

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

CENTRAL AFRICA SUB-REGIONAL PROGRAMMES

[Cameroon, Chad, Equatorial Guinea, São Tomé and Príncipe, Central Africa sub-region]

Appeal no. 05AA038

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 figure in the table below to go to the programme budget.](#)

	2005
Programme title	in CHF
Strengthening the national society	
Health and care	570,012
Disaster management	458,768
Humanitarian values	89,400
Organizational development	298,562
Coordination and implementation	525,530
Total	1,942,272¹

Please note that the above table presents the total Appeal budget per sector. The budget breakdown by country or office is shown at the end of each section. Click below to access the individual country or office narrative sections.

[Cameroon](#)

[Chad](#)

[Equatorial Guinea](#)

[São Tomé and Príncipe](#)

[Central Africa sub-region](#)

¹ USD 1,542,700 or EUR 1,251,100.

Sub-Regional Context

The Central Africa sub-region is one of the most vulnerable and disaster prone in Africa. It suffers from both natural and man-made disasters, ranging from conflict, population movement, food insecurity, epidemics, political instability, poverty and economic recession. The five countries under the Sub-Regional Office for Central Africa share political and economic characteristics and have at the same time country specific profiles. The table below highlights the human development indicators for these countries and the wider continent.

Human Development Indicators at a Glance

Country (HDI Rank)	Cameroon (141)	Chad (167)	Equatorial Guinea (109)	São Tomé and Príncipe (123)	Sub- Saharan Africa	World
Category						
Total population (millions)	15.7	8.3	0.5	0.2	641.0	6,225.0
GDP per capita (USD)	575	240	4,394	326	469	5,174
Life expectancy at birth (years): Female - Male	48.1 - 45.6	45.7 - 43.6	50.5 - 47.7	72.7 - 66.9	n.a.	n.a.
Infant mortality rate, per 1,000 live births	95	117	101	75	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	730	1,100	880	n.a.	n.a	n.a
Population (%) with sustainable access to an improved water source (2000)	58	27	44	n.a	57	82
HIV prevalence (% , ages 15-49) (2003)	6.9	4.8	n.a.	n.a	7.7	01.1
Adult literacy rate (% , ages 15 and above): Female - Male	59.8 - 77.0	37.5 - 54.5	76.0 - 92.8	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. Countries ranked: 177.

This Appeal is an effort to adapt the Appeal structure to the management structure in the sub-region. The countries included in this Appeal – Cameroon, Central Africa Republic, Chad, Equatorial Guinea, and São Tomé and Príncipe – have no direct Federation country representative offices or delegations: they are supported by the staff and management of the Central Africa sub-regional office in Yaoundé. Additionally, the 2004 Appeals for Equatorial Guinea and São Tomé and Príncipe have received no response from donors, and the response to the Chad Appeal is below 5% (as of 1 September 2004). It also logically combines Cameroon with the sub-regional office (based in Yaoundé, Cameroon). It is hoped that economies of scale in implementation and reporting will result, and that donors will agree with this holistic approach.

For ease of reference, the following table lists the standard abbreviations used throughout this Appeal.

ART - Anti-retroviral treatment	PLWHA - Persons living with HIV/AIDS
BRAC - Central Africa sub-regional office	PNS - Partner National Society(ies)
CAS - Cooperation Agreement Strategy	PPP - Project Planning Process
CBF - Capacity Building Fund	RDRT - Regional Disaster Response Team
EIP - Expanded immunization programme	STI/ STD - Sexually-transmitted infections / diseases
ERDAC - Equipe de Réponse aux Désastres en Afrique centrale (see RDRT)	SWOT – Strengths, Weaknesses, Opportunities, Threats
ERU - Emergency Response Unit(s)	VCA - Vulnerability and Capacity Assessment
FACT - Field Assessment and Coordination Team(s)	WatSan – Water and Sanitation
Movement - International Red Cross and Red Crescent Movement	
ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/	
ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/	
FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/	
Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp	
Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp	
Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp	

Cameroon

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National Context

After a short period of economic prosperity that came as a result of the improvement on the terms of trade, and the implementation of good taxation policies (early 1980s), Cameroon went through a long decade of hardship (1985-1994). The recession caused by adverse economic conditions throughout the world was further aggravated by a serious internal taxation crisis resulting from increased corruption. Consequently, all the socio-economic and health indicators deteriorated considerably, thereby exposing the country to the severe negative impacts of external debt.

In 2002, the population stood at 15.7 million with an annual increment rate of 2.8%. Apart from being a poor country, Cameroon is also characterised by an ever increasing gap that exists between the rich and the poor; one-third of the population lives on less than USD 1 per day. Their access to health facilities is limited; the few health units have to satisfy the traditional needs of an ever growing number of people infected by the HIV virus.



Apart from the disparity between the rich and the poor, it should be noted that urban areas are overcrowded. This is a factor that aggravates situations like poverty, precariousness and promiscuity that expose the populations to greater risks such as epidemics and other disasters. There is a clear difference between urban and rural areas: urban areas tend to benefit from development, but rural areas are often neglected.

In this era of globalization, Cameroon still faces socio-economic problems that delay the improvement of the populations' health conditions. Health structures are being constructed or rehabilitated in the country; however, poverty and geographic isolation of these centres limits access by large numbers of people. Health statistics remain alarming. Awareness campaigns on water born diseases and other epidemics need to be targeted and reinforced because more and more children continue to die from such diseases and those that can be prevented through an EIP. The immunization coverage rate peaked in the 1980s; unfortunately, the current rate has fallen to about 30%.

The infant mortality rate is 95 per 1,000 (see table, page 2); measles is one of the 10 main causes. Mortality in children under five has decreased from 215 per 1,000 (1970) to 166 per 1,000 (2002). Water-borne diseases in rural areas seem to be under control. Access to potable water in the suburbs is 40%.

Red Cross Red Crescent Priorities

National Society Strategy

The Cameroon Red Cross Society² established a country team to identify the priorities of the national society. The team is comprised of executives in charge of management at the headquarters, representatives of local committees, and the national society Chairperson. They defined the following summary points:

- Building the operational capacities of the Cameroon Red Cross
 - Develop of local branches through good organization and the appropriate training and use of volunteers.
 - Train executives in how to develop and manage essential, pertinent, and coherent programmes.

² Cameroon Red Cross – refer to <http://www.ifrc.org/where/country/check.asp?countryid=41>

- Community-based Health
 - Control AIDS and fight discrimination.
 - Involve volunteers in awareness campaigns that target epidemic management.
 - Improve hygiene conditions (WatSan).
- Disaster preparedness and response
 - Train staff and volunteers in community-based first aid and disaster preparedness.
 - Establish and train teams of volunteers in preparation to an early alert (epidemics).

The national society recognizes its weaknesses within the context of the greater humanitarian imperative:

- The national society lacks a solid funding base from which to implement its activities. (This funding situation can be derived from the next three points).
- The national society lacks strong historical ties with internationally-active donor countries, particularly Anglophone countries.
- The national society lacks general acceptance by the Cameroon population, thus impacting its ability to raise funds and to implement effective, community-based programmes.
- The national society has yet to develop a strategic plan that clearly states its concerns and priorities, that considers coverage by other partners, or that effectively indicates how beneficiaries should be involved during the planning stages. To address this, a specific team was established in 2003 and is:
 - Conducting VCA in priority locations;
 - Assessing and analyzing the stakeholders interested in national society activities; and,
 - Conducting a SWOT analysis for the national society.

Movement Context

Partner national societies are supporting the Cameroon Red Cross to a limited extent.

- The French Red Cross has offered medical apparatus and other equipment to the Cameroon Red Cross health centre.
- The Swedish Red Cross, within the framework of the programme to fight AIDS, has financed the organization of educative talks for the benefit of youth, and supported the national society's theatre groups.
- The Belgian Red Cross was involved in the project in favor of street children in Cameroon. The project that started with the Cameroon Red Cross is now conducted by the Cameroon Ministry of Social Affairs.
- The ICRC is implementing standard programmes with the national society: cooperation, emergency preparedness (conflicts), information diffusion / IHL and agency research

BRAC sees the CAS as a solid framework for developing sound programming in humanitarian response and capacity building. The Cameroon Red Cross has yet to adopt such a strategy.

The Federation will focus on the following programmes in its support to the national society. (These are explained in greater detail in the individual sections under **Strengthening the National Society**, below).

- The programme to support the multiplication of efforts;
- the programme ARCHI 2010 and voluntary activity;
- the integrated pilot project on the fight against HIV/AIDS in favour of *Filles Libres*;
- the regional programme on disaster management;
- the programme on fund-raising; and
- greater attention to the International Federation's international representation.

Strengthening the National Society

The Cameroon Red Cross will enhance its capacities and its programming in four key areas, as described below.

Health and Care

Background and Achievements

Cameroon Red Cross continues efforts to implement the ARCHI 2010 strategy. In fact, the national society has been carrying out the activities that were scheduled in the health development plan, in collaboration with the Ministry of Health, and thanks to the support of WHO, UNICEF, and other cooperation agencies. The national society has trained more volunteers who have been carrying out community-based health activities efficiently during the past years. The prevention and early alert systems put in place by the Ministry of Health have been working smoothly thanks to the intervention of the network of Red Cross volunteers. These volunteers have also been very active during National Immunization Days (NID) and Local Immunization Days (LID) organized to prevent poliomyelitis and measles, especially in isolated areas. The American Red Cross initiative to support the worldwide anti-measles campaign started in Cameroon (2002); national society volunteers have replicated the successes of that initiative in other areas of Cameroon. Thanks to the success of the 2002 anti-measles campaign carried out by the network of Red Cross volunteers in two northern provinces of Cameroon, UNICEF granted Cameroon Red Cross financial support to enable the national society to carry out a similar campaign in seven new provinces of Cameroon in 2003. The Cameroon Ministry of Health acknowledged the key role Red Cross volunteers played to ensure the success of this operation.

Today, the Cameroon Ministry of Health acknowledges the key role Cameroon Red Cross volunteers can play when it comes to improving the living conditions of vulnerable people. The Ministries of Health, Women's Affairs, and Social Affairs also recognize that the presence of Cameroon Red Cross volunteers is critical to ensure the success of sensitization and mobilization campaigns.

Goal: The vulnerability of Cameroonians to health issues is reduced, and the spread of HIV/AIDS and tuberculosis in high-exposure communities 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 Cameroon Red Cross.

Support to Community-based Health: Expected Results:

- Communities know their health problems and understand the relevance of prevention measures.
- A network of Cameroon Red Cross volunteers is put in place.
- The volunteers have conducted activities to promote community-based health.
- Volunteers have participated in the early alert system in their respective communities and have referred any suspected case to health units, thereby contributing actively to the eradication of poliomyelitis.
- Volunteers have continued to take an active part in social mobilization within the framework of the routine 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.

AIDS Control and the Fight Against Tuberculosis

Background and Achievements

HIV prevalence is increasing in Cameroon. This is aggravated by declining socio-economic conditions: people often feel forced to adopt high-risk behaviour such as prostitution to earn money. Since 2002, prostitution has increased substantially along the Chad-Cameroon pipeline, given its high volume of people and traffic. These people are often ill-informed about proper sexual behaviour, resulting in increased prevalence. Contraceptive use has increased 16% in women and 31% in men (1996-2002). (Source: UNDP HDI). Nonetheless, cultural beliefs still limit greater usage and often question their relevance.

People diagnosed with HIV/AIDS continue to suffer stigma, discrimination and rejection in their workplace and in their community due to their status.

Since October 2001, the eight National Red Cross Societies of Central Africa have implemented peer education programmes in line with their AIDS control programme and the Ouagadougou Declaration. The programme is supported by the Federation, and targets students in secondary schools and in religious communities. Each year, 500 peer educators have been trained in each country. A theatre group performs in public squares and schools in Yaoundé. Businesses have increasingly invited the group to perform for their employees, thus sensitizing them about HIV/AIDS, stigma and discrimination. Pamphlets are also distributed.

