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# Annual report Chad

 International Federation  
of Red Cross and Red Crescent Societies

**MAATD001**  
**10 May 2012**

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

*A Relief-ERU delegate and a RCC  
volunteer distributing non-food items  
and explaining their use to a  
beneficiary in one of the worst  
affected regions of Tandjilé (Kelo)*  
Photo: IFRC



## In brief

### Programme outcome

The International Federation of Red Cross and Red Crescent Societies (IFRC) representation in Chad supports the Red Cross of Chad (RCC) to provide humanitarian assistance to approximately 54,874 Sudanese refugees sheltered in the camps of the sub-prefecture of Hadjar Hadid. In line with the strategic aims under IFRC's Strategy 2020, support is also provided to the National Society to respond to numerous humanitarian challenges such as food security, floods and epidemics. With the integration process of the IFRC in the National Society, capacity building for RCC staff is also being reinforced through training workshops and the transfer of skills and competences.

### Programmes summary

While donor response to the refugee operation was low during the first half of 2011, delaying the implementation of planned activities, RCC received prompt support from Movement and non-Movement partners to respond to epidemics in three regions of the country during the year.

Sudanese refugees in the Tréguine and Bredjing camps continued receiving basic assistance (access to food, water and sanitation, as well as shelter and infrastructure) through a bilateral partnership between the RCC and UNHCR. IFRC's field team provided technical support and monitored the implementation of activities.

The food security programme, in partnership between IFRC and WFP, had been initiated in 2010 and continued till the end of February 2011. It was then transferred to the RCC through a bilateral partnership with WFP. Field reports disclosed that quality humanitarian assistance was delivered to malnourished children in the region of Kanem, Lac, Bahr El Gazal and Hadjar Lamis. The IFRC provided technical and logistical support through the transfer of vehicles along with the deployment of a food security Regional Disaster Response Team (RDRT) member and a logistics delegate.

RCC, with the support of IFRC, responded to cholera and meningitis outbreaks in the southern part of the country in April 2011. This contributed towards saving lives in affected communities. RCC volunteers were trained, mass sensitization campaigns were launched and latrines were constructed. In August and September 2011, cholera struck back affecting several regions of the country and claiming hundreds of lives. An emergency appeal was launched and a basic health care Emergency Response Unit (ERU) was deployed in the most affected area of Mongo. A total of 100 patients were treated. Trained RCC volunteers disseminated hygiene messages in the target areas, reducing thereby the spread of the epidemic.

The integration of the IFRC representation into the RCC became effective during 2011. Since the beginning of the year, some IFRC and RCC staff members shared the same office and all planning and implementation activities were jointly undertaken. This has strengthened confidence and enabled better service delivery to the most vulnerable.

### Financial situation

The total 2011 budget is CHF 4,999,514, of which CHF 2,229,661 (45 per cent) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,146,751, corresponding to 43 per cent of the budget and 96 per cent of the funds available. The slightly low expenditure in relation to the revised budget was based on the amount of funds available.

Project/programme yearly finance status			
Year budget	Expenditure	Per cent of budget	Per cent of available funds spent
CHF 4,999,514	CHF 2,146,751	43 %	96 %

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

### Number of people we have reached

Programme	Activity	No. of people reached
Disaster Management	<b>Sudanese refugee operation</b>	
	Food distribution	54,760
	Shelter	600
	Plastic sheeting distribution	5,420 families
	<b>Cholera and meningitis operation (April 2011)</b>	
	Sensitisation campaigns	181,340
	Non-food items distribution	1,000 families
	<b>Food security operation in the north of the country</b>	
	Food distribution to malnourished children	203,960
	<b>Cholera operation (August 2011)</b>	
	Curative activities in the basic health care ERU	100
	Awareness raising campaigns	200,000
	Non-food items distribution	8,200
Training of RCC volunteers	250	
Health and Care	<b>Sudanese refugee operation</b>	
	Water supply	54,874
	Sanitation activities and hygiene promotion campaigns	160,000
Organizational Development	Training of RCC staff in computer skills (advanced course on Excel and PowerPoint)	15
Principles and Values	Training of RCC volunteers on sensitization techniques	150
	Training of traditional female genital mutilation practitioners.	20

## Our partners

Movement partners of the RCC include the Red Cross Societies of Finland, Sweden, Japan, Norway and France, as well as IFRC and the International Committee of the Red Cross (ICRC). Non-Movement partners include the International Rescue Committee, Chadian National Commission for Refugees, Chadian government, Première Urgency, United Nations agencies (UNOCHA, UNHCR, UNICEF, UNFPA, WFP and WHO) as well as the US State Department's Bureau of Population, Refugees and Migration. The IFRC and National Society wish to thank all partners for their collaboration and support during the year.

