communities. For having contributed tremendously to several relief operations since 2004, the Central African Red Cross Societies have gained more recognition from government authorities and the general public in each country. As a result, government institutions, UN Agencies and other prominent partners like the European Union and the American Bureau Population Migration and Refugee (BPRM) will obviously continue to consider the NS as credible partners with a frontline humanitarian role within the civil society. However, more focus needs to be placed on enhancing the image, knowledge and understanding of the role of the national societies at local, national and regional levels.

c) Representation and advocacy

As one of the largest humanitarian organization in Central Africa, the Federation's Representation has a special responsibility to defend the rights and interests of the millions of vulnerable people across the region. Through its image and credibility with the general public, government authorities and UN agencies, it has unequalled potential to advocate in favour of individuals and vulnerable groups that are often forgotten.

The Federation's Representation will maintain its support to NS within the framework of activities aimed at improving the image of the Red Cross, promoting the knowledge of the Red Cross and ensuring its visibility among government circles, the general public and partners in each country. The Federation will continue to make necessary efforts to ensure a better visibility of its activities, by drawing the attention of the media and the general public to the situation of vulnerable people and to the reasons why they became vulnerable in the first place.

d) Other areas

Fund-raising programme

The Central African National Societies will be supported in their human and material resource building efforts to offset the low level of interest shown by the rest of the world in responding to the needs of vulnerable communities. A new fund-raising programme through income-generating activities is envisaged under this plan to create strategic alliance with prominent partners in the humanitarian, private corporate and business world for complementing the traditional donor funding, which unfortunately has demonstrated continual weaknesses in recent years. To further enhance the national society's financial base and minimize the consequences of natural disasters, a new dimension of capacity building which establishes a link between relief, recovery and sustainable community-based development operations, will be proposed to the NS which are involved, or will be involved in relief operations. In addition, commercial first aid training tailored to suit the specific types of work will be marketed to public or private businesses and enterprises, as well as to interested private individuals.

Promoting gender equity and diversity

From general perspective, there is a clear gender imbalance at all levels in the governance and management bodies of the Central African NS. This is an issue that the National Societies have already foreseen and debated with the Federation; with clear recommendations to address the problem in 2010-2011 and beyond. The National Societies will propose plans and actions to encourage women candidacy for any elective and staff positions. The representation of women and girls in the NS' volunteering network is also an issue to tackle with strategy. The issue of sexual abuse and Sexual and Gender-Based Violence (SGBV) is discussed with boys and girls in youth programmes in general. Also, Central African National Societies intend to introduce a new component into their programmes under the promotion of communication and humanitarian values. Developing programmes focused on gender, equity and diversity will be of great consideration in building strategic alliances with donors and all stakeholders. Such programmes will include the "Filles libres project", "the project on the schooling of young girls in areas where they are deprived of this right in the name of cultural believes²" and other projects aimed at empowering women.

Quality, accountability and learning

Most of the Central African NS have not yet developed a monitoring and evaluation tool. However, this aspect has been included in the plans for 2010-2011. In the past, monitoring and evaluation of activities and their impacts were conducted by collecting information from different available sources: monthly field reports from the regional and local branches, also from field officers who have the responsibility to report on the progress of all programmes and activities implemented in their respective competence areas. Field trips were also conducted to monitor programme implementation by programme coordinators; financial reporting by activity and consolidated into monthly finance reports; coordination meetings at headquarters and at field level. At times, the Federation's Representation conducts monitoring and evaluation activities through its programme officers in Yaoundé. The National Societies monthly consolidated activity report were shared with Federation's Reporting officer and parts of those reports' contents were incorporated into the Zone's monthly activity report, and submitted to donors.

While it is envisaged that the Central African National Societies will be partly dependent on substantial donor funding and technical support for several years to come, focus on accountability will be considered as a sensitive dimension to achieve a successful implementation of the programmes enclosed in this Regional Plan. The National Societies have foreseen the need to develop mechanisms for locally generating income. For some activities/programmes, accountability and learning will be ensured through communities' involvement in every aspect of implementation, monitoring and assessment. For instance, water and sanitation facilities will be maintained and/or managed by local water committees, who will be trained accordingly by each NS' Programme coordinator and Finance Manager. For other programmes such as income-generating projects developed by vulnerable groups, community farming, hygiene promotion and the fight against HIV, accountability and learning will be ensured through the skills

² These are areas where people traditionally believe that only boys have the right to go to school.

acquired by the beneficiaries, and the tools provided to help them for ensuring continued actions and developing further detailed options. This will provide the beneficiary communities with opportunities to make a living on the long term and support themselves and their families. The community health centre projects in some NS will be made partly self-supporting, by encouraging the management committees to charge small fees on each service delivery. Although some of these projects are already running in the NS, there is a clear need to readjust their management system in order to include aspects on local resource mobilization, accountability and learning.

Budget summary

Programmes	2010 budget	2011 budget	Total budget CHF
Disaster Management	2,250,000	2,250,248	4,500,248
Health & Care	750,002	750,002	1,500,003
Organisational Development	300,001	300,001	600,001
Humanitarian Values	150,000	150,000	300,000
Coordination	300,000	300,000	600,001
TOTAL	3,750,003	3,750,251	7,500,253

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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MAA62001 - Central Africa region

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	361,031	144,143		900		506,074
Land, vehicles & equipment	11,529		3,000		6,000	20,529
Transport & Storage	384,601	11,562	29,592	7,800		433,555
Personnel	886,782	397,184	147,568	87,550	78,060	1,597,144
Workshops & Training	97,050	72,573	16,250		54,500	240,373
General Expenditure	362,757	75,789	84,091	44,000	141,940	708,577
Depreciation						
Contributions & Transfers						
Programme Support	146,250	48,750	19,500	9,750	19,500	243,750
Services						
Contingency						
Total Budget 2010	2,250,000	750,002	300,001	150,000	300,000	3,750,003

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	364,087	144,143		900		509,131
Land, vehicles & equipment	11,529		3,000		6,000	20,529
Transport & Storage	374,601	11,562	29,592	7,800		423,555
Personnel	893,958	397,184	147,568	87,550	78,060	1,604,320
Workshops & Training	97,050	72,573	16,250		54,500	240,373
General Expenditure	362,757	75,789	84,091	44,000	141,940	708,577
Depreciation						
Contributions & Transfers						
Programme Support	146,266	48,750	19,500	9,750	19,500	243,766
Services						
Contingency						
Total Budget 2011	2,250,248	750,002	300,001	150,000	300,000	3,750,251