In 2003, Cameroon Red Cross targeted 1,000 prostitutes in Yaoundé (*Filles libres*) through an integrated programme to combat AIDS. This project is supported by the Cameroon government and many other partners. It aims to prevent the spread of AIDS through promotion of condom use by this high-risk group. It also aims to provide free medical check-ups and treatment, including ART, if they are diagnosed sero-positive. The project offers an alternative to prostitution in the form of income-generating micro-projects. This project will continue through 2005, and will be extended to other regions (Douala and Ngaoundéré³). In response to discrimination, the national society established a framework of collaboration with the network of PLWHA and the “Club des Amis de la Prudence” (CLAP), an association of *Fille libres*.

The national society will consolidate and enhance these activities, and reach out to a larger group of partners, including the United Nations Global Funds.

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.

AIDS Control and the Fight Against Tuberculosis: Expected Results:

- Peer-education activities continue in youth communities/groups.
- A national society programme promotes the use of condoms (promotional sales).
- A network of “Filles Libres” (prostitutes) is set up in Cameroon to carry out peer education activities.
- The general public is sensitized to the need to undergo voluntary and confidential AIDS screening test.
- The national society carries out activities to combat stigma against PLWHA.
- The national society implements home-based health care activities.
- The national society, in collaboration with the MoH, participates actively in the fight against tuberculosis.
- 1000 “Filles Libres” in Yaoundé and 1000 “Filles Libres” in Douala have free access to medical check-up and to specific treatment (if diagnosed with STI or HIV-positive).
- 40 “Filles Libres” in Yaoundé and 40 “Filles Libres” in Douala have been trained in how to manage a micro-project, and each receives funding to start an income-generating micro-project.
- The Cameroon Red Cross shares programmatic experiences with other national societies in the sub-region.
- The national society and PLWHA collaborate to combat AIDS.
- A strong advocacy strategy is developed and implemented to combat PLWHA discrimination and stigma.

<Refer to the Logical Framework Planning Matrix (in French): Cameroon Health and Care>

<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/afrika/05AA038HC1.pdf>

³ Douala, 250 km from the capital of Yaoundé, is the economic centre of Cameroon; Ngaoundéré, 900 km from Yaoundé, is a major commercial cross-road in northern Cameroon.

Disaster Management

Background and Achievement

The establishment (in 2002) and capacity building of the RDRT/ERDAC continues to run smoothly. Currently, the RDRT/ERDAC roster includes over 60 executives from National Red Cross Societies in Central Africa. They have trained on the various aspects of disaster management (prevention, preparedness, response, etc.). In addition, specific technical skills have been reinforced: epidemiology and WatSan. A flexible deployment mechanism that relies on solidarity between the national societies is in place and functions smoothly.

The Cameroon Red Cross set up a disaster management country-team in 2004. Mechanisms are in place to allow rapid and efficient response by the national society to disasters, as invited by the government; this has enhanced the national society's image and credibility before the general public and the government.

The main challenge now is to reinforce the operational capacities of high-risk local branches by developing specific community-based disaster management programmes.

In 2004, community members from the food-insecure rural areas of the North and Far North provinces of Cameroon were determined to develop and execute a community-based food security programme. This programme would have required the mobilization of a high volume of quality volunteers. Due to insufficient funding, the national society was unable to develop and implement this programme. Since these needs remain, the Cameroon Red Cross has promised to launch a pilot food security programmes in two local committees (rural areas) in 2005.

Goal: Reduce the vulnerability of the populations in high-risk areas of Cameroon to disasters.

Objective: Build the capacities of five local branches of Cameroon Red Cross in disaster preparedness and response, and start food security programmes in two local committees of the northern part of Cameroon.

Expected Results:

- Disaster management teams of local branches that are highly exposed to disasters (Mfoundi, Limbe, Mounoun, Nyos, Douala) are trained in community-based disaster management by CRC executives that had previously been trained at regional level, and are operational.
- Cameroon Red Cross encourages the Department of Civil Protection (DPC) of the Cameroon Ministry of Territorial Administration and Decentralization (MINATD) to develop a plan for the organization of relief in local branches that are highly exposed to disasters, taking into consideration the potential risks of each locality. CRC participates actively in the whole process.
- The populations of the North and Far North provinces of Cameroon can efficiently handle the problem of recurrent food deficit as they have good mastery of agricultural techniques that are adapted to their climatic, irrigation, and water conservation conditions.

<Refer to the Logical Framework Planning Matrix (in French): Cameroon Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA038DM1.pdf

Humanitarian Values

Background and Achievement

Similar to several National Red Cross Societies, activities in Cameroon to promote humanitarian values are essentially carried out by youth. Through theatre shows, they are working hard to eradicate stigma against PLWHA and to promote the culture of peace. This programme has increased relevance when taken in the context of Cameroon, characterised by social exclusion, marginalization, discrimination, and diverse forms of violence.

Since 2003, the eradication of discrimination and stigma has been a priority of Cameroon Red Cross programming. It is the main objective of the project on “Filles Libres” (young girls commercial sex workers). In fact, PLWHA participate in these theatre groups, enabling them to express themselves and publicize their situation. As well, educative talks have been organized, conducted jointly by national society members and PLWHA.

In 2005, the focus of the Cameroon Red Cross will be to:

- § sensitize communities in northern Cameroon to the need to send young girls to school;
- § eradicate the stigma associated with PLWHA in working places;
- § reinforce last year’s initiative to integrate PLWHA and “Filles Libres” within its theatre groups; and,
- § involve interested media and public personalities in activities promoting humanitarian values.

Goal: Reduce discrimination against specific groups of people.

Objective: Disseminate and promote humanitarian values through the national society theatre groups, leading to a reduction in discrimination against specific groups of people.

Expected Results:

- § Employers, governmental authorities and the general population are aware of and understand the Federation positions about stigma against PLWHA in the workplace.
- § Employers, governmental authorities and the general population are aware of and understand cultural values that form the basis for development.
- § Interest by the general population in the theatre groups is increased.
- § Internationally-respected personalities support Red Cross awareness events, to help involve trade and industry in anti-discrimination issues.
- § An additional 2,500 young girls are sent to school by their families.
- § An additional 5,000 young girls are registered in primary and secondary schools.

<Refer to the Logical Framework Planning Matrix (in French): Cameroon Humanitarian Values>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA038HV1.pdf

Organizational Development

Background and achievements

Cameroon Red Cross has 58 Local Committees that are spread all over the country. Although the national society owns a building to host its services, and although this national society receives subsidies from the State, it is yet to acquire the characteristics of a well-functioning national society. This is due to the following factors:

- The personnel of local branches do not have the required skills to plan and manage programmes.
- The financial resources are limited owing especially to the lack of aggressive fund-raising policies.
- Both the volunteers and the personnel of the national society are not managed in a professional-like manner.

In 2004, efforts to enhance the national society technical and financial capacities achieved the following:

- Governance members trained in good governance.
- Headquarters executives and local branches programme coordinators trained in PPP.
- National programme coordinator recruited and trained in VCA, PPP, and monitoring and evaluation.
- Coordinators of activities in six targeted local committees in trained in VCA, PPP, and monitoring and evaluation, with an emphasis on volunteer management.
- Strategic plan developed
- Volunteer management policy developed.

**Central Africa sub-regional programmes; Annual Appeal 05AA038
(includes Cameroon, Chad, Equatorial Guinea, São Tomé and Príncipe, and sub-regional office)**

- Reporting officer trained and commissioned.
- Logistical and financial procedures implemented.
- National and local branch fund-raising committee members appointed and trained in resource mobilization methodology.

Goal: Cameroon Red Cross improves performance in the essential domains of ARCHI 2010 strategy.

Objective: Programmatic costs of the Cameroon Red Cross are covered as a result of enhanced resource mobilization and financial management.

Expected Results:

- § The targeted local committees have developed quality programmes / projects.
 - The National Programme Coordinator works permanently at the headquarters.
 - Executives at headquarters and coordinators of activities in the targeted local committees are trained in “How to develop quality programmes taking into consideration the gender issue”.
 - Guidelines and procedures for the development, follow-up and evaluation of programmes/projects are put in place.
 - The vulnerabilities and capacities of populations are identified.
 - The programmes and projects are developed based on the results of VCA.
- § The headquarters has diversified the sources of her funding
 - A plan to develop the financial resources of the national society is set up and executed.
 - The national society has established a CAS with PNS, with ICRC, and with other donors.
 - Articles are published in the news bulletins published by both the Cameroon Red Cross and BRAC to facilitate the exchange of fruitful experiences in the domain of fund-raising between local committees, headquarters, and other national societies in Central Africa.
- § The existing logistical and financial procedures are well implemented
 - Executives at headquarters and programme coordinators in the targeted local branches are trained in logistical and financial management.
 - Internal and external audit systems are operational.

*<Refer to the Logical Framework Planning Matrix (in French): Organizational Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/afrika/05AA038OD1.pdf>*

Cameroon – Budget Breakdown		2005
Programme title		in CHF
Strengthening the national society		
Health and care		129,625
Disaster management		47,165
Organizational development		47,593
Total		224,383

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Chad

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National Context

At the socio-economic and political level, Chad is characterised by political instability, the stagnation, rather the deterioration of the living conditions of the populations, the persistence of epidemic and endemic diseases such as cholera, meningitis, malaria, diarrhoea, acute respiratory infections, and HIV/AIDS, a very high maternal mortality rate, a low immunization coverage rate, and a chronic food insecurity.

According to the World Bank, Chad is the third poorest country in the world. For the past years, the country has been suffering from a series of internal and international conflicts, serious droughts, and the falling in the prices of cotton. To make things worse, Chad is located very far from the sea, and the country has to spend considerable amounts of money for international transportation of its goods. Consequently, the national market is very tight, the road network is poor, the banking system is fragile, and the centralized administration represents an obstacle to development, rather than a facilitating institutional framework, due to its cumbersome nature.

Most recently, Chad has received approximately 180,000-200,000 refugees from the Darfur region of western Sudan. The eastern area around Abéché now has 11 refugee camps, and numerous international organizations and NGO. Activities related to this refugee operation are not included in this Annual Appeal; please refer to Emergency Appeal 23/2003 - http://www.ifrc.org/cgi/pdf_appeals.pl?03/2303r.pdf - and related Operations Updates for further details.



There are currently 8.3 million inhabitants in Chad; the population growth rate (2002-2015) is estimated at 2.9%. It is estimated that over half of this population lives under the poverty line. These poor people definitely do not have access to the already limited number of health units that have to satisfy the traditional needs of an ever growing number of people infected by the HIV virus. The health situation in Chad is among the poorest in the world, with an average of one medical doctor to take care of 72,000 inhabitants, and health infrastructures singularly deteriorated.

The population grows much more rapidly than the economy, thereby making it a certainty that in the next 5 to 10 years, the population will be further impoverished, and the number of the most vulnerable will have increased drastically.

Red Cross Red Crescent Priorities

National Society Strategy

The Red Cross of Chad⁴ has to develop and execute a good number of pertinent, complementary, and sustainable programmes to be able to meet its objectives. Just like other National Red Cross Societies in Central Africa, Red Cross of Chad is confronted with the chronic lack of financial resources to execute its programmes. This situation is due to:

- The absence of strong historical ties with the most active countries in the domain of international cooperation, and a kind of weakness or inability to establish dialogue and contacts with English speaking donors.
- The absence of a strategic plan and a series of quality programmes that can serve as a basis for an efficient mobilization of financial resources, locally and internationally.