## Context

The security situation in Chad remained stable during the reporting period, with no major security incident reported. The Chadian and Sudanese joint force set up to secure their common border replaced the United Nations Mission in the Central African Republic and Chad (MINURCAT). The last battalion of MINURCAT pulled in December 2010. Prior to the pull out, the United Nations provided equipment and training to the Detachment Intégré de Sécurité (DIS), comprising Chadian police officers, to reinforce its operational capacity. The role of the DIS is to provide security to refugees and humanitarian personnel operating in the east of the country.

The Libyan conflict triggered the return of many Chadian civilians in the country during this period. Following the uprising in the country, Chadian and other Sub-Saharan African nationals were targeted by insurgents and accused of being mercenaries inside the Libyan Army. This event increased the vulnerability of the population in north Chad, where food crises are recurrent and the population depends mainly on trade with Libya or income sent by relatives in Libya.

The Libyan crisis also affected the transportation of food items to Sudanese refugees located in the eastern part of Chad. The World Food Programme (WFP) usually transported food items from the port of Benghazi in Libya to the east of Chad. However, since Benghazi became the epicentre of the Libyan revolution, WFP had to use the port of Sudan, adding thousands of kilometres of road transport. Despite this, no food shortage occurred in the camps and refugees continued to receive their monthly food ration as earlier.

## Progress towards outcomes

As funds pledged were not sufficient to implement activities planned during the reporting period, especially under the organizational development as well as principles and values programmes, a number of programme components developed in the 2011 country plan could not be carried out and have, therefore, not been reported in this annual report.

## Disaster management

Despite funding constraints noticed in the first six months of the year, Sudanese refugees in the Tréguine and Bredjing camps continued receiving basic assistance through a bilateral partnership between the RCC and UNHCR on the one hand and RCC and WFP (in the refugee camps and drought affected area in the northern part of the country) on the other hand. The IFRC provided technical, financial and material support to the National Society, both at the national headquarter level as well as at the field level. In line with its mandate, IFRC supported the National Society to respond to numerous challenges notably a cholera outbreak, meningitis epidemic and food crisis during the reporting period.

<p><b>Programme component 1:</b> Disaster management planning</p>	<p><b>Outcome 1:</b> RCC's ability to predict and plan for disasters to mitigate their impact on vulnerable communities and populations is improved.</p> <p><b>Outcome 2:</b> Disaster preparedness existing plans, frameworks, strategies and directives are further updated, disseminated and implemented.</p> <p><b>Achievements:</b> RCC drafted four contingency plans during this reporting period. The contingency plans aimed at responding to epidemics, population</p>
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	<p>movements and potential violence during the presidential, legislative and local elections. A total of 400 volunteers were mobilized. During the Libyan crisis, the population movement contingency plan was activated and enabled the National Society to respond to the need of the Chadian population and other sub-Saharan nationals fleeing the conflict. Those activities were fully supported by the ICRC.</p> <p>During the fifth anniversary of the country, the RCC mobilized 70 volunteers to provide first aid and referral for injured people. This move promoted the image of the National Society and strengthened its role as an independent institution, auxiliary to public authorities.</p>
<p><b>Programme component 2:</b> Organizational preparedness</p>	<p><b>Outcome 1:</b> An increased number of trained staff and volunteers are involved in disaster management.</p> <p><b>Outcome 2:</b> An effective disaster response mechanism is developed and well coordinated.</p> <p><b>Outcome 3:</b> Financial and material capacity for effective disaster management is improved and reinforced.</p> <p><b>Achievements:</b> RCC staff and volunteers, trained in disaster management in November 2010, were regularly involved in various disaster management operations. For instance, the cholera and meningitis epidemics operations as well as the food security programme were effectively supervised by well trained staff and volunteers. Further, staff and volunteers trained in water, sanitation and hygiene, health and food distribution continued to provide humanitarian assistance under the refugee operation.</p> <p>Despite the training of disaster management personnel in different regions, an effective disaster management mechanism lacked coordination at the national level as a result of shifts in personnel from one department to another at RCC's national headquarters.</p> <p>The material capacity of the National Society improved during the year, with the donation of 10 light vehicles by the Chadian president during the commemoration of World Red Cross Red Crescent Day in May. In addition, four trucks were donated by the IFRC and four vehicles by the ICRC. The Chadian government continued to provide financial subvention to RCC.</p>
<p><b>Programme component 3:</b> Community preparedness</p>	<p><b>Outcome 1:</b> The vulnerabilities to public health emergencies and the threats of food insecurity are reduced in targeted disaster-prone areas.</p> <p><b>Outcome 2:</b> The resilience of targeted communities is improved to better withstand natural disasters and situations of violence.</p> <p><b>Achievements:</b> Despite emergency response to food insecurity and diseases, a long-term approach to reduce threats was not made effective at a national level during this reporting period.</p>
<p><b>Programme component 4:</b> Disaster response</p>	<p><b>Outcome 1:</b> RCC disaster response assistance to meet the needs under the Sudanese refugee operation and those of other people affected by disaster is improved.</p> <p><b>Outcome 2:</b> The preparedness for responding to a further influx of refugees is strengthened and the capacity of hosting at least 2,000 additional</p>

