

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

CENTRAL AFRICAN REPUBLIC

Appeal no. 05AA034

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	
Organizational development	366,210
Total	366,210¹

The following programmes are included in this Appeal narrative; however, their associated budgets are integrated within other programme budgets. Click the title to go to the text: [Health and Care – Disaster Management](#)

¹ USD 290,900 or EUR 235,900.

National Context

In an attempt to repair the internal and external imbalances and to boost economic development, the government of the Central African Republic (CAR) signed three Structural Adjustment Programmes (SAP) from 1986 to 1992, a confirmation agreement in 1994, and a Facility of Reinforced Structural Adjustment (FRSA) in 1998 with IMF and World Bank. Nonetheless, the country still faces serious socio-economic problems. In the early 1990s, the country experienced a serious economic recession, which gave birth to political and social tensions. The GDP suffered a 6% decline between 1990 and 1993, and tax collection services practically collapsed. The cycle of military and political crisis that started since 1996 reduced the economic progress that had been achieved since 1993.

About 80% of the active population work in agriculture and animal husbandry. This sector alone accounts for up to 53% of GDP and represents over 80% of the country's export earnings.



Public services have declined due to lack of investment. A large part of the population does not have access to these services, due to this decline and due to the dilapidation of basic infrastructure. Consequently, nearly two-thirds (63%) of the population live under the national poverty line (an average monthly expense of CFA 10,030). The deterioration of the living conditions and the persistent situation of salary and pension arrears (up to 34 months) seriously exacerbate social tensions and make it even more difficult to achieve poverty reduction.

CAR is endowed with a variety of natural resources (diamond, gold, uranium, wood, etc.), the majority of which is still not exploited. The country has enough land, a favourable climate, and adequate soil to boost the development of its agriculture and animal husbandry. CAR has a wide range of food crops and cash crops. Tropical closed forests in which a diversified fauna can be found cover 3.5 million hectares in the southwest of the country. Despite all the natural resources it has, CAR remains one of the least developed countries in Africa.

Human Development Indicators at a Glance

Category	Country (HDI Rank)	Central African Republic (169)	Sub-Saharan Africa	World
Total population (millions)		3.8	641.0	6,225.0
GDP per capita (USD)		274	469	5,174
Life expectancy at birth (years): Female - Male		41.0 - 38.7	n.a.	n.a.
Infant mortality rate, per 1,000 live births		115	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)		1,100	n.a	n.a
Population (%) with sustainable access to an improved water source (2000)		70	57	82
HIV prevalence (% , ages 15-49) (2003)		13.5	7.7	01.1
Adult literacy rate (% , ages 15 and above): Female - Male		33.5 - 64.7	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. Countries ranked: 177.

Red Cross Red Crescent Priorities

National Society Strategy

The recommendations of the Extraordinary General Assembly are related to three main areas, including organizational development, community-based health, and disaster management.

As far as organizational development is concerned, the priorities of Central African Red Cross Society² for the years ahead will include the following:

- 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 Central African 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, Central African Red Cross will have to encourage the government to develop and implement a policy on emergency response to disasters by defining its on 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.

Movement Context

Before the institutional crisis that occurred in 2003, the Central African Red Cross had established cooperation ties with some members of the Movement.

Federation

In fact, the Federation Central Africa sub-regional office (BRAC) was supporting the national society in the domains of institutional development and the implementation of the ARCHI 2010 strategy. When the crisis started, BRAC had to stop that support and concentrate all its efforts in looking for a way out of that situation. Those efforts culminated in the organization of an Extraordinary General Assembly in April 2004.

ICRC

As far as the ICRC is concerned, it was working in close collaboration with Central African Red Cross in three programmes, including the programme on the search of missing people and the reunification of Congolese families that got separated as a result of the crisis that shook the Republic of Congo, the programme on information and diffusion, and the programme on disaster response during the different mutinies. Unfortunately, those activities were all halted by the institutional crisis.