Within the framework of this appeal, the Red Cross of Chad promises to reinforce its operational capacities, and to multiply the best practices registered so far in the domains of social welfare and disaster response. The national

⁴ Red Cross of Chad – refer to <http://www.ifrc.org/where/country/check.asp?/countryid=45>

society also promises to make more efforts in order to mobilize funds and advocate for the improvement of the living conditions of millions of families that are extremely vulnerable.

A country team made up of executives in charge of management at the headquarters, representatives of local committees, and the Chairperson of the national society, was set up to identify the priorities of Red Cross of Chad, through an analysis of the country's difficult economic and socio-political situation. This team confirmed the priorities as stated in the Chad three-year development programme for the period 2003-2005. Those priorities include the following:

- Build operational capacities
 - Develop of local branches through good organization and the appropriate training and use of volunteers.
 - Train of executives in how to develop and manage essential, pertinent, and coherent programmes.
- Community-based Health
 - Control AIDS.
 - Involve volunteers in awareness campaigns targeting epidemic management.
 - Improve hygiene conditions (WatSan).
- Disaster and conflict preparedness and response
 - Train staff and volunteers in community-based first aid and disaster preparedness, taking inspiration in the ongoing emergency operation in favour of Sudanese refugees.
 - Establish and train teams of volunteers in preparation to an early alert (epidemics).

Movement Context:

Federation

BRAC still believes that there is the need to put in place a CAS that would serve as a framework for the development of good programmes in the domains of humanitarian action and capacity building. However, Red Cross of Chad is yet to adopt such a strategy because very few of her activities are supported by Red Cross partners, and the national society lacks financial resources to successfully conduct the process of developing and implementing pertinent strategies. In addition, how could it have been possible to put in place a CAS within a national society that does not have a strategic plan to indicate her long-term coherent and pertinent objectives?

In 2003, a process intended to culminate in the development of a strategic plan was launched in Chad, as a country-project team supported by BRAC was set up. It is expected that the work of this team that was somehow disturbed in 2004, as the national society was highly involved in the emergency operation to rescue Sudanese refugees, will be reinforced so as to culminate in the development of a real strategic plan and the putting in place of a CAS for Red Cross of Chad.

Partner National Societies (PNS)

The following Movement partners are working with the Red Cross of Chad.

- The French Red Cross supports organizational development, and is assisting with water and sanitation in schools located in the suburbs of N'djamena.
- The Swiss Red Cross supports a community-based health project, and supports activities related to gender and development.
- The Spanish Red Cross is supporting the rehabilitation of the national society's fleet.

Thanks to the emergency operation in favour of Sudanese refugees, Red Cross of Chad has been able to attract several PNS. These include the Belgian Red Cross, the Swedish Red Cross, the Norwegian Red Cross, the German Red Cross, the Spanish Red Cross, the American Red Cross, and the British Red Cross.

ICRC

ICRC cooperates with Red Cross of Chad in programme areas of Cooperation, Emergency preparedness (specific to conflicts), Information-diffusion, IHL, Tracing.

Strengthening the National Society

In 2005, the Federation will support the Red Cross of Chad within its framework, following its priorities, and in continuance of programmes from 2004. Broadly, this support will consist of internal and external assistance to enable the national society to reinforce its institutional basis and add value to the Movement through the activities carried out by the network of volunteers in the domains of community-based health, disaster management, and promotion of humanitarian values. This support will follow four key programme areas:

Community-based health: The Secretariat will help the national society to develop mechanisms to facilitate the multiplication of efforts. In 2005, the national society will recruit more qualified volunteers within the framework of the programme on volunteering that generated from the ARCHI 2010 strategy. Special efforts will be made to attract volunteers in rural areas in order to ease the intervention of the national society in the process of fighting for food security in the country. In an attempt to better identify the type of human resources they require, Red Cross of Chad will study the type of volunteers they need for each of their programmes.

A project on the prevention of HIV/AIDS through theatre shows following the model developed in Cameroon by Cameroon Red Cross will be launched in N'djamena.

The regional programme on disaster management: in 2004, efforts have been made to reinforce the competences and capacities of the RDRT/ERDAC, as well as those of Red Cross of Chad, in disaster preparedness and response. Those efforts will be pursued in 2005. The expertise that has been developed in each national society in the domains of water and sanitation, and epidemic management, will be reinforced as life-size practical exercises will be made. A series of procedures (contracts, insurances, financial procedures) will be developed to ensure a rapid deployment of regional disaster response teams on the field, and to facilitate, as the case may be, the deployment of international disaster response teams (ERU and FACT).

In an attempt to establish a clear link between international, regional, and national disaster response teams, RDRT/ERDAC will offer Red Cross of Chad a unique opportunity to build its operational capacities through the training of volunteers and the sensitization of communities to the potential risks in the country.

A country team perfectly integrated in the national disaster response mechanism will be put in place.

The programme on fund-raising: in order to ensure the sustainability of its activities, the national society will have to reinforce its efforts in the search of resources within local communities, whether human resources (reinforcement of the qualitative and quantitative basis of volunteers, collaboration with local experts and partners), or financial resources (search of local funding), to compensate the low interest the rest of the world has in this country.

A new programme on fund-raising is proposed. This will help find partners in the industrial and business milieus in order to increase the insufficient financial resources provided by traditional donors. In the same vein, the national society will propose first-aid training sessions adapted to specific working environments to enterprises and private companies. This will help reduce the consequences of occupational accidents and bring more money to the national society as the beneficiaries will pay for the training.

The International Federation's international representation: A greater attention will be given to the Federation's international representation (contacts with the diplomatic corps accredited in Chad, including with representatives of international organizations), and powerful awareness campaigns on the activities and humanitarian positions of the national society will facilitate the reinforcement of ties between Red Cross of Chad and the international representatives of potential institutional donors.

Health and Care

Support to Community-based Health

Background and Achievements

Judging from the health indicators of the past three years, the health and care situation has been alarming in Chad, just like in any other country in the sub region (UNDP 2004 Annual Report). The poverty index still stands at 49.6% (UNDP 2003 Annual Report).

Children continue to die of a wide range of diseases such as malaria, water born diseases, and many other diseases that can be prevented through an EIP. 197 cases of malaria were registered in 2000 for each group of 100 000

inhabitants (UNDP 2003 Annual Report). The infant mortality rate stood at 117 for 1000 live births in 2002. Although water born diseases seem to have been put under control in rural areas, access to potable water remains a challenge (access to potable water: 30%).

Red Cross of Chad has vowed to fully obey the ARCHI 2010 strategy, as it continues to work hand-in-hand with the Ministry of Health to carry out activities that have been scheduled in the health development plan, with the support of WHO, UNICEF, and other cooperation agencies. Red Cross of Chad volunteers will continue to contribute to:

- The fight against epidemics by carrying out sensitization and social mobilization activities. Concretely, these volunteers will participate in the efforts to eradicate poliomyelitis and diseases that mostly affect children by making the National Immunization Days (NID) and Local Immunization Days (LID) a success.
- The fight against HIV/AIDS by carrying out peer education activities, performing theatre shows, and conducting educative talks.

Today, the Ministry of Health acknowledges the fact that volunteers of Red Cross of Chad can play a key role in the process of improving on the living conditions of the most vulnerable by sensitising and mobilising communities. Mindful of this strength, the national society intends to set up a network of trained volunteers who can use limited means to carry out impact bound activities in their respective communities, so as to maintain the achievements of the past years.

Goal: The vulnerability of the populations of Chad to health threats is reduced.

Objective: The targeted populations in the communities working with the programme have adopted health-friendly behaviours, and continue to use the quality health and care services put at their disposal by Red Cross of Chad.

Expected Results:

- The Red Cross of Chad 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 Red Cross of Chad 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 mobilization within the framework of the routine 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 Chad and has participated actively in national and regional meetings.
- The national society has received local financial support.

Fight against HIV/AIDS and Tuberculosis

Background and Achievements

The HIV prevalence rate in Chad varies from 3.1 to 7.2%, but the average is 4.8%. Today, this situation has been worsened by prostitution that has developed substantially since 2002 as a result of the construction of the Chad – Cameroon pipeline. In fact, when the construction work started, people rushed to the site (the alignment of the pipeline) in search of a well-paid job or to practice prostitution.

People living with HIV/AIDS are abandoned by communities. In fact, enterprises and communities tend to discriminate against a good number of people immediately as their serological status is known.

Given the precariousness of life in urban areas, young girls at times have no other option than to accept unprotected sex with some unscrupulous elderly people in order to earn a living, thereby exposing themselves to contamination by HIV/AIDS.

Red Cross of Chad launched a programme to combat AIDS since 2001, in line with the Ouagadougou Declaration. The national society has been executing this programme with the support from the Federation Central Africa sub-regional office.

Goal: The spread of HIV/AIDS and tuberculosis in the populations that are highly exposed in Chad 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:

- Red Cross of Chad continues to carry out peer education in youth's milieus.
- The national society develops a programme to promote the use of condoms (promotional sales).
- A network of "Filles Libres" (prostitutes) has been set up in Chad to carry out peer education activities.
- The national society continues to sensitize the populations to the need of undergoing voluntary and confidential AIDS screening test.
- The national society continues to carry 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.
- "Filles Libres" in N'djamena have free access to medical check-up and to specific treatment in case they are tested STI- or HIV-positive.
- "Filles Libres" in N'djamena have been trained in how to manage a micro-project, and each of them has received funding to start an income-generating micro-project.
- Red Cross of Chad has shared her experiences (successes and difficulties overcome) with other NS in the sub region.
- A great number of PLWHA have worked in close collaboration with Red Cross of Chad to combat AIDS.
- A strong advocacy strategy has been developed and implemented to combat discrimination and stigma against PLWHA.

<Refer to the Logical Framework Planning Matrix (in French): Chad Health and Care>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038HC2.pdf>

Disaster Management

Background and Achievements

Thanks to the various skills their over ten executives acquired at regional level, the Red Cross of Chad participated efficiently in several emergency operations, in close collaboration with the United Nations and BRAC. In fact, the national society has been able to deploy their human resources that had previously been trained at regional level as members of RDRT/ERDAC within the framework of the operation aimed at bringing assistance to Central African refugees (in 2003) and to Sudanese refugees (in 2004).

However, given the magnitude and complexity of these operations, the NS was quickly overwhelmed, and to a certain extent, this had a negative influence on the quality of the services rendered to refugees, as well as on the reports on the operations.

A disaster management country team was set up at headquarters level; this was supported by BRAC within the context of Appeal 2004, and further supported by CBF funding. This team failed to transfer the skills acquired to high-risk local branches in 2004 because it was very busy bringing assistance to Central African and Sudanese refugees.

The national society promises to launch a pilot programme on community-based disaster management in 2005. This will help build the capacities of high-risk local committees (areas where cholera, meningitis, and displacement of populations are likely to occur at any time) in disaster prevention, preparedness, and response.

The Red Cross of Chad supported the execution of a pilot project on food security in a local committee (rural area) thanks to local funding. Taking into consideration the success of this project that was aimed at multiplying seeds; the national society intends to replicate it in three new local branches.

Goal: Reduce the vulnerability of the populations of Chad in high-risk areas to disasters and develop pilot projects on food security in three rural areas.

Objective: Train and animate disaster management teams in four local branches that are highly exposed to disasters, and develop a Red Cross of Chad pilot project on food security.

Expected Results:

- Each of the four local branches targeted by the project has a local community-based disaster prevention and preparedness team.
- Each of the four local branches targeted by the project has a local disaster response team that is capable of assessing needs and capacities, and plan relief operations.
- Local disaster management teams have competences, and are well equipped to mobilize their respective communities in order to respond to disasters.
- The pilot project on the multiplication of seeds is replicated in four local committees (rural areas).

