

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

GABON

Appeal no. 05AA037

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.

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[Click on the title below to go to the relevant text; click on the figure to go to the programme budget](#)

	2005
Programme title	in CHF
Strengthening the national society	
Health and care	197,110
Total	197,110¹

¹ USD 156,600 or EUR 127,000.

National Context

Gabon gained independence from France in 1960. The administrative divisions of 1990, 1994 and 1996 resulted in nine provinces (ruled by governors), 47 divisions, 152 townships, 50 local councils, 26 sub-divisions, 26 districts (sub-prefectures), and 3,304 villages and groups of villages. It should be noted that the village is the smallest administrative unit in a township, just like the neighbourhood in a local council.

Apart from the Estuaire Province that has two health regions (Libreville and the rest of that geographical area), each province in Gabon represents a health division, making a total of ten health regions.

Gabon has benefited from WHO and UNFPA support since 1990. This has enabled the country to carry out several surveys, the results of which were used to rehabilitate health centres and hospitals, to improve training of medical staff, to distribute health structures and personnel evenly in all health regions, and to reduce the cost of consultation and health care.



Gabon has yet to develop a national population policy with clear objectives that can be evaluated. Nevertheless, government authorities signed an agreement with UNFPA in 1998 to show their commitment to the development of such a policy that should be applied to the domains of family planning and other basic social policies.

Social and welfare services have been finding it more and more difficult to fully play their part due to the economic crisis, the decline of oil prices, fluctuations in USD exchange rates, and the 1994 CFA devaluation. In 2002, economic growth was 0.6%; this was insufficient to affect the general welfare of the population.

A review of basic socio-economic indicators reveals that the human development index is low in Gabon, compared to its economic performances. Gabon is ranked 122 out of 177 countries, with an individual HDI 0.648 i.e. the second country in sub-Saharan Africa after South Africa. The following table highlights key data from the 2004 UNDP Human Development Report.

Human Development Indicators at a Glance

Category	Gabon	Sub-Saharan Africa	World
Total population (millions)	1.3	641.0	6,225.0
GDP per capita (USD)	3,780	469	5,174
Life expectancy at birth (years): Female - Male	57.6 – 55.7	n.a.	n.a.
Infant mortality rate, per 1,000 live births	60	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	420	n.a.	n.a.
Population (%) with sustainable access to an improved water source (2000)	86	57	82
HIV prevalence (% , ages 15-49) (2003)	8.1	7.7	01.1
Adult literacy rate (% , ages 15 and above): Female - Male	n.a.	n.a.	n.a.

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Note: Data is 2002 unless noted above.

Gabon; Annual Appeal no. 05AA037

In 1999, the population density was 4.5 inhabitants per square km; 80% lived in urban areas, predominantly Libreville and Port-Gentil. Close to 20% of the populations living in these two towns live under the absolute poverty line (estimated at about CFA 29,000 or USD 45 per person per month). The absolute poverty index is even lower in rural areas. Nearly half of the population is under the age of 17, and 46% is between 15 and 49 years of age.

The average age at which people have their first sexual intercourse in Gabon is 13. Teenagers are frequently impregnated (one woman out of two give birth to their first baby before the age of 19). This shows clearly that early and unprotected sex is rampant in this country.

The use of condoms was first prohibited in 1969, but authorized once again in 2000. In 2001, HIV/AIDS prevalence was estimated at 7.7% in urban areas. This has a negative impact on life expectancy at birth and on the growth of the GDP per capita. The rate at which prevention methods are used is very low: 9.4% for women and 30% for men.

Close to 60% people test sero-positive when they have already become AIDS patients. Sexual behaviours adopted by people in Gabon show clearly that they do not know what HIV/AIDS is, or that they have a wrong perception of this pandemic and its ravages. In fact, it is common to see people move from one sex partner to another, multiplying them as much as they can come across. Poverty pushes women and teenagers into the dirty hands of prostitution. These women and teenagers become dependent on men and therefore lose their right to decide whether they need protection or not, whether they want a baby or not.

In broad terms, the health conditions of the populations deteriorated as a result of the economic crisis.