Presently, Central African Red Cross does not have a cooperation agreement with any of its Movement partners.

BRAC has appointed a part-time Representative in CAR to assist this national society in its restructuring efforts through a programme on capacity building financed by the Federation Capacity Building Fund.

² Central African Red Cross Society– refer to <http://www.ifrc.org/where/country/check.asp?countryid=44>

Strengthening the National Society

Health and Care: Support to Community-based Health

Background and Achievements

CAR experienced some socio-economic changes that prevented the Central African Red Cross from executing its 2004 action plan as scheduled. A good number of activities that were scheduled for 2004 will be continued in 2005. Available statistics show that the health situation is still alarming with the little children being the first victims of water born diseases and other diseases that can be prevented through immunization (Expanded Immunization Programme). The immunization coverage rate in this country remains very low as it is estimated today at about 37% (WHO).

Measles and limited access to potable water are also major problems facing CAR.

During the past three years, the manpower that makes up the network of volunteers of the national society took an active part in the initiative to eradicate polio as they were at the forefront of the activities that were carried out during National Immunization Days (NID) and Local Immunization Days (LID). Thanks to the intervention of volunteers, enclosed populations also benefited from the immunization campaign, and the community-based early alert system was reinforced.

- **Prevention of epidemics during mutinies in CAR**

The volunteers of the CAR Red Cross demonstrated how courageous they are during the conflicts that shook the country. In fact, they exhumed and buried corpses of soldiers or civilians that at times were in an advanced state of decomposition, with the support of the International Committee of Red Cross (ICRC) and other partners, in order to prevent epidemics. The Ministry of Health acknowledged the fact that the intervention of the volunteers of the CAR Red Cross had been essential for the success of this operation.

- **HIV/AIDS Control**

For the past years, the volunteers of the CAR Red Cross have been very active in the fight against HIV/AIDS as they carried out peer education and advocacy activities, especially for the benefit of groups of people that are mostly exposed to the pandemic. In fact, they have been promoting in bars, hotels, and other entertaining places, the use of male and female contraceptive sheaths. They have also been carrying out advocacy activities in religious and traditional communities (churches, mosques, traditional rulers).

The activities carried out by volunteers had a positive impact on the change of behaviours. In fact, the sales of condoms in bars, kiosks located around bars and hotels have increased tremendously. An additional effort needs to be made on the proper use of these condoms.

The national society continues to work in close collaboration with the Ministry of Health, thanks to the support of WHO, UNICEF, and other cooperation agencies.

Because of the dynamism of the national society, it has been elected as a member of the Bureau of the National Aids Control Council (NACC), which is conducted by the Head of State himself. The national society has also been registered at the United Nations Global Funds.

The Ministry of Health acknowledges the relevance of volunteers of the CAR Red Cross in the initiative to improve the living conditions of vulnerable people. In fact, volunteers have the required know-how to mobilise communities and sensitise them to AIDS control.

In an attempt to build its intervention capacity, the national society will continue to set up a network of trained volunteers to carry out activities in their own communities, in order to maintain the achievements of the past years and reduce the mortality and morbidity rates due to endemic and epidemic diseases.

Goal: The vulnerability of the CAR populations to health related issues is reduced.

Objective: The targeted populations in the communities working with the programme have adopted risk free behaviours as far as health is concerned, and continue to use the quality health and care facilities put at their disposal by the national society.

Expected Results:

- The CAR Red Cross local branches know the health problems of their respective communities and work hand-in-hand with them in order to identify the priority activities that are likely to help solve those problems.
- Volunteers of the CARRC have conducted activities to promote community-based health.
- Volunteers have participated in the epidemiological surveillance in their respective communities and have referred any suspected case to health units, thereby contributing actively to the eradication of poliomyelitis.
- Volunteers have taken an active part in social mobilisation within the framework of the routine expanded immunization programme (EIP), thereby contributing to the eradication of diseases that mostly affect children.
- Communities have participated actively in activities to promote their health and fight against recurrent diseases, epidemics, new diseases, and resurgent diseases.
- The national society has become a member of inter-agency committees in CAR and has participated actively in national and regional meetings.
- The national society has received local financial support.