<Refer to the Logical Framework Planning Matrix (in French): Chad Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038DM2.pdf

Organizational Development

Background and Achievements

The socio-political situation has not been stable in Chad, and Red Cross of Chad has been facing technical and financial constraints in her attempt to carry out activities in favour of vulnerable people.

Since its creation, Red Cross of Chad has remained independent. It has been working in close collaboration with the government, local authorities, UN agencies, and donors. This National Society is renowned for her timely interventions to respond to disasters.

Red Cross of Chad launched the process of restructuring its regional committees and completed it after its sixth General Assembly that took place in March 2004 (a new Executive Council was put in place during this meeting). The national society is currently carrying out activities in favour of vulnerable people, including refugees.

The plans and programmes the national society is currently executing have not been developed following a systematic approach. In addition, the executives of the national society do not have the required technical know-how to manage projects. Consequently, it is not easy to measure the impact of these programmes on the living conditions of vulnerable people.

Efforts have been made in 2004 to counter this situation. Concretely, some activities that were scheduled in the programmes on Organizational Development and Capacity Building were carried out. Those activities include:

- Training members of the Executive Council in good governance.
- Appointment of regional coaches (mechanism for the multiplication of activities and the follow-up of volunteers).
- Training of executives from the headquarters and regional coaches from targeted local committees in PPP, follow-up and evaluation.
- Revision of the strategic plan in close collaboration with all the partners.
- Development of logistical and financial procedures.
- Setting up a national committee in charge of fund-raising and training its members in how to mobilize funds.
- Development a policy to manage volunteers.

**Central Africa sub-regional programmes; Annual Appeal 05AA038
(includes Cameroon, Chad, Equatorial Guinea, São Tomé and Príncipe, and sub-regional office)**

For the year 2005, the national society intends to carry out all the activities that were left out in 2004 owing to the delay in the disbursement of funds, and start additional activities, so as to obtain the results and objective of the programme.

Goal: The performances of Red Cross of Chad are improved in the essential domains of the ARCHI 2010 strategy.

Objective: The governance, technical, and financial capacities of Red Cross of Chad are built.

Expected Results:

- The newly restructured regional committees implement the principles of good governance
 - Regional Assemblies establish the new regional committees.
 - Members of regional committees are trained in good governance.
 - A system is put in place to assess the performances of regional committees.
- A team of permanent executives at headquarters and regional coaches develop quality programmes/projects
 - The executives that are needed at the headquarters work there permanently.
 - Newly recruited executives as well as regional coaches are trained in VCA, PPP, management of programmes/projects, follow-up and evaluation, reporting, and in the management of income-generating projects.
 - The guidelines for the development, follow-up and evaluation of programmes/projects are put in place.
 - The vulnerabilities and capacities of the targeted regional committees are identified.
 - Programmes/projects are developed based on the results of VCA.
- The headquarters has diversified the sources of her funding
 - A plan to develop the financial resources of the national society is set up and executed.
 - Red Cross of Chad has established a CAS with PNS, ICRC, and with other donors.
 - Programmes/projects are submitted to local donors for approval.
 - Articles are published in the news bulletins published by both the Red Cross of Chad and BRAC to facilitate the exchange of fruitful experiences in the domain of fund-raising between local committees, the Red Cross of Chad headquarters, and other national societies in Central Africa.

*<Refer to the Logical Framework Planning Matrix (in French): Chad Organizational Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038OD2.pdf>*

Chad – Budget Breakdown	2005
Programme title	in CHF
Strengthening the national society	
Health and care	36,919
Disaster management	51,786
Organizational development	59,893
Total	148,598

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Equatorial Guinea

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National Context

Equatorial Guinea is a former Spanish colony comprised of four islands (Bioko, Annobon, Elobey and Corisco) and territory on the mainland called Rio Muni. The capital of Malabo is situated on the island of Bioko off the coast of Cameroon. Isla de Annobon is closer to São Tomé than it is Bioko. Isla de Elobey and Isla de Corisco lie just off the southern edge of Rio Muni. Rio Muni represents 90% of the total territory of Equatorial Guinea.

The population of Equatorial Guinea is approximately 500,000; there are also many equato-guineans living abroad, mostly in neighbouring Cameroon and Gabon. With an annual growth rate of 2.5%, the population could double within 30 years.

Recent discoveries and exploitation of oil have reaped considerable financial benefit for the country; however, little of this is actually reaching the population where poverty remains a concern.



Red Cross Red Crescent Priorities

National Society Strategy

The Red Cross of Equatorial Guinea⁵ was established in 1985. It gained ICRC and IFRC recognition in 1995. With a distinct separation between governance and management and clearly written articles of association, the Red Cross of Equatorial Guinea functions fairly well. Based on 1998 data, the national society has local committees throughout the country, and a volunteer network of 4,100 members, of which 1,300 are youth. Involvement of women in the national society is still very low.

The national society has 39 employees. Although the HQ personnel are dynamic and work efficiently as a team, its competences need to be strengthened. There is also the need to build membership capacities to meet future challenges. In spite of its relative young age, the Red Cross of Equatorial Guinea has proven to be very strong in the management of human resources. Hundreds of trained first aid volunteers were mobilized during a recent national epidemic. Their duty was to spread the information related to health and care. The principle of volunteerism is well understood, regardless of the national society's expected challenges.

The Red Cross of Equatorial Guinea is well known and respected by the government which grants a fixed subsidy of CHF 10,000 to the national society. Two auto-assessments are conducted annually.

Mindful of the need to expand its sources of income and reduce a high dependence on external funding from Spain, the Red Cross of Equatorial Guinea is constantly struggling to multiply its donor target. Today, the national society is capable of generating 30% of its annual budget from its own resources and progressively increases this percentage to become autonomous within a relatively short period. Some of the problems facing Red Cross of Equatorial Guinea include:

- Inadequate sources of income.
- Inadequate capacity to build volunteer loyalty and expand its national base.
- Inadequate Disaster Preparedness capacity to ensure effective intervention in the event of a disaster.

⁵ Red Cross of Equatorial Guinea – refer to <http://www.ifrc.org/where/country/check.asp?/countryid=63>

To address these problems, the national society will focus on three core areas of activities:

- Building operational capacities
 - Local branch development (good organization, appropriate training and use of volunteers to expand network and build loyalty to Red Cross of Equatorial Guinea activities).
 - Executive training in programme development and management.
 - Income-generation reinforcement and multiplication.
- Community-based Health
 - Diffusion and establishment of the ARCHI 2010 strategy in local branches.
 - Fight against epidemics through volunteer involvement in awareness campaigns.
 - Improvement on hygiene conditions (water and sanitation).
- Disaster and Conflict Preparedness and Response
 - Community-based first aid and disaster preparedness training.
 - Multiplication of the number of first-aid points.
 - Setting up and volunteer teams training in preparation of an early alert (epidemics).

Movement Context

The Central Africa sub-regional office still believes in the need to establish a CAS that would serve as a framework for the development of good programmes in humanitarian action and capacity building. The Red Cross of Equatorial Guinea is however, yet to adopt such a strategy because very few of her activities are supported by Red Cross partners and it lacks financial resources to successfully conduct the process of developing and implementing pertinent strategies.

Partner National Societies (PNS)

The main PNS that work with and support the national society are the Spanish Red Cross and the Swiss Red Cross. It also – occasionally – receives support from WHO and UNICEF. The following community-based social and welfare activities benefit:

- Awareness campaigns and distribution of condoms to prevent HIV/AIDS.
- Construction of 817,300 family latrines and protection of wells.
- Assistance to the elderly and orphans.
- Training of WatSan volunteers.
- Production of impregnated mosquito nets and promotional sales.
- Construction of two training centres for the hearing impaired.
- Construction of a school in Malabo for the under privileged.
- Construction of health centres to provide health care to the rural populations with no access to health infrastructures.

With ICRC support, the national society is promoting IHL (International Humanitarian Law).

Strengthening the National Society

In broad terms, Federation support to the Red Cross of Equatorial Guinea will consist of both internal and external coordination to reinforce financial resources through multiplication of income-generation activities. The Secretariat will also assist in the local branch volunteer network development and in the process of adding value to the Red Cross Movement through volunteer activities in community-based health, organizational development, disaster management, and promotion of humanitarian values.

The Regional Office's strategy will involve collaborating with the Red Cross of Equatorial Guinea, in initiating a thorough analysis of the Society's problems and the stakeholders' priorities prior to developing and adopting a CAS strategic plan.

Health and Care

Background and Achievements

Equatorial Guinea is faced with health problems that affect mostly children. The UNDP HDI shows infant mortality rate in the country at 101 per 1,000. Today, this figure remains almost the same, with no major reduction (Source: MOH). Children continue to die of water-borne and vaccine preventable diseases. The immunization coverage rate is however very low.

Five years ago, AIDS was not known in Equatorial Guinea, but today, it constitutes a serious national problem, although the official HIV prevalence rate seems to be insignificant (0.05% in 2000) Still, AIDS has a negative impact on the national development process. Thus, to stop the spread of HIV, impact-bound activities such as public sensitization to the danger of the epidemic and communal involvement in the HIV/AIDS fight needs to be implemented.

The petroleum boom has created the emergence of a new rich class. Blinded by their new status, these people adopt high risk behaviours such as unprotected sex (even if it means disbursing more money to pay sex workers), or having unprotected sex with several partners.

In spite of the economic boom, the government is yet to develop a social welfare policy to protect the most vulnerable, especially the elderly and orphans who are abandoned and discriminated against.

Red Cross of Equatorial Guinea has vowed to fully obey the ARCHI 2010 strategy, as it continues to work closely with the ministries of Health and Social Affairs to carry out social and health activities. During the past years, the Red Cross of Equatorial Guinea volunteer network has been carrying out health and social welfare-related activities. Within the framework of the fight against epidemics, volunteers continue to implement community-based social mobilization and sensitization activities.

Today, the MoH acknowledges the role of the Red Cross of Equatorial Guinea volunteers in the process of improving on the living conditions of the most vulnerable. Mindful of this strength, the Society intends to establish a network of trained volunteers capable of using limited means to carry out impact-bound activities in their respective communities, to maintain the previous years' achievements.

Goal: The vulnerability of the populations of Equatorial Guinea to social and health threats is reduced.

Objective: The targeted populations in the communities working with the programme have adopted risk free behaviours, and continue to use the quality health, care, and social welfare services put at their disposal by Red Cross of Equatorial Guinea.

Expected Results:

- The Red Cross of Equatorial Guinea local branches know the health problems of their respective communities and work closely with them to identify priority activities to help resolve these problems.
- The National Society has developed an AIDS combat programme targeting high risk groups.
- The Red Cross of Equatorial Guinea has developed local branch trained volunteer networks and organized them to carry out community-based activities.
- The Red Cross of Equatorial Guinea volunteers conducted activities to promote community-based health.
- The National Society has extended its women training centres' activities to a greater number of people nationwide.
- 500 elderly people and 500 orphans, abandoned by their respective families, have received psychological, health and material assistance such as food and clothes.
- The number of families beneficiaries of the latrines constructed with the Red Cross of Equatorial Guinea support has doubled.
- The number of family beneficiaries of Red Cross of Equatorial Guinea-supported, protected wells has doubled.

<Refer to the Logical Framework Planning Matrix (in French): Equatorial Guinea Health and Care>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038HC3.pdf

Disaster Management

Background and Achievements

Through skills acquired at regional level within the framework of the training of RDRT/ERDAC, the Red Cross of Equatorial Guinea has established a disaster management country team and developed a national risk map. The map indicates a very limited number of Red Cross volunteers in the country who are not evenly distributed across the high risk areas.

The Red Cross of Equatorial Guinea intends to develop a community-based disaster management programme in 2005, which will facilitate the recruitment, training, mobilization, and coaching of a stronger community-based volunteer network in high-risk areas.