Red Cross Red Crescent Priorities

National Society Strategy

The Gabonese Red Cross Society² held its Ordinary General Assembly in October 2003. The resulting recommendations relate to three core areas: organizational development, community-based health, and disaster management.

The organizational development priorities of the Gabonese Red Cross for the coming years include:

- Good mastery of good governance and management principles by its administrators at every level
- The development of a clear and precise juridical basis that would be easy to understand to all its members
- The definition and implementation of a policy to manage human resources (volunteers and permanent workers)
- The recruitment of qualified volunteers and permanent personnel
- The development of criteria for the auto evaluation of its administrators and personnel
- The elaboration of a strategic plan for the development and mobilization of resources
- The development and execution of programmes and projects by local committees
- The mobilization of the material and financial resources needed for the execution of programmes and projects
- The development of tools for the administrative and financial management
- The development of a policy for the management of material and financial resources.

Regarding community-based health, the priority of the Gabonese Red Cross will be to develop its own health policy taking inspiration in the ARCHI 2010 strategy as an approach to building the capacities of vulnerable people and community leaders so as to enable them to have conscience and take care of their major health problems.

As far as disaster management is concerned, the Gabonese Red Cross will have to encourage the government to develop and implement a policy on emergency response to disasters by defining its own policy to that effect through its local committees. All the activities aimed at attaining those priorities will be carried out in four pilot local committees in 2005, and will be replicated in other committees in 2006.

² Gabonese Red Cross – Refer to <http://www.ifrc.org/where/country/check.asp?countryid=69>

Gabon; Annual Appeal no. 05AA037

Movement Context

After the institutional crisis that occurred in 2002, the Gabonese Red Cross established cooperation ties with some members of the International Red Cross and Red Crescent Movement.

The Federation, through its Central Africa sub-regional office in Yaoundé, Cameroon (BRAC) and the Federation representative in Libreville, Gabon, has been supporting the restructuring efforts of the national society through a capacity building programme financed by the Federation Capacity Building Fund (CBF).

The ICRC, for its part, has been working in close collaboration with the Gabonese Red Cross in two programmes: (1) the search for missing people and the reunification of Congolese families separated as a result of the Republic of Congo crisis, and (2) information and diffusion.

Gabonese Red Cross has been working hand-in-hand with the French Red Cross to provide psychological support to persons living with HIV/AIDS (PLWHA) in Libreville, Port-Gentil, and Franceville, through the out-patient treatment centre.

At present date, no cooperation agreement exists between Gabonese Red Cross and its Movement partners.

Strengthening the National Society

Health and Care

Background and Achievements

Health facilities in Gabon are no longer up to the expectations of the populations. For some years now, there has been no planning; meaning that no infrastructure has been put in place and no equipment has been purchased. Therefore, the quality and efficiency of the health system has been deteriorating, and everybody in the society feels the consequences. The population of Gabon no longer has confidence in its health system, health personnel are demotivated, and governmental authorities and international organizations have been wondering about the efficiency of the health sector.

In reaction to this situation, the Gabonese Ministry of Health was able to develop a national health action plan (PNAS) and a national plan to develop the health sector (PNDS). Technical and financial support from 1998 to 2000 from WHO, EU, and the French Cooperation was integral to the success of these plans..

Thanks to PNAS, a new form of partnership has been established between the government and communities, international organizations, NGOs, and donors, as a conducive framework has been put in place to facilitate the intervention of these institutions in Gabon.

The life expectancy at birth in Gabon is 56.6 years. The mortality is mostly due to diseases related to reproductive health and to infectious diseases such as malaria, meningitis, etc.

The morbidity in children under the age of five is mostly caused by parasitic diseases and infections (malaria, water-borne diseases, acute respiratory infections, fever, etc.).

Maternal mortality and morbidity are related to haemorrhages, infectious complications, abortions, and sexually transmitted infections (STI).

There are also some pathologies such as trauma, work accidents, cardiovascular diseases, diabetes, and cancers that are related to urbanization.

