

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

GABON

8 June 2006

In Brief

Appeal No. 05AA037; Appeal target: CHF 197,110 (USD 162,725 or EUR 126,433); Appeal coverage: 13.7%.
[Click here to go directly to the attached Financial Report.](#)

Annual Appeal: <http://www.ifrc.org/docs/appeals/annual05/05AA037.pdf>

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual05/05AA03701.pdf>

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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Operational context

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 deteriorated and everybody in the society feels the consequences. The population of Gabon no longer has confidence in its health system and health personnel are demotivated. Government authorities and international organizations are now concerned about the efficiency of the health sector.

In response to this situation, the Ministry of Health was able to develop a national health and development action plan to develop the health sector, mostly known by their respective French acronym PNAS¹ and PNDS², with the technical and financial support from World Health Organization (WHO), the European Union (EU) and the French Cooperation, from 1998 to 2000. Thanks to PNAS, a new form of partnership has been established between the government and communities, international organizations, non-governmental organizations (NGOs) and donors. As a result, a conducive framework is now in place to facilitate intervention by 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 and meningitis. The morbidity in children under the age of five is mostly caused by parasitic diseases and infections such as malaria, water-borne diseases, acute respiratory infections and fever. Maternal mortality and morbidity are related to haemorrhages, infectious complications, abortions, and sexually transmitted infections (STIs). There are also urbanization-related health complications such

¹ PNAS- Plan national d'action sanitaire

² PNDS- Plan national de développement sanitaire

Gabon: Appeal no. 05AA037; Annual Report

as trauma, work accidents, cardiovascular diseases, diabetes and cancers. The various occurrences of the Ebola fever showed that culture and traditions highly influence people's behaviours (at geographical, ethnical, traditional and educational levels). In order to develop health policies that will be fully implemented by the populations, decision makers should take into consideration those various dimensions.

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 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 (iron sheets and wood). It is obvious that installations do not follow any organized scheme, as areas that can be flooded are occupied and the population is exposed to the consequences of stress of weather. Seven percent 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.

Overall analysis of 2005

Health and care

Goal: The vulnerability 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.

Constraints

As a result of an institutional crisis, no pertinent activity was carried out in 2005 by the Gabonese Red Cross Society. Despite the holding an Extraordinary General Assembly in late October 2005, it is believed that the final solution to the crisis facing the national society will depend on the outcome of the visit of the head of regional delegation for West and Central Africa to Libreville. So far, difficulties in reaching an agreement regarding the agenda have been preventing the organization of the visit.

[Final financial report below; click here to return to title page and contact information.](#)

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA037
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	197'110			0		197'110
B. Opening Balance	0			0		0
Income						
Cash contributions						
British Red Cross				26'833		26'833
C1. Cash contributions				26'833		26'833
Reallocations (within appeal or from/to another appeal)						
Irish Government				-885		-885
C3. Reallocations (within appeal)				-885		-885
C. Total Income = SUM(C1..C6)	0			25'947		25'947
D. Total Funding = B + C	0			25'947		25'947

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0			0		0
C. Income	0			25'947		25'947
E. Expenditure				-25'947		-25'947
F. Closing Balance = (B + C + E)	0			0		0

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA037
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		197'110			0		197'110	
Supplies								
Medical & First Aid	5'593							5'593
Teaching Materials	18'806							18'806
Utensils & Tools	5'718							5'718
Total Supplies	30'116							30'116
Transport & Storage								
Storage					75	75		-75
Transport & Vehicle Costs	9'960				455	455		9'505
Total Transport & Storage	9'960				531	531		9'429
Personnel Expenditures								
Delegates Payroll	51'000				3'119	3'119		47'881
Delegate Benefits	36'000				4'683	4'683		31'317
National Staff	11'622				115	115		11'507
National Society Staff					1'058	1'058		-1'058
Total Personnel Expenditures	98'622				8'975	8'975		89'647
Workshops & Training								
Workshops & Training	16'000				1'821	1'821		14'179
Total Workshops & Training	16'000				1'821	1'821		14'179
General Expenditure								
Travel	6'000				10'724	10'724		-4'724
Office Costs	23'600				397	397		23'203
Communications					61	61		-61
Financial Charges					-541	-541		541
Other General Expenses					9'492	9'492		-9'492
Total General Expenditure	29'600				20'132	20'132		9'468
Program Support								
Program Support	12'812				1'687	1'687		11'126
Total Program Support	12'812				1'687	1'687		11'126
Operational Provisions								
Operational Provisions					-7'199	-7'199		7'199
Total Operational Provisions					-7'199	-7'199		7'199
TOTAL EXPENDITURE (D)	197'110				25'947	25'947		171'163
VARIANCE (C - D)		197'110			-25'947		171'163	