Health and Care: AIDS Control and the Fight Against Tuberculosis

Background and Achievements

CAR is among the African countries that are mostly affected by HIV/AIDS, with a prevalence rate of 15%.

The recent conflicts in the country and the widespread poverty pushed a good number of young girls, and even mothers, to embrace prostitution as a means for survival. At times, these vulnerable people have no other option than to accept unprotected sexual intercourses, only to satisfy their essential needs. It is feared that the prevalence rate of HIV/AIDS might worsen during the next 5 – 10 years if more appropriate measures are not taken to stop the progression of this pandemic in CAR.

Since the construction of the Chad – Cameroon pipeline started, a good number of people have been rushing to the site in search of an employment or to practice sex work. In this context, it is also feared that the prevalence rate of HIV/AIDS might increase drastically, unless the situation is countered through awareness campaigns.

Some studies have revealed that AIDS related awareness campaigns that have been carried out so far were not especially intended for the youths (12 – 20 years). It should be noted that this is the group of people in which the majority of new cases of AIDS are registered (WHO).

People living with HIV/AIDS (PLWHA) are marginalized by their communities. Hospitals do not have enough beds to admit all the AIDS patients they receive. Consequently, they have no other option than to send them back to their respective homes. About 60% of beds in hospitals are occupied by AIDS patients. A good number of people are discriminated by their enterprises and communities immediately as their serological status is revealed.

Since October 2001, CAR Red Cross has been carrying out peer education for the benefit of students in secondary schools and in religious communities, within the framework of the execution of an AIDS control programme. Thanks to these activities, 500 peer educators have been trained, and a theatre group has been set up in Bangui, the capital of the country, to perform theatre shows in public squares and in schools. Enterprises have increasingly been inviting this theatre group to come and sensitise their workers to HIV/AIDS. In an attempt to make information on AIDS available to everybody, folios have been developed and translated into Sango, which is the local language spoken by all Central Africans.

The national society has been working in partnership with PLWHA to pay home visits to patients and train their relatives in basic home care know-how. These activities will be intensified in 2005 in order to create an impact on a greater number of beneficiaries.

Goal: The spread of HIV/AIDS and tuberculosis in the populations that are highly exposed in CAR is reduced.

Objective: The targeted populations in the communities working with the programme have adopted risk free sexual behaviours, and continue to use the prevention, screening, and treatment services put at their disposal by the national society.

Expected Results:

- The Central African Red Cross has carried out peer education in youth's milieus.
- The national society has developed a programme to promote the use of condoms (promotional sales).
- The national society has sensitised the populations to the need of undergoing voluntary and confidential AIDS screening test.
- The national society has carried out activities to combat stigma against PLWHA.
- The national society has carried out home care activities.
- The national society has taken an active part in the fight against tuberculosis, in close collaboration with the Ministry of Health.
- A network of "Filles Libres" (prostitutes) has been set up in CAR to carry out peer education activities (prevention of AIDS by promoting voluntary screening and the use of condoms).
- 1000 "Filles Libres" in Bangui have free access to medical check-up and to specific treatment in case they are tested STI (sexually transmitted infection) or HIV positive.
- 40 "Filles Libres" have been trained in how to manage a micro-project, and each of them has received funding to start an income-generating micro-project.
- CAR Red Cross has shared her experiences (successes and difficulties overcome) with other national societies in the sub region.
- A great number of PLWHA have worked in close collaboration with the Central African Red Cross to combat AIDS.
- A strong advocacy strategy has been developed and implemented to combat discrimination and stigma against PLWHA.

Disaster Management

Background and Achievements

The Central African Republic is confronted with a series of disasters, including:

- Epidemics (malaria, meningitis, cholera, etc.)
- Floods
- Serious and mortal traffic accidents
- Disasters related to the exploitation of diamond and gold by craftsmen.
- Armed conflicts.