refugees ensured.

**Outcome 3:** An efficient transport capacity is in place to support distributions of food and relief items to refugees in Tréguine and Bredjing camps and local host populations.

**Achievements:** An Influx of refugees was not reported during 2011. The transportation capacity of the RCC has also been efficient since 2010, with a contribution from the Norwegian Red Cross. Five trucks had been made available in the camps to provide logistics support to all sectors of intervention.

**Cholera and meningitis epidemics in April 2011:** Following cholera and meningitis epidemics in the south of the country, an allocation from IFRC's Disaster Relief Emergency Fund (DREF) was made and a RDRT member was deployed to coordinate the operation. A total of 210 RCC volunteers were trained and involved in mass sensitization campaigns. In the cholera affected areas, the sensitization campaigns reached 31,340 people directly and 150,000 indirectly. In-kind distribution such as soap and buckets reached 1,000 families. In the meningitis affected areas, the awareness raising campaigns reached 65,000 people directly and 641,000 indirectly. Both interventions enabled a curb in the spread of the epidemics in targeted areas.

**Food security operation in the north of the country:** The food security operation in the regions of Kanem, Lac, Hadjar Lamis and Bahr El Gazal, launched in 2010, continued during 2011 with a new field level agreement signed bilaterally between RCC and WFP. IFRC facilitated the deployment of a food security RDRT member, a logistics delegate and four light vehicles to the affected areas. According to field reports, quality and prompt humanitarian response was provided to malnourished children and their families. A total of 203,960 malnourished children were provided with a monthly ration of food thereby reducing their malnutrition status and enabling them to live with dignity.

**Cholera outbreak in August 2011:** Mongo, a town located in central Chad, experienced recurrent cholera outbreaks in the past few years due to poor access to potable water and lack of adequate sanitation facilities. In 2011, late rains brought heavy downpours in the beginning of August. The majority of the population in Mongo drinks water from unprotected wells, which became contaminated from the faecal waste washed down from surrounding hills. As a result, a cholera epidemic hit several neighbourhoods and surrounding districts affecting families and claiming many lives. A Field Assessment and Coordination Team (FACT) was deployed to carry out a rapid evaluation and an emergency appeal was launched. The appeal was followed by the deployment of a basic health care ERU in Mongo and health RDRT members in Bongor, Kelo and Lai. The basic health care ERU was accompanied by a relief ERU, along with logistics, water and sanitation, as well as community health officers. During the first three months of the emergency phase, several activities were carried which contributed towards the reduction of the epidemic. These included:

- Treatment of 100 patients in the basic health care ERU in Mongo and through its mobile clinics operating in the surrounding provinces;
- Over 200,000 people were reached by 400 volunteers (trained in Mongo, Kelo, Lai and their surrounding provinces) through door-to-door and public gathering sensitization campaigns;