The various occurrences of the Ebola Fever have helped to establish the fact that culture and traditions influence enormously people's behaviours. In fact, what make the difference between behaviours are geographical, ethnical, traditional, and educational parameters. In order to develop health policies that will be fully implemented by the populations, decision makers should take into consideration those various dimensions.

Gabon has the most updated air communication network in Africa. Several airlines are covered by 5 local air companies. 5 provinces (Estuaire, Moyen Ogoué, Ogoué Ivindo, Ogoué Lolo, and Haut Ogoué) are connected to the railway network of the country. The road network still needs serious rehabilitation, though it benefits from the

Gabon; Annual Appeal no. 05AA037

attention of the international cooperation (EU – FED, World Bank). Traffic on the fluvial network is concentrated in coastal provinces (Estuaire, Ogoué Maritime, Moyen Ogoué, Nyanga).

The majority of the population of Gabon is yet to have access to potable water. This has serious consequences on the health of the populations, as water-borne diseases are rampant in the country. Only 30% of the populations in rural areas have access to potable water.

A vast programme on water distribution in villages has been launched. Unfortunately, it has not been going on smoothly; as the technologies proposed by the programme fail to match with the life style of the beneficiaries. Out of all the health structures that have been investigated in suburbs and communities, only 30% have access to potable water.

No dialogue was previously established between all the interest holders before planning the refuse collection and disposal. Consequently, refuse is treated rationally only in some parts of Libreville and Port-Gentil, depending essentially on the good will of private operators. In rural areas, household refuse is accumulated behind houses or buried in cesspits. Such practices are also observed in some underdeveloped parts of the capital (Libreville), and are responsible for the quick spread of diseases.

Urban planning has just been put in place by the government. Consequently, houses in Gabon are generally built with precarious materials (sheet iron, wood). It is obvious that installations do not follow any organized scheme, as areas that can be flooded are occupied and the populations exposed to the consequences of stress of weather. 7% of the populations of Libreville live in precarious houses.

The situation in Gabon highlights the need to train the populations in community-based health through the execution of integrated projects.

Goal: The vulnerabilities of the populations of Libreville, Port-Gentil, and Franceville to major health problems is reduced.

Objective: The populations of Libreville, Port-Gentil, and Franceville have adopted attitudes and behaviours that can enable them solve major health problems.

Expected Results:

- Community leaders in the targeted provinces have understood the ARCHI 2010 strategy as an approach that can build their capacities so as to enable them have conscience and take care of their major health problems.
- Volunteers in the local committees of the targeted provinces have good mastery of how to conduct information, education and communication (IEC) activities.
- Pregnant women, mothers, out-of-school young people, and other groups of vulnerable people in the targeted provinces are informed and trained on how to prevent diseases and take care of major health problems.

<Refer to the Logical Framework Planning Matrix: Gabon Health and Care>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA037HC.pdf

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<Appeal budget below - Click here to return to title page>

BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA037

Name: GABON

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	5,592	0	0	0	0	0	5,592
Teaching materials	18,805	0	0	0	0	0	18,805
Utensils & tools	5,718	0	0	0	0	0	5,718
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	30,116	0	0	0	0	0	30,116
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	0	0	0	0
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	9,960	0	0	0	0	0	9,960
TRANSPORT & STORAGE	9,960	0	0	0	0	0	9,960
Programme Support	12,812	0	0	0	0	0	12,812
PROGRAMME SUPPORT	12,812	0	0	0	0	0	12,812
Personnel-delegates	87,000	0	0	0	0	0	87,000
Personnel-national staff	11,622	0	0	0	0	0	11,622
Consultants	0	0	0	0	0	0	0
PERSONNEL	98,622	0	0	0	0	0	98,622
W/shops & Training	16,000	0	0	0	0	0	16,000
WORKSHOPS & TRAINING	16,000	0	0	0	0	0	16,000
Travel & related expenses	6,000	0	0	0	0	0	6,000
Information	0	0	0	0	0	0	0
Other General costs	23,600	0	0	0	0	0	23,600
GENERAL EXPENSES	29,600	0	0	0	0	0	29,600
TOTAL BUDGET:	197,110	0	0	0	0	0	197,110