As the first institution that deals with community-based first aid, Central African Red Cross has to play a key role to see that this situation is improved upon. It is also expected that the Red Cross specificity will enable the organization of forces to prevent and respond to those hazards.

At national level, a crisis committee to respond to disasters is always put in place and placed under the supervision of the Prime Minister, Head of the Government, whenever the need arises. In any case, the ministries concerned by the specific disaster are always involved in the response activities: Health (epidemics), Interior and Territorial Administration (refugees), Social Affairs (stress of weather and homeless people), Fire Brigade (conflagrations, stress of weather). Thus, several national committees have been put in place in reaction to the various alerts and/or crisis the country has experienced so far.

The problem is that those committees are only operational when the crisis is still hitting, and they have never been mobilized as soon as the disaster occurs. The best thing that is often observed is the evaluation of the activities that have been carried out, in collaboration with the various actors.

There is the need to put an efficient coordination system in place, in order to guarantee the success of all the efforts that may be made to respond to the disasters that threaten the lives of communities.

Central African Republic; Annual Appeal no. 05AA034

Before the institutional crisis, Central African Red Cross was pointed out as the best national society in Central Africa in which first-aid activities were well organized and developed. Unfortunately, the various institutional crises, the poor management of resources (human, material, and financial), and the economic crisis that is shaking the country, laid to the deterioration of the national society:

- A good number of trained volunteers have abandoned the national society
- Activities have been halted in local branches
- The image of Central African Red Cross has been tarnished.

If the local committees of Central African Red Cross are provided with volunteers that have polyvalent skills, the national society will be able to help communities prepare and respond to disasters, as the capacities of local branches will be built.

Goal: The vulnerabilities of the populations in the prefectures of Sibut, Bossembélé, and the 3rd and 7th districts to hazards, natural and man-made disasters are reduced.

Objective: The capacities of the populations in the local committees of Central African Red Cross and those of community leaders in the targeted prefectures and districts are built.

Expected Results:

- Twenty members in the targeted prefectures and districts have mastered the technical know-how to evaluate the potential hazards that may affect their communities.
- Eight hundred (800) members in the targeted communities have understood the relevance of disaster preparedness and response and are well trained to carry out activities related thereto.
- An emergency disaster response committee is set up in each targeted community.
- A risk map is available in each targeted community.
- Six executives from the headquarters and 8 leaders from local committees in the targeted prefectures and districts have good mastery of the methods and techniques of planning, and those of execution and evaluation of disaster preparedness and response programmes.
- Eighty (80) volunteers in the local committees of the targeted prefectures and districts have been trained in disaster preparedness and response.
- The basic equipment needed for disaster response is available in the local committees of the targeted prefectures and districts.
- Administrative authorities in the targeted prefectures and districts have understood the relevance of disaster preparedness and response, and take part in the activities organized by the Red Cross, as they coordinate the efforts made by specialized institutions.
- Administrative authorities in the targeted prefectures and districts have good mastery of the methods and techniques to evaluate the potential risks to which their communities might be exposed.
- Emergency Disaster Preparedness and Response Plans are developed in each targeted prefecture and district.
- A CAS is signed to underline the specific role and responsibilities of each party.

Organizational Development

Background and Achievements

Central African Red Cross entered in a restructuring phase since the organization of its Extraordinary General Assembly (EGA) in April 2004. During that EGA, all the participants agreed that a new governance system should be put in place in the national society. This new system would be based on the separation of governance from the executive, the enforcement of financial accountability, the integrity of leaders, and the polishing of the national society's image.

The aim of the members of the national society is to make Central African Red Cross focus once again on its primary mission, which is to provide relief to the community as a whole, and more specifically to the most vulnerable.

The lack of qualified staff to handle the governance department laid to the demobilization and discouragement of a good number of local branches. This also accounts for the total disorder observed at national level.