	<ul style="list-style-type: none"> <li>• A total of 8,200 vulnerable families were reached by in-kind distribution consisting of buckets, jerry cans and soap among other things;</li> <li>• IFRC and RCC provided medical input to over 10 health districts in the operational area;</li> <li>• Capacity building of the local committee of the RCC was greatly enhanced in terms of provision of material and training, thereby enabling them to face future disasters.</li> </ul>
<p><b>Programme component 5:</b> Recovery</p>	<p><b>Outcome 1:</b> Assistance to restore the Sudanese refugees living conditions and meeting their needs of a longer term recovery is improved.</p> <p><b>Outcome 2:</b> Bredjing camp is decongested by having installed an extension area with the capacity of accommodating 10,000 refugees from the central camp, thereby enabling the refugees to live with greater dignity.</p> <p><b>Outcome 3:</b> The extremely vulnerable refugees in Tréguine and Bredjing camps are reached by special and timely services to resume more normal lives in the local context.</p> <p><b>Achievements:</b></p> <p><b>Food distribution in the two refugee camps:</b> During the reporting period, refugees in both camps had access regularly to the monthly ration of food made available by WFP. Out of 54,874 refugees, 99.8 per cent received timely food rations in accordance with the Sphere Standards. In addition, the food basket was regularly accompanied by the distribution of soap, also made available by WFP. Planned activities such as the extension of the Brédjing camp and provision of special services to vulnerable refugees in both camps were assigned to two non-Movement partners operating in the camps – Chad’s national refugee authority (CNAR) and Hebrew Immigrant Aid Society (HIAS).</p> <p><b>Shelter and infrastructure:</b> The construction of long-lasting shelters for the benefit of extreme vulnerable populations in the camps continued. During the reporting period, the following results were achieved:</p> <ul style="list-style-type: none"> <li>• Construction of 600 durable shelters for the extremely vulnerable population in the two refugee camps;</li> <li>• Construction of 12 community shelters (hangars) in the two camps;</li> <li>• Laying out of 3,600 meters of road within the two camps;</li> <li>• Wire fencing of three distribution centres;</li> <li>• Rehabilitation of the RCC office in Hadjar Hadid;</li> <li>• Distribution of 80 construction kits in both camps;</li> <li>• Construction of a professional centre in Hadjar Hadid.</li> </ul> <p><b>IFRC field based support:</b> The food distribution sector was supported by four trucks made available by the Norwegian Red Cross in 2010 and were donated to RCC. Security of the distribution sites and stocks were protected by security guards. The IFRC supported the shelter and infrastructure sectors with an engineer recruited to manage activities. Support was also provided to vulnerable families to build durable shelters and a main warehouse were constructed to be used as a cereal bank in the future. IFRC also provided financial and technical support for the construction of a professional centre aimed at providing refugee youth with technical skills.</p>

## Health and Care

Since 2010, RCC has no longer been in charge of the Health and Care programme, which was assigned to the International Rescue Committee. Therefore, programme components developed in the country plan have not been reported in this annual report. However, the water and sanitation component of the Tréguine and Brédjing camps has remained under the National Society's control and therefore reported against here.