Goal: Reduce the vulnerability of the Equatorial Guinea populations in high-risk areas to disasters.

Objective: Local branches of high-risk areas of Equatorial Guinea have multi-disciplinary teams capable of ensuring disaster prevention, preparedness, and response. The national society establishes a flexible and efficient mechanism to ensure interconnection between the HQ and local branch teams.

Expected Results:

- A team of volunteers develop a community-based disaster preparedness programme in each targeted local committee.
- In accordance with the major risks identified in the community, the disaster management team of each targeted local committee has the skills and minimum equipment required for any intervention in the event of a disaster.
- The Society's headquarters develops an efficient system to manage the available human resources and equipment in local branches for disaster preparedness and response.
- The Red Cross of Equatorial Guinea initiates the development process for the organization of relief in high-risk areas and convinces government authorities to be involved in the process that would culminate in establishing a national relief plan (2006).

<Refer to the Logical Framework Planning Matrix (in French): Equatorial Guinea Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038DM3.pdf

Humanitarian Values

Background and Achievements

In the area of promotion of humanitarian values in Equatorial Guinea, several groups of people are targeted, namely the elderly, orphans, and young girls that are not looked upon as a priority when it comes to education.

Since 2003, the Red Cross of Equatorial Guinea has been providing assistance to the most vulnerable in the country, which is the elderly, orphans, and young girls. This National Society has been unable to reach a considerable number of beneficiaries to create a pertinent impact on them, due to inadequate funds. It will however be possible to mobilize greater moral support to increase internal funding opportunities if an advocacy strategy is put in place.

The elderly are abandoned as no structure exists to coach and support them. Orphans do not benefit from any support or protection. Consequently, they become street children that have to fight for survival, thereby being more vulnerable to all sorts of abuse. In the name of local beliefs, young girls are not looked upon as a priority when it comes to education. This makes the discrimination against them even more serious.

Efforts aimed at sensitising the media to this particular issue will be made in 2005 as a network of Red Cross journalists will be formed. These can help spread messages to advocate for more solidarity in favour of these vulnerable people.

It is possible to present the Red Cross the positions on certain discriminatory behaviours related to hardship or inspired by traditions, cultures, or rumours.

The Red Cross of Equatorial Guinea will present its activities to government ministries, and other stakeholders and the entire local and international media through a meeting presided over by the Health Minister, the First Lady and other persons.

This meeting will not only serve as a forum to expose the communities' vulnerabilities in Equatorial Guinea, but to present the efforts the National Society has made to alleviate the sufferings of the most vulnerable, and the fact that it needs support to complete its task.

The National Society will present its action plan and objectives for 2005 to journalists. To avoid waste of limited resources, the Red Cross of Equatorial Guinea will focus on the elderly during 2005, as it already has an effective skill in this activity. It will however, continue its support to orphans and young girls.

Goal: Reduce discrimination against the elderly, orphans, and young girls.

Objective: The general public knows, understands and respects the rights of the elderly due to the activities carried out by the media, theatre groups, and nationally and internationally renowned personalities.

Expected Results:

- The Red Cross of Equatorial Guinea sets up its club of Red Cross-friendly journalists and regularly provides them with Red Cross information.
- Red Cross messages are regularly diffused on historical dates, courtesy of the club of Red Cross-friendly journalists.
- A community-based solidarity is developed in favour of the elderly, orphans, and young girls.
- The government, the industrial sector, business men and women, journalists and the general public understand and respect the role of the National Society and support its activities.
- The respect for the elderly is renewed and their dignity restored.
- Orphans and young girls are sent to school.

*<Refer to the Logical Framework Planning Matrix (in French): Equatorial Guinea Humanitarian Values>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/afrika/05AA038HV3.pdf>*

Organizational Development

Background and Achievements

The Red Cross of Equatorial Guinea operates in a relatively stable socio-political context. Its headquarters and local branches have solid basis that enable them to be more efficient. The National Society developed a strategic plan that was donor-approved during a partnership meeting which will serve as a reference for the planning and follow-up of programmes/activities of local committees in 2004. In addition, the Society's rules and regulations have been revised. There exists a clear difference between governance and management, which enable executives and volunteers to carry out smooth national activities.

The Red Cross of Equatorial Guinea needs to mobilize more funds to be more efficient. Thus, executives and other Red Cross of Equatorial Guinea authorities need training on programmes/projects development likely to be financed by a wide range of local and international donors. Similarly, the National Society needs to diversify her sources of funding.

The following activities were carried out in 2004 to build the financial capacities of the national society:

- Training of Secretary General, technical officers and Project Coordinators in PPP.
- Training of the Reporting Officer on report writing in accordance with the Federation and donors' standard norms.
- Setting up of a national fund-raising committee with members trained on conducting an appropriate fund-raising operation.
- Articles are published in the news bulletins published by both the Red Cross of Equatorial Guinea and BRAC to facilitate the exchange of fruitful, fund-raising experiences amongst local committees, the Red Cross of Chad headquarters, and other Central Africa National Societies.
- Adoption of a strategic plan as well as a CAS.

**Central Africa sub-regional programmes; Annual Appeal 05AA038
(includes Cameroon, Chad, Equatorial Guinea, São Tomé and Príncipe, and sub-regional office)**

In 2005, the Red Cross of Equatorial Guinea intends to carry out all the activities that were not carried out in 2004 due to delayed funds disbursement, and add additional activities, to realize its expected results.

Goal: The Red Cross of Equatorial Guinea performance is improved in the essential domains of the ARCHI 2010 strategy.

Objective: The Red Cross of Equatorial Guinea financial capacities are built to cover all the charges related to the execution of its programmes.

Expected Results:

- The targeted local committees have developed quality programmes/projects
 - There is a permanent National Programme Coordinator at the headquarters.
 - Executives and coaches of local committees are trained in:
 - § “How to develop quality programmes taking into consideration the gender issue” and
 - § Follow-up and Evaluation of programmes/projects, and Reporting.
 - Guidelines and procedures for the development, follow-up and evaluation of programmes/projects are put in place.
 - The vulnerabilities and capacities of populations are identified in targeted local committees.
 - The programmes and projects are developed based on the VCA results.
- The headquarters has diversified the sources of funding
 - A plan to develop the National Society financial resources is set up and executed.
 - The Red Cross of Equatorial Guinea programmes/projects are submitted to donors for approval.
 - Articles are published in the news bulletins published by BRAC to facilitate the exchange of fruitful experiences in fund-raising between local committees, the Red Cross of Equatorial Guinea headquarters, and other national societies in Central Africa.

*<Refer to the Logical Framework Planning Matrix (in French):
Equatorial Guinea Organizational Development>*

http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038OD3.pdf

Equatorial Guinea – Budget Breakdown	2005
Programme title	in CHF
Strengthening the national society	
Health and care	60,427
Disaster management	37,112
Organizational development	40,106
Total	137,645

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São Tomé and Príncipe

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National Context

São Tomé and Príncipe is located 300 km west of Gabon in the Atlantic Ocean and comprises two small islands. A former colony of Portugal, it still relies on and maintains close links with Lisbon. The population of approximately 170,000 is predominantly elderly, and a majority live under the poverty line.

The economic indicators in São Tomé and Príncipe are similar to those observed in most Sub Saharan developing countries. The country suffers from a chronic insufficiency of health infrastructure and qualified health personnel.

The islands were characterised by a certain degree of economic stability until July 2003 when an attempted coup d'état was perpetrated. Thanks to the mediation of the Community of central African States (CEMAC), the overthrown President was returned to office and democracy restored. However, it should be noted that this coup d'état came as a result of extreme poverty, accusations of corruption, and other embezzlement of funds in the country.

The country's main sources of income are cash-crops such as coffee, cocoa, copra, and palm oil: agricultural products without added value. These are subject to and suffer the whims of the market and the fluctuations in foreign exchange rates.



Red Cross Red Crescent Priorities

National Society Strategy

The São Tomé and Príncipe Red Cross ⁶ has gained credibility and respect to the eyes of the government, the general public and partners by implementing a good and accountable management, by establishing a clear separation yet clear cooperation between governance and management, and by implementing community-based activities with impact.

The national society runs a lottery that generates enough income to cover the payroll of its ten full-time staff. The national society has 200 volunteers: 75% are youth, and 15% women. The national society budget for 2000 was approximately CHF 288,000: 17% from the lottery, 81% from Spanish Red Cross cooperation, and 2% from ICRC.

Here are some of the problems facing the national society:

- The limited number of sources of income. Whenever the returns of the lottery and the external funding decline, for one reason or the other, the NS finds it very difficult to cover its running expense and to execute some social welfare programmes such as the one on the assistance to the elderly.
- The national society is not capable of building volunteer loyalty to her activities, and to widen her basis.
- The national society is yet to be prepared to intervene efficiently in the event of a disaster.

⁶ São Tomé and Príncipe Red Cross – refer to <http://www.ifrc.org/where/country/check.asp?countryid=185>

During regional planning meetings, the national society selected the following priorities for the years ahead:

- Build operational capacities
 - Develop local branches through good organization and appropriate training and use of volunteers, allowing the network to expand and loyalty in national society activities to grow.
 - Train executives in how to develop and manage essential, pertinent, and coherent programmes.
 - Expand and multiply income sources.
- Community-based Health
 - Establish and disseminate ARCHI 2010 strategy in local branches.
 - Involve volunteers in awareness campaigns targeting epidemic management.
 - Improve hygiene conditions (WatSan).
- Disaster preparedness and response
 - Train staff and volunteers in community-based first aid and disaster preparedness.
 - Establish and train volunteer teams in preparation for an early alert (epidemics).
- Promotion of Humanitarian Values
 - Offer quality social and welfare services to people subject to discrimination i.e. the elderly.

Movement Context:

Federation

BRAC supports the CAS process as the framework for developing solid and sound programming between the individual National Red Cross Societies in the region and the various PNS and other partners.

Partner National Societies (PNS)

The Spanish Red Cross is the primary PNS supporting national society programmes, specifically in the following community-based social welfare activities:

- The construction of health centres in rural areas to provide health care to the rural populations that do not have access to health infrastructures.
- Awareness campaigns on AIDS.
- Distribution of potable water to prevent water born diseases.
- Sensitization to immunization campaigns.
- Assistance to over 500 old people who are abandoned: construction of houses, medical and psychological assistance, distribution of food items.

Strengthening the National Society

The support of the International Federation's Secretariat to São Tomé and Príncipe Red Cross will consist in coordinating internal and external assistance to enable the NS to reinforce her financial resources by multiplying the number of sources of income. The Secretariat will also assist the national society in the development of its network of volunteers in local branches and in the process of adding value to the Red Cross Movement through the activities carried out by the network of volunteers in the domains of community-based health, organizational development, disaster management, and promotion of humanitarian values.

Health and Care

Background and Achievements

Just like in any other country in the sub region, health statistics are alarming in São Tomé and Príncipe. The infant morbidity and mortality rates are very high. In 2000, the infant mortality rate stood at 61 / 1000. Today, this figure remains almost the same, with no major reduction (UNDP 2003 Annual Report). Children continue to die of water born diseases and diseases that can be prevented through an EIP. The immunization coverage rate is very low.

Travelling conditions have been eased in the sub region. Consequently, the HIV prevalence rate has increased as a result of people moving easily from one country to the other. AIDS is progressively becoming a serious problem in the country, although the official HIV prevalence rate seems to be low (0.05% in 2000). This can easily be seen by looking at the number of people who travel between São Tomé and Príncipe and neighbouring countries such as Equatorial Guinea, Cameroon, and Gabon. A good number of youths travel to those countries in search of a well-paid job. It should also be noted that most of them are attracted by the petroleum boom.