Central African Republic; Annual Appeal no. 05AA034

It is worth mentioning that despite this alarming context, Central African Red Cross has been able to carry out successful operations in the midst of critical situations such as mutinies organized by militaries, putsches, the affluence of refugees as a result of political tensions and wars in the sub-region (Chadian and Congolese refugees), and the health campaign (anti-polio immunization campaign). These successes have been achieved thanks to close collaboration with partners (multilateral cooperation and support of BRAC, involvement of the government (anti-polio immunization campaign), inter-agency coordination (refugees). In such circumstances, Central African Red Cross has been able to maintain its cohesion, as it spared no effort in mobilising its network of volunteers.

The results and impact of the interventions initiated by Central African Red Cross (hygiene and sanitation activities, fight against HIV/AIDS, impregnation of mosquito nets, and promotion of humanitarian values) cannot be clearly assessed. In fact, the activities are carried out sporadically; there is nothing to show that volunteers and their coaches are constantly mobilized.

Mindful of the global failure of their national societies, all the members of Central African Red Cross now believe that there is the need to perform an organizational change in order to put in place a management mechanism that will make their national society really efficient.

Central African Red Cross intends to consolidate its achievements and multiply the best practices obtained in other national societies in 2004 – 2005, taking into consideration the weaknesses stated above, the present strengths, and the lessons learned so far.

Goal: The performances of the targeted local committees in at least one essential domain of the ARCHI 2010 strategy are improved upon.

Objective 1: The principles of good governance and management are implemented by the members of the Executive Committee and by leaders of the targeted local committees.

Objective 2: At least 50% of the needs in qualified and permanent personnel, as well as qualified volunteers are covered.

Objective 3: The auto-financing capacities of local committees are increased by at least 5%.

Objective 4: The equipment and materials needed for the execution of these programmes are available.

Objective 5: The project management capacities of the targeted local committees are reinforced.

Expected Results:

- The members of the Executive Committee and the leaders of the targeted local committees know their strengths and weaknesses regarding good governance and management.
- The members of the Executive Committee and of the targeted local committees know, understand, and implement the principles of good governance.
- Qualified and permanent executive and supporting staff are recruited at headquarters level.
- The business equipment is operational.
- Projects are managed efficiently.
- A network of qualified volunteers is operational.
- A Strategic Plan for Development is put in place and implemented.
- A partnership meeting is prepared and organized.
- Projects are developed in the essential domains of the ARCHI 2010 strategy and executed by the targeted local committees.
- The equipment and materials needed for the execution of projects are available.
- A plan for the mobilization of financial resources is developed and implemented.

<Refer to the Logical Framework Planning Matrix: Central African Republic, Organizational Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA034OD.pdf>

Central African Republic; Annual Appeal no. 05AA034

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[<Appeal budget below - Click here to return to title page>](#)

BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA034

Name: CENTRAL AFRICAN REPUBLIC

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	0	0	0	41,099	0	0	41,099
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	41,099	0	0	41,099
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	20,000	0	0	20,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	20,000	0	0	20,000
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	0	0	16,600	0	0	16,599
TRANSPORT & STORAGE	0	0	0	16,600	0	0	16,599
Programme Support	0	0	0	23,804	0	0	23,803
PROGRAMME SUPPORT	0	0	0	23,804	0	0	23,803
Personnel-delegates	0	0	0	87,000	0	0	87,000
Personnel-national staff	0	0	0	78,108	0	0	78,108
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	0	0	165,108	0	0	165,108
W/shops & Training	0	0	0	51,000	0	0	51,000
WORKSHOPS & TRAINING	0	0	0	51,000	0	0	51,000
Travel & related expenses	0	0	0	23,000	0	0	23,000
Information	0	0	0	0	0	0	0
Other General costs	0	0	0	25,600	0	0	25,600
GENERAL EXPENSES	0	0	0	48,600	0	0	48,600
TOTAL BUDGET:	0	0	0	366,211	0	0	366,210