<p><b>Programme component 6:</b> Water and Sanitation</p>	<p><b>Outcome 1:</b> Members of National Disaster Response Team (NDRT) in water and sanitation are further trained and equipped to effectively intervene in disaster and emergency situations.</p> <p><b>Outcome 2:</b> The installation of water sources and the water distribution system is maintained and improved, thereby enabling targeted beneficiaries sufficient, sustainable and safe access to drinking water in consistency with Sphere standards.</p> <p><b>Outcome 3:</b> The sanitation system in the camps and host communities is improved.</p> <p><b>Outcome 4:</b> The awareness of beneficiaries on basic hygiene rules is improved.</p> <p><b>Achievements:</b> During the reporting period, refugees in both camps and humanitarian personnel operational in the area of Hadjar Hadid had access to safe and clean water without any major interruption. Refugees and humanitarian personnel received quality water supply far beyond the Sphere standards (19 liters per person per day in Brédjing and 17 liters per person per day in Tréguine). Water storage facilities and the water distribution net were extended and rehabilitated in both camps.</p> <p>Further, RCC's sanitation team in both camps remained very active in delivering hygiene messages to refugees. A total of 60 educational debates, 100 home visits, 120 cleaning activities and 10 drama plays were carried out during the reporting period. These activities enabled the National Society to indirectly reach 160,000 people in both camps, thereby facilitating the improvement of health conditions among refugees.</p> <p>In addition, four public latrines were built: one in Tréguine, one in Brédjing and two in the professional centre in Hadjar Hadid. The sanitation team continued to monitor the use of latrines in the camps through disinfection and distribution of hygiene kits. As of December 2011, the number of latrines in the two camps was 6,708 and the number of persons per latrine was seven in Brédjing and eight in Tréguine.</p> <p><b>IFRC field base support for these two sectors:</b> During the reporting period, IFRC provided two generators with pumps, fuel and maintenance input to reinforce the availability of water supply to refugees in both camps and humanitarian personnel operating in the area of Hadjar Hadid. Input for sanitation and hygiene promotion in both camps was also provided. Chemical products to fight against flies, mosquitoes and other vectors were made available. Meanwhile, IFRC supported the RCC fleet with two light vehicles and ensured the payment of rental and communication fees in the field.</p>
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## National Society Development

<p><b>Programme component 1:</b> Organizational development process</p>	<p><b>Outcome 1:</b> Programme planning and implementation is facilitated and made effective through increased technical and material support in RCC's organizational development processes.</p> <p><b>Outcome 2:</b> Reorganizational and decentralization needs are adequately addressed, including programme restructures, thereby scaling up service delivery.</p> <p><b>Outcome 3:</b> Capacity building and organizational development support has enhanced RCC existing branches and contributed towards building the capacity of new regional committees.</p> <p><b>Achievements:</b> Following the training of the first National Disaster Management Team in November 2010, IFRC representation continued capacity building programmes for the RCC during 2011. In May 2011, the IFRC logistics delegate organized a three-day advance course in Excel and Powerpoint for National Society staff, thereby further reinforcing their capacity in programme implementation. Further, the IFRC finance and administration delegate trained RCC staff on Federation finance procedures to enable further transparency and avoid the mismanagement of resources.</p> <p>The National Society's organizational development officer organized the restructure of seven regional and local committees of RCC and put in place a mapping of volunteers. This enabled an assessment of the number of volunteers available for deployment during emergency response operations.</p>
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## Principles and Values

<p><b>Programme component 1:</b> Promotion of Fundamental Principles and Humanitarian Values</p>	<p><b>Outcome 1:</b> Governance, permanent staff and active volunteers have acquired enhanced knowledge and understanding of the Fundamental Principles.</p> <p><b>Outcome 2:</b> Awareness of humanitarian values in vulnerable communities in all regions is increased through RCC active involvement in public campaigns, radio broadcasts, training, dissemination activities and other interventions.</p> <p><b>Outcome 3:</b> A national law for protecting the Red Cross emblems and the Movement's identity in Chad is voted by the Chadian National Assembly, promoted nationwide by the President of the Republic and disseminated together with the Movement's principles, values and activities.</p> <p><b>Achievements:</b> Training and awareness on Fundamental Principles and Humanitarian Values was not carried out during the reporting period due to lack of funding. However, advocacy for a national law to protect the Red Cross emblem and the Movement's identity continued.</p>
<p><b>Programme component 2:</b> Integration of Fundamental Principles and</p>	<p><b>Outcome 1:</b> A RCC working group of six members is set up at national level to ensure that efforts are directed towards integrating Principles and Values into all RCC operational programmes.</p> <p><b>Outcome 2:</b> Youth and volunteers are mobilized as agents of behavioural</p>