The prices of cash crops such as cocoa, coffee, and palm oil that represent the country's main sources of income have decreased drastically. Consequently, São Tomé and Príncipe is no longer able to develop its health facilities.

In addition, the government is not able to develop a social welfare policy to protect the most vulnerable. Consequently, the elderly are abandoned and suffer from discrimination.

The national society has vowed to fully obey the ARCHI 2010 strategy, as it continues to work hand-in-hand with the ministries of Health and Social Affairs to carry out social and health activities. During the past years, the network of national society volunteers has been carrying out health and social welfare-related activities. Within the framework of the fight against epidemics, volunteers continue to carry out community-based social mobilization and sensitization activities.

Nowadays, the Ministry of Health acknowledges the fact that the national society volunteers can play a key role in the process of improving on the living conditions of the most vulnerable. Mindful of this strength, the national society intends to set up a network of trained volunteers who can use limited means to carry out impact bound activities in their respective communities, so as to maintain the achievements of the past years.

Goal: The vulnerability of the populations of São Tomé and Príncipe to social and health threats is reduced.

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

Expected Results:

- The national society 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.
- The national society has developed networks of trained volunteers in local branches and has organized them so as to enable them carry out a pertinent volume of community-based activities.
- National society volunteers have conducted activities to promote community-based health.
- The national society has extended the activities of its ambulatory clinics to the two isles that exist in the country in order to create an impact on a greater number of beneficiaries all over the country.
- 500 abandoned elderly people have received psychological and health assistance, as well as food and clothes.
- The national society has developed an income-generating micro project, the resources of which will be used to provide assistance to the elderly continuously.
- The partnership is reinforced within the framework of the fight against malaria.

*<Refer to the Logical Framework Planning Matrix (in French): São Tomé Health and Care>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/afri/05AA038HC4.pdf>*

Disaster Management

Background and Achievements

Thanks to the skills acquired at regional level within the framework of the training of RDRT/ERDAC, the São Tomé and Príncipe Red Cross has been able to set up a disaster management country team and to develop a map representing the main risky areas of the country. In addition, the national society reinforced its operational capacities in the domain of epidemic management.

However, all this effort was made only at the headquarters level. In fact, the national society is yet to develop a community-based programme on disaster management at local branches levels. The São Tomé and Príncipe Red Cross promises to select four high risk local committees in the country and build their disaster prevention, preparedness, and response capacities in 2005.

Goal: Reduce the vulnerability of the populations of São Tomé and Príncipe in high-risk areas to disasters.

Objective: Reinforce the technical know-how of disaster prevention, preparedness, and response teams in four targeted local committees, and set up a flexible and efficient mechanism to ensure interconnection between the team of the headquarters and those of local branches.

Expected Results:

- A team of community-based volunteers develop a community-based disaster preparedness programme in each targeted local committee.
- In accordance with the major risks identified in the community, the disaster management team of each targeted local committee has the skills and minimum equipment required for any intervention in the event of a disaster.
- The national society headquarters develops an efficient system to manage the available human resources and equipment in local branches for disaster preparedness and response.
- The São Tomé and Príncipe Red Cross initiates the process of developing a plan for the organization of relief in high-risk areas and convinces government authorities to get involved in the process that would culminate to the putting in place of a national plan for the organization of relief (2006).

<Refer to the Logical Framework Planning Matrix (in French): São Tomé Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA038DM4.pdf

Humanitarian Values

Background and Achievements

Activities to promote humanitarian values in São Tomé and Príncipe are essentially carried out by youths. Concretely, they have been struggling to eradicate stigma against PLWHA, promote the culture of peace through theatre shows, and most importantly provide assistance to the elderly.

For the past three years, the São Tomé and Príncipe Red Cross has been giving special attention to the elderly. In fact, they constructed houses to accommodate that group of vulnerable people, and distributed them food items and clothes on a regular basis to ensure their survival. This contributed to pointing out the relevance of the programme on the promotion of humanitarian values.

Through continuous assistance to the elderly, the national society succeeded in changing the behaviours of a good number of people in communities that used to look at the elderly as witches and marginalized persons. Unfortunately, the São Tomé and Príncipe Red Cross will have to stop this activity as the income of the lottery that was the main sponsor decreased drastically. The fear is that these vulnerable people who do not have any family member or relative will end up being abandoned to die, as the government does not have any specific welfare programme for them.

The challenge in 2005 will be to do everything possible to see that the elderly who do not rely on any body, not even on their family members, are well taken care of.

Just like in Equatorial Guinea, the São Tomé and Príncipe will present its activities to government ministries, the diplomatic corps, UN agencies, companies of the petroleum sector, businessmen and women, and the entire network of local and international media. This activity will be carried out during a meeting presided over by the Minister of Health, the wife of the Head of State or any other person appointed by the latter.

This meeting will serve as a forum where the vulnerabilities of communities in São Tomé and Príncipe, especially those of the elderly, will be exposed. The objective of such meeting is to make participants promise that they will support the activities of the national society.

In an attempt to widely diffuse its activities, the national society will present its action plan and objectives for the year 2005 to the media during a press conference that will also serve as a forum to advocate for more support to the programmes of the São Tomé and Príncipe Red Cross.

Goal: Reduce discrimination against the elderly.

Objective: Make the public know and understand the rights of the elderly through the media, theatre groups, or renowned national or international personalities.

Expected Results:

- The government, the media, the industrial sector, business men and women, and the general public know the duty of the São Tomé and Príncipe Red Cross and are ready to support its activities.
- A community-based solidarity is developed in favour of the elderly.

<Refer to the Logical Framework Planning Matrix (in French): São Tomé Humanitarian Values>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/afrika/05AA038HV4.pdf>

Organizational Development

Background and Achievements

The São Tomé and Príncipe Red Cross operates within a very difficult socio-political and economic environment. Nevertheless, it does everything in her capacity to contribute to the reduction of poverty, which is one of the country's main challenges. Concretely, the National Society focuses all her interventions on groups of vulnerable people.

For the execution of her programmes/projects, the national society relies mostly on the income accruing from her lottery, the cooperation with the Spanish Red Cross, the International Committee of the Red Cross (ICRC), the World Food Programme (WFP), and the International Federation, which in its turn is supported especially by the Swedish Red Cross and the Irish Red Cross.

It is not safe relying only on the income accruing from lottery to cover all the charges related to the execution of programmes, given the hardship situation.

However, the national society has several strengths that can enable her attract more members, more volunteers, and more donors. Concretely, the national society is credited with a healthier and accountable management of resources, governance is associated to management, the social welfare and health activities carried out by the national society are impact-bound and highly appreciated by the government and by other partners.

During the year 2004, some important activities have been carried out in order to build the financial capacities of the national society. These activities include:

- Appointment of coordinators of activities (coaches) in local committees.
- Training of executives from the headquarters and regional coaches from targeted local committees in PPP, follow-up and evaluation.
- Launching of the process that will culminate to the adoption of a CAS.
- Development of a strategic plan.
- Setting up a national fund-raising committee.
- Training members of fund-raising committees in the methods and techniques to be used for appropriate mobilization of financial resources.

For the year 2005, the national society intends to carry out all the activities that were left out in 2004 owing to a six-month delay in the disbursement of funds, so as to obtain the results and objectives that have been planned.

Goal: The performances of São Tomé and Príncipe Red Cross are improved in the essential domains of the ARCHI 2010 strategy.

Objective: The financial capacities of the national society are built in order to enable her cover all the charges related to the execution of her programmes.

**Central Africa sub-regional programmes; Annual Appeal 05AA038
(includes Cameroon, Chad, Equatorial Guinea, São Tomé and Príncipe, and sub-regional office)**

Expected Results:

- The targeted local committees have developed quality programmes/projects
 - The guidelines and procedures for the development, follow-up and evaluation of programmes/projects are put in place.
 - The vulnerabilities and capacities of populations are identified.
 - The programmes and projects are developed based on the results of VCA.
- The headquarters and the targeted local committees have diversified the sources of their funding
 - A plan to develop the financial resources of the national society is set up and executed.
 - The national society has developed a CAS.
 - Programmes/projects are submitted to donors for approval.
 - Articles are published in the news bulletins published by both the São Tomé and Príncipe Red Cross and BRAC to facilitate the exchange of fruitful experiences in the domain of fund-raising between local committees, the national society headquarters, and other national societies in Central Africa.

*<Refer to the Logical Framework Planning Matrix (in French): São Tomé Organizational Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA038OD4.pdf>*

São Tomé and Príncipe – Budget Breakdown	2005
Programme title	in CHF
Strengthening the national society	
Health and care	49,304
Disaster management	50,909
Organizational development	36,363
Total	136,576

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Central Africa sub-region

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Sub-Regional Context

During the past years, the socio-economic situation of Central African countries did not experience any positive change. It instead deteriorated as social imbalances, poverty, precariousness, and promiscuity increased tremendously. According to the socio-economic and health indicators of Central Africa as stated in the UNDP 2003 Annual Report (United Nations Development Programme), the living conditions of the populations did not experience any meaningful improvement (access to potable water and health infrastructures), whether in rural or urban areas.

In this context dominated by poverty that has almost become endemic, community-based solidarity that used to characterise African people is dying, criminal acts are progressing dangerously, and people are becoming more and more exposed and vulnerable to a wide range of hazards.

Unfortunately, National Red Cross Societies that could have done something to help their respective governments to improve on the living conditions of groups of vulnerable people in the sub region, without disturbing the culture of community-based solidarity, thanks to their volunteer networks that are extended even in enclosed localities, are in dire need of financial resources as very few donors are attracted in Central Africa. There is an urgent need to study this situation which is due to some internal and external considerations, and come out with solutions that can enable national societies of Central Africa to become powerful enough to fully play their part in their respective countries, thereby contributing to the reduction of vulnerability.

Since four years now, the International Federation's Regional Office for Central Africa (BRAC) has been sensitising various partners and drawing their attention to the vulnerabilities of people in Central Africa, following a new approach to support (cycle), in order to enable national societies in the sub region to fully play their part by mobilising the power of humanity (volunteers). BRAC has also been coaching national societies of Central Africa in order to ensure their smooth development.

Concretely, country-projects have been developed and project teams set up to run them. Each project team brings together actors from the headquarters and pilot local branches of the specific national society, as well as the different ministries and agencies that are interested in Red Cross action. This integrated approach to the execution of programmes in national societies was strongly supported by the team of BRAC. It contributed to enhancing the image of the region and that of the Regional Office. In 2005 (the third year of the first cycle of this new approach), the best practices of the past years will be consolidated and the multiplication phase will be launched.

The activities of national societies that will be supported by the International Federation's Secretariat (financial, equipment, and expertise) will be based on the following five essential priorities:

- Community-based health and care
 - The main challenge for the decade 2000–2010 is the fight against HIV/AIDS, malaria, water-borne diseases, acute respiratory infections, vaccine-preventable diseases, mother and childcare, and food security.
- Community-based disaster preparedness
- Natural, technological, and economical disaster response. This will be done by adding value to solidarity among National Red Cross Societies and by developing mature and efficient partnerships.
- Promotion of humanitarian values. This will be done through a pertinent advocacy for the fight against all sorts of discrimination and stigma.
- Capacity building of national societies and development of mature, pertinent, and efficient local partnerships.

National Red Cross Societies have promised to mobilize their entire volunteer network at community level in order to create a real impact on the living conditions of vulnerable people.

The Central Africa sub-region, and BRAC, comprises eight countries: Cameroon, Central African Republic (CAR), Chad, Republic of Congo, Democratic Republic of Congo (DRC), Equatorial Guinea, Gabon, and São Tomé and Príncipe. What characterises countries in Central Africa is the great gap existing between the poor and the rich. In CAR, 65% of the country's income is shared by only 20% of the population, while 80% of the population,

including the poorest (10% of the country's population) have to fight over the remaining 35% (source: UNDP 2003 Annual Report).

The number of people who survive on less than USD 1 per day varies from one country to the other, but reaches one-third of the Cameroon population and two-thirds of the CAR population. These people do not have access to the limited number of health facilities that exist in the sub region. It should be noted that those same health facilities are confronted with the increasing number of people infected by the HIV virus on a daily basis. Although countries in Central Africa have been making significant efforts in order to prevent and follow up epidemics, their populations are frequently hit by epidemics such as cholera, meningitis, and at times by the Ebola hemorrhagic fever (EHF).

Several countries in Central Africa have food security problems. It is true that frequent floods and droughts can be held responsible for this situation, but it should be noted that the instability deriving from latent political tensions (Chad and CAR) or from opened conflicts (Republic of Congo and DRC) did not facilitate the process of combating food insecurity. Conflicts are persistent in the sub region owing to the absence of a real policy for the development of rural areas.

One of the main problems that national societies in the sub region face on a daily basis is the critical need of funding and the absence of an efficient internal and external policy for fund raising. It should be noted that countries in Central Africa do not have tight historical relationships with the countries that are most active at the level of international cooperation, and that the language barrier prevents them from establishing fruitful contacts with English speaking donors. This explains why their fund-raising campaigns often fail to yield the fruits expected. Consequently, national societies are not able to fully execute their annual action plans. In fact, they are forced to abandon a good number of their activities, thereby causing the International Federation's Secretariat to reduce the support it is likely to bring to the sub region.

In an attempt to solve this problem, significant efforts aimed at looking for partners within the sub region (organizations, private companies, local and national authorities) have been made during the past years. Efforts have also been made in order to promote the action of our national societies at international level.

Thanks to the pilot project on the fight against HIV/AIDS/STI for the benefit of "Filles Libres" (young girls commercial sex workers) in Cameroon, we now know that there are real opportunities for local partnership. In order to achieve this, it will be necessary to have genuine ideas, to carry out fund raising campaigns in a professional-like manner, and to be very active at the level of international representation.

For the past two years, BRAC has been supporting National Red Cross Societies in Central Africa based on the following main ideas:

- Help national societies to significantly increase the number of their activities in favour of vulnerable people while laying emphasis on the multiplication of the successes that fall in line with Strategy 2010.
- Assist national societies in the selection of coherent and pertinent strategies, the development of programmes, projects, and integrated activities that are likely to create a real impact on the living conditions of vulnerable people, build the capacities and strengthen the internal cohesion of national societies;
- Develop a local partnership while helping national societies to improve on their image and credibility before interest holders of the Red Cross action.
- Develop a methodology to progressively transfer power and responsibility to national societies by developing regional resources, by paving the way for the implementation of regional solidarity, and by facilitating regional cooperation.

Red Cross Red Crescent priorities

Sub-Regional Strategy

National societies in the sub region are determined to considerably increase the volume of their best community-based activities in order to contribute substantially to reducing the suffering of a good number of vulnerable people and families. To that effect, they have been struggling for the past two years to create mechanisms that would facilitate the multiplication of their best practices of the past. In fact, the Red Cross of DRC, which stands as a pilot national society for the sub region in this matter, has placed the concept of multiplication at the centre of all its planning process.

The duty of the Federation will consist of coordinating the internal and external supports that may be given to our national societies in order to enable them to carry out their respective institutional reforms and to add value to the comparative advantages of the Movement taking into consideration the activities carried out by volunteers in the domains of community-based health, disaster management, and promotion of humanitarian values.

As far as health is concerned, the regional action plan will focus on activities aimed at controlling epidemics and diseases with epidemic potential (cholera, meningitis, etc.). The action plan that will be executed following a community-based approach will also focus on AIDS control.

The pilot experience on AIDS control in favour of “Filles Libres” that was launched in Cameroon since 2003, and that brings together a group of local partners, will be pursued, documented, and extended to other parts of Cameroon, and the experience will be tested in other national societies of Central Africa. This project will serve as a baseline to:

- Give a new orientation to the fight against HIV/AIDS by insisting on the necessity of developing integrated programmes, and by selecting extremely vulnerable people as beneficiaries. These targeted groups should be able to multiply best practices.
- Explain that it is possible to have access to local funding by proposing genuine activities that are likely to create a real, measurable, significant, and sustainable impact on the dangerous and alarming progression of AIDS in Central Africa.
- Strengthen local partnerships that would be useful for other health projects and would help reduce the critical dependence vis-à-vis external funding.

As far as disaster management is concerned, continued efforts will be made to set up regional disaster response teams. Special emphasis will be laid on capacity building in water and sanitation and in the construction of camps for both refugees and internally displaced persons. In fact, practical exercises will be organized to strengthen the competences of the regional disaster response team.

In addition, particular attention will be paid to disaster response, especially to the Sudanese refugee relief operation in Chad and CAR refugee relief. This will be done based on the results of a systematic assessment of the operation in order to know the progress already made and identify the new orientation to be adopted.

As far as building the financial capacities is concerned, a new approach to fund-raising is proposed. This will facilitate the establishment of partnerships with business people in order to fill the financial gap left by traditional donors. The experience of establishing partnerships with enterprises that was tested in Cameroon in 2004 around the project on “Filles Libres” will be strengthened and shared with other national societies in the sub region.

The CAS process will be launched, adopted, and implemented in our national societies in 2005, in order to guarantee the efficient use of available resources and avoid the duplication of efforts by the various stakeholders of the Red Cross Movement, and other partners that do not belong to the Red Cross family. The CAS process started in DRC in 2004. This will be strengthened in 2005.

Within the framework of the international representation of the Federation, renewed efforts will be made in order to establish contacts with the diplomatic corps, including with representatives of international organizations. In addition, stronger campaigns will be organized to sensitize the public to the activities and humanitarian visions of National Red Cross Societies. This will contribute to strengthening the ties existing between national societies of Central Africa and the representatives of international institutions that stand as potential donors, governments, banks, business milieu, and universities.

Thanks to the devotion and sense of teamwork of its staff, BRAC adopted an aggressive strategy to advertise some national societies, the International Federation, and its humanitarian visions in 2004. This strategy that yielded very good results will be pursued and extended to other national societies in 2005.

Movement Context

Very few donors within the Red Cross Movement are willing to support Central Africa for diverse reasons, whether historical, strategic, cultural, or political. In fact very few donors within the Movement attended the partnership meetings that were organized in the sub-region until 2003. This is what pushed the Africa Department (Geneva) and the Regional Delegation for West and Central Africa to organize a partnership meeting for Central and West Africa in Accra (Ghana) in 2004. That meeting was intended to convince more donors to follow the footsteps of traditional donors spearheaded by the Swedish Red Cross, in order to rescue this sub-region that is suffering from serious humanitarian problems. BRAC and national societies seized that opportunity to aggressively advertise Central Africa. As a result of that move, the coverage rate of our budgets has increased.

Strengthening National Societies

The regional programmes that will benefit from Federation support are based on the following priorities:

- Community-based health
- Disaster management: the RDRT/ERDAC
- Promotion of Humanitarian values
- International Representation
- Regional Coordination

Health and Care

Community-based Health (epidemics and diseases with epidemic potential)

Background and Achievements

Central African countries are among the sub-Saharan countries that have the most alarming health-related statistics. The immunization coverage rate that was the best in the 1980s has fallen down to about 30% today (source: WHO 2003 Annual Report). Until recent period, the wild virus of polio was still active in Chad, CAR, and Cameroon. Although it has been eradicated in these three countries, it is still very active in Nigeria, which is a neighbouring country to the sub region. Consequently, the situation needs to be closely watched.

Measles is one of the 10 main causes of infant mortality in the sub region. Although the situation of water born diseases seems to be under control, a lot is yet to be done in order to reinforce access to potable water. The current rate of this access stands at 40% in (suburbs) areas surrounding towns (source: WHO 2003 Annual Report).

For the past four years, National Red Cross Societies of Central Africa have been working hand-in-hand with their respective Ministries of Health in order to implement health development plans, with the support of WHO, UNICEF, and other cooperation agencies. To this effect, they got their impressive volunteer network involved in health activities such as the eradication of polio, and the awareness campaigns against measles. In fact, the initiative of the American Red Cross to support the anti-measles campaign started in Cameroon in 2002, and Red Cross volunteers played a key role to the success of that campaign. Immunization coverage was 100% for infants and children up to five years of age; this was greatly facilitated by the 1,500 volunteers who carried out the mobilization of communities.

In Chad, the Red Cross was very active in the campaign to eradicate polio, as its volunteers assisted health authorities in covering enclosed areas (several islands), using canoes to cross the river. It should be noted that in the absence of Red Cross volunteers, these areas would not have benefited from the immunization campaign.

However, when executives of national societies in the sub region gathered in March 2004 to assess the level of implementation of the ARCHI 2010 initiative, they acknowledged the fact that they had selected quality activities, but that they still have to multiply such activities in order to create a significant impact on the living conditions of the populations. If this is done, governments and communities will respect our national societies and acknowledge their relevance.

For that reason, they decided to implement an explicit policy aimed at recruiting a lot of quality volunteers prior to mobilising them for community-based impact-bound activities. Health-related activities of our national societies will be defined in accordance with the ARCHI 2010 initiative, and with the priorities of the Ouagadougou Declaration.

Goal: The living conditions of vulnerable people in Central Africa are significantly improved upon and the sustainability of this status is ensured.

Objective: BRAC supports the National Red Cross Societies of Cameroon, CAR, Chad, Congo, DRC, Equatorial Guinea, Gabon, and São Tomé and Príncipe to carry out a pertinent volume of community-based activities related to the promotion of health and to the fight against diseases. BRAC also supports the involvement of affected communities in the activities.

Expected Results:

- An important volunteer network is put in place in each national society to offer quality services to communities.
- At local branches levels, volunteers have helped the populations to understand the health problems of their communities, and to identify priority activities that can help solve these problems.
- National societies have taken an active part in routine National Immunization Days (NID), Local Immunization Days (LID), and EIP within the framework of programmes to eradicate polio, measles, and vaccine-preventable diseases.
- The populations in Central Africa have taken an active part in activities aimed at promoting community-based health and fighting against recurrent diseases.
- All eight national societies of Central Africa have become members of inter-agency committees of their respective countries and have participated actively in national and regional meetings.
- National societies of Central Africa have received local funding.
- National societies of Central Africa have developed quality community-based health projects.

HIV/AIDS Control

Background and Achievements

HIV/AIDS prevalence rates in the Central Africa region are alarming. (See table on page 2). Although countries that are surrounded by islands are not seriously hit by the pandemic today, their prevalence rate is likely to increase rapidly because of the oil boom and the related spectacular development of prostitution in Malabo, Equatorial Guinea. (Rates are estimated at 0.5% and 0.05% for Equatorial Guinea and São Tomé and Príncipe, respectively)

At the moment, the situation in Chad, Cameroon, and CAR is very serious because of the substantial development of prostitution along the Chad-Cameroon pipeline where a good number of people rush in order to earn a living through sex work. Consequently, the HIV virus has been able to spread rapidly far away from urban areas that are already seriously hit by the AIDS pandemic. The HIV virus is not adequately monitored.

In addition, communities reject PLWHA. In fact, some enterprises and communities discriminate against a good number of PLWHA once their serological status is revealed.

Some recent studies carried out in Cameroon and CAR revealed that youths aged between 12 and 20 are not often involved in sensitization campaigns on AIDS, whereas the majority of new cases of people infected by HIV/AIDS is registered among this group.

The precariousness of life in urban areas pushes young girls to accept unprotected sexual intercourses imposed on them by some adults.