Humanitarian Values	<p>change; active in encouraging tolerance, intercultural dialogue, respect for diversity and a culture of peace and non-violence within Chadian civil society.</p> <p><b>Achievements:</b> During the commemoration of World Red Cross and Red Crescent day on 8<sup>th</sup> May, 600 RCC volunteers and members of the RCC youth club were mobilized and marched through the capital city chanting the national anthem of the Movement and raising awareness among the larger population on the mission of the Movement. The event was preceded by an advocacy meeting with the Chadian president. The president lauded the activities of the National Society and urged the government to support it in the delivery humanitarian assistance throughout the country. After the meeting, the president donated ten light vehicles to the RCC and promised more support in future to enable it to better play its role of auxiliary to public authorities.</p>
<p><b>Programme component 3 :</b> Anti-discrimination and sexual gender-based violence (SGBV)</p>	<p><b>Outcome 1:</b> A focused and coordinated approach, based on increased capacity of RCC to run programmes on anti-discrimination and non-violence, is adopted to prevent incidences of SGBV and female genital mutilation (FGM) and alleviate its consequences.</p> <p><b>Outcome 2:</b> Victims of SGBV have enhanced ability to take action against discrimination and violence.</p> <p><b>Outcome 3:</b> Increased awareness and involvement of targeted community members to reduce incidences of SGBV and other forms of violence.</p> <p><b>Achievements:</b> An initiative to combat FGM was planned to be launched since 2010 but started only in January 2011 with the deployment of a delegate in charge of FGM, funded by the Swedish Red Cross. Following readjustment of the draft project, for security reasons it was agreed to relocate the project in the regions of Ouaddai, Mandoul and Wadi Fira, mostly affected by the practice of FGM.</p> <p>The RCC FGM coordinator, supported by the IFRC delegate, trained 150 RCC volunteers, two supervisors, seven team leaders and two regional coordinators who were involved in awareness raising campaigns. Awareness raising campaigns were launched in two target areas of Abeche and Mandoul and local administrative, traditional and religious authorities were involved to advocate for real change of behaviour and abandon FGM practices. A total of 20 traditional FGM practitioners threw their materials in public in Abeche as a sign of abandoning the practice after being briefed on its consequences. In Koumra, the capital of Mandoul region, traditional authorities promised not to send their daughters for tribal initiation where they are genitally mutilated.</p> <p>The SGBV component of the programme had been developed for refugee women in Brédjing and Tréguine camps. As this was assigned to non-Movement partners, being a part of the health and community health initiatives, this component has not been reported against here.</p>

### Constraints or Challenges

The lack of funding during the first half of the year, especially for the refugee operation, hindered the timely implementation of planned activities, for instance in the operational area of Hadjar Hadid. IFRC support to the refugee operation started after July, when pledges were received. Some programme components, developed under the 2011 country plan, could not be carried out either because they were assigned to other partners or due to lack of funding.

Further, despite a response to the food crisis, target communities remain vulnerable as there is no alternative to their situation. A sustainable food security programme should be developed, for which financial support is urgently needed from Movement and non-Movement partners.

### Working in partnership

United Nations led meetings were regularly attended since RCC is the focal point in terms of data collection and the organization of rapid assessment missions through its network of volunteers. During the food crisis response operation, regular meetings were organized with WFP, both at the national level and field level. Meetings of the nutrition cluster, under the supervision of UNICEF, were also regularly attended. The IFRC representative regularly attended the UN's monthly humanitarian country meetings.

Movement meetings were organized on a weekly basis and the National Society participated in these to discuss and share information with the Chadian Ministry of Health.

### Contributing to longer-term impact

The IFRC representative continued to support RCC in the provision of quality humanitarian assistance. Technical support was provided in the preparation and submission of project proposals at local and international levels. Monitoring and evaluation missions of activities and projects, either in the refugees camps or in drought affected areas, were carried out on a regular basis to ensure proper implementation of planned activities.

In an effort towards making RCC more self reliant and better able to achieve the main programme orientations outlined in its strategic development plan, capacity building support was provided to relevant National Society staff and tailored to enable RCC to lever the process of mobilizing resources, building and maintaining relations with partners, and developing funding plans.

Programmes implemented by RCC, with the support of IFRC, continued contributing towards the achievement of the strategic aims of IFRC's Strategy 2020, as well as the UN Millennium Development Goals.

### Looking ahead

In 2012 and beyond, the IFRC representation will remain focused on providing humanitarian assistance to people affected by disaster in Chad and at the same time laying greater emphasis on the capacity building programme of the National Society. In addition, a recovery programme will be envisaged to enable refugees and drought affected families get back to a normal situation and live with dignity.

## How we work

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

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

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

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

Find out more on [www.ifrc.org](http://www.ifrc.org)

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