Since October 2001, all eight national societies of Central Africa promised to execute a programme on AIDS control, in line with the Ouagadougou Declaration, and with the support of the Federation (BRAC). Concretely, the national societies have been carrying out peer education activities for the benefit of students in secondary schools, and of religious communities.

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Thanks to these activities, about 500 peer educators have been trained in each country in one year. In addition, theatre groups have been set up in main towns to entertain and sensitize people in public squares and in schools. Enterprises have been increasingly inviting these theatre groups to sensitize their workers. Folios (sensitization aids) have been developed in local languages in order to make the information on AIDS available to everybody.

In order to respond to the discrimination against PLWHA, the national societies of Central Africa have established frameworks for collaboration with PLWHA. This is one of the themes the theatre groups have been developing in their shows within enterprises.

Today, the national societies of Central Africa intend to consolidate the activities they started during the past two years, and identify more original integrated programmes for the benefit of groups of people that are likely to facilitate the spread of HIV, i.e. programmes that are likely to be funded with the Heavily Indebted Poor Countries Initiative (HIPC) funds, in order to stop the progression of the HIV/AIDS pandemic.

The pilot project on AIDS control in favour of “Filles Libres”, which started in Cameroon since 2003 will serve as baseline for the multiplication phase. The group of “Filles Libres” was targeted because of their potential of facilitating the progression of the HIV virus (each young girl commercial sex worker sleeps with at least 150 married clients per year).

Thanks to the results obtained in Yaoundé (Cameroon), it is now known that this original integrated project is capable of mobilising internal resources (government and other partners). The following important activities were carried out within the framework of the execution of this project:

- A series of educative talks in the working places of “Filles Libres” in Yaoundé (1500 young girls commercial sex workers were involved in 15 sessions of educative talks);
- Construction of a health centre to provide medical care to “Filles Libres”, i.e. to carry out voluntary and confidential screening campaigns and treat STI, in close collaboration with the Centre Pasteur du Cameroun (CPC) and the London-based Imperial College. In addition, a research will be carried out in this health centre to confirm the algorithms for the treatment of HIV/AIDS/STI, and to test the efficiency of microbicides;
- Funding of income-generating micro-projects in order to offer seropositive “Filles Libres” a chance to quit prostitution.

These results were achieved thanks to the development of a dynamic policy on partnership, with the relentless efforts made by BRAC to contact the Cameroon government (National AIDS Control Committee: NACC, HIPC Funds), Business people, Embassies and international representations. This policy will be strengthened in order to fill the financial gap left in the sub region by the scarcity of external funding.

Goal: The spread of HIV/AIDS and stigma against PLWHA is reduced.

Objective: All eight national societies of Central Africa have been involved effectively and efficiently in the process of AIDS control, and have carried out a pertinent volume of activities to that effect.

Expected Results:

- The original programme on AIDS control in favour of “Filles Libres” is pursued and extended to the economic capital Douala, which is the second largest town of Cameroon.
- Studies have been made prior to launching the project on “Filles Libres” in DRC.
- All eight national societies of Central Africa have carried out peer education activities in youth’s milieus.
- All eight national societies of Central Africa have developed a programme to promote the wide use of male and female contraceptive sheaths.
- Networks of “Filles Libres” have been set up to carry out peer education in Cameroon, DRC, and Equatorial Guinea.
- The national societies of Cameroon, CAR, Chad and Congo have sensitized their populations to the need of going in for voluntary and confidential AIDS screening test.
- All eight national societies of Central Africa have carried out activities aimed at combating stigma against PLWHA.
- Three national societies of Central Africa have carried out home care activities.

- All eight national societies of the sub region have become members of their respective national coordination committees.
- The collaboration with local partners has brought significant financial resources to the programme on AIDS control in Cameroon, and at least three national societies of the sub region have received funding from the Global Funds (GF) and from other local partners.
- National societies of the sub region have taken part in regional meetings on Global Fund.
- A network is established to facilitate the exchange of experiences among national societies of the sub region.
- A large number of PLWHA have worked in close collaboration with National Red Cross Societies to combat AIDS.
- A strategy is set up to advocate for the eradication of discrimination and stigma against PLWHA.
<Refer to the Logical Framework Planning Matrix (in French): Sub-Region Health and Care>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038HC.pdf>

Disaster Management

Background and Achievements

In 2002, BRAC organized a regional theoretical and practical training workshop for the benefit of the RDRT/ERDAC. On that occasion, the team that is made up of people with various competences from national societies of the sub region got acquainted with the components of disaster management. Within the framework of the current process for change in force at the International Federation (it should be noted that this process aims at giving more responsibilities to regions), this programme needs to be reinforced through specialization of human resources.

In 2003 – 2004, priority was given to two aspects of disaster management: WatSan and epidemic management. Through this initiative, the members of RDRT/ERDAC will acquire some specific skills that might be needed for planning and organising specific technical relief in favour of beneficiaries in case of an emergency ensuing from a disaster.

In 2005, the WatSan skills of RDRT/ERDAC will be reinforced through practical exercises and a practical training on the construction of camps for refugees or internally displaced persons.

Goal: The vulnerability of populations in Central Africa to Disasters is reduced.

Objective: The technical know-how of RDRT/ERDAC has been reinforced in the domains of water and sanitation (WTSAN) and the construction of camps for both refugees and internally displaced persons, and practical provisions have been made in order to facilitate the deployment of RDRT/ERDAC members in the event of a disaster.

Expected Results:

- RDRT/ERDAC have reinforced their WatSan skills, and have acquired additional skills in camp set-up and management.
 - The regional WatSan team has reinforced its technical skills through practical exercises.
 - The WatSan team is capable of planning and handling the WatSan aspect of a relief operation.
 - The region has a team specialized in the construction and management of camps for both refugees and internally displaced persons.
 - The emergency operation in Chad benefits from RDRT/ERDAC skills and experience.
- Procedures needed for team alert and early deployment are developed and implemented.
 - The administrative, financial, contractual, and insurance procedures are updated.
 - Whenever unable to respond itself, a national society will immediately invite an RDRT/ERDAC.
 - As necessary, the host national society will facilitate arrival (visa, licenses, etc) and communications (national society, local partners, etc) related to the RDRT/ERDAC deployment.
 - National Red Cross Societies of Central Africa have facilitated the participation of their trained and qualified members to any deployment of an RDRT/ERDAC.

<Refer to the Logical Framework Planning Matrix (in French): Sub-Region Disaster Management>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038DM.pdf>

Humanitarian Values

Background and Achievements

Central Africa is characterised by social exclusion, marginalization, discrimination, and all sorts of violence. In this context, it is needless pointing out the relevance of the programme on the promotion of humanitarian values.

Simple and impact-bound messages will be used to present the International Federation's position vis-à-vis some issues such as discrimination in working places, stigma against PLWHA, sexual mutilations inspired by traditional beliefs, and the marginalization of pygmies, through the media, leaders, important personalities, and renown artists.

A network of journalists interested in humanitarian issues and the activities of the Red Cross will be put in place and regularly fed with messages illustrating the efforts made by national societies of the sub region, and especially the positions of their Federation vis-à-vis humanitarian issues, as it is the case in DRC and Cameroon today. Messages will be sent to journalists on a regular basis in order to ensure a stronger advocacy campaign against discrimination and stigma.

The type of collaboration that was launched in Cameroon in 2004 between BRAC and the Yaoundé-based Catholic University of Central Africa will be pursued, reinforced, and extended to other universities in the sub region. This initiative will facilitate the diffusion of the humanitarian principles and norms of the Red Cross in the university milieu.

Renowned personalities will be used as media to advocate in favour of people who suffer from discrimination and stigma.

Goal: People who suffer from all sorts of discrimination and stigma have access to assistance services.

Objective: National Red Cross Societies of Central Africa have aggressively advertised the positions of the International Federation vis-à-vis all sorts of discrimination, with special emphasis on the discrimination against PLWHA, through the media or thanks to the intervention of internationally renowned personalities.

Expected Results:

- Each national society has set up a club of Red Cross activities-friendly journalists and has provided them with Red Cross messages on a regular basis.
- The messages of the Red Cross have been diffused by the clubs of Red Cross journalists on a regular basis.
- Meetings, dinners, shows, and other artistic activities, sponsored by personalities of international renown, have been organized for the attention of key business people and entrepreneurs, in order to discuss the relevance of the fight against HIV/AIDS to their professional activities, and to solicit their participation in this fight.
- Original activities have been proposed to promote the respect of all sorts of differences in the general public.
- PLWHA have been granted a better access to media and have exposed their situation to the general public.

<Refer to the Logical Framework Planning Matrix (in French): Sub-Region Humanitarian Values>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038HV.pdf

Organizational Development

Background and Achievements

In broad terms, national societies of Central Africa registered some positive changes as far as good governance and management are concerned during the years 2003 and 2004. However, some national societies in the sub region still have problems of integrity, and present a rather negative image to authorities, partners, and the general public.

In addition, national societies of Central Africa are in dire need of a good number of qualified, permanent, and stable technical and administrative executives to run their affairs at headquarters and local branches levels. Consequently, they have serious difficulties in developing their vision.

Some national societies in the sub region have three-year development plans. Unfortunately, none of these plans was developed following a rigorous planning process in which all the interest holders of Red Cross programmes

would have been integrated. In fact, communities, volunteers, governments, and other partners were seldom associated to the process of developing those plans.

It will be necessary to provide quality training and coaching to executives and leaders of national societies in Central Africa, and to stimulate the commitment of good governance members in order to ensure a better development of strategic plans, programmes, and projects. If this is done, it will contribute to building the capacities of vulnerable people in each country of Central Africa, as they will be offered more pertinent services. In addition, national societies will be able to polish their image and gain more credibility thanks to the quality of services they will offer to communities, and to the transparency in their management and reporting.

Goal: Build the capacities of national societies of Central Africa in the four key domains of the ARCHI 2010 strategy.

Objective: Build the capacities of national societies of Central Africa in good governance, human resources, management of local branches and programmes, and in finance.

Expected Results:

- Building good governance capacities
 - The status of the CAR Red Cross that have been updated in accordance with the guidelines of the International Federation are adopted by the General Assembly;
 - Three national societies have an external audit system;
 - Three national societies have a self-assessment system for operational executive committees.
- Building capacities in the management of local branches, programmes, and resources.
 - Executives in charge of organizational development in all eight national societies of Central Africa are trained in organizational development;
 - Finance officers of all eight national societies of Central Africa are trained in the management of financial resources;
 - A series of efficient, pertinent, and professional logistic and financial procedures are put in place and/or consolidated in each national society.
- Building financial capacities
 - All eight national societies of Central Africa produce quality narrative and financial reports for the attention of donors;
 - All eight national societies have diversified their sources of funding.

*<Refer to the Logical Framework Planning Matrix (in French): Sub-Region Organizational Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038OD.pdf>*

Coordination, Cooperation, and Strategic Partnerships

Background and Achievements

Since its installation in Yaoundé, BRAC has established a sense of dialogue and mutual assistance between all eight national societies of Central Africa. This will help them work together as a Federation in order to bring more efficient responses to the needs of vulnerable people. In fact, two meetings are held in a year, the first one to programme the support of BRAC, and the second to assess activities mid-way of the period stated at the beginning, and to redefine or give new orientations to the regional strategy. During this second meeting, which is also attended by representatives of the ICRC, PNS, and the Federation Africa Department in Geneva, the chairperson of a national society of Central Africa is elected as the new president of the Coordination Committee. Participants to this meeting also seize the opportunity to make the balance sheet of current supports, and to get informed about the supports that are contemplated by the various partners for each national society.

In addition, BRAC uses executives from national societies as resource persons for support missions.

Despite all the training sessions that have been organized, and the efforts made so far, there are still problems of good governance (confusion of roles and responsibilities between good governance and management). In addition, problems of integrity (non respect of the statutes, poor use of financial resources and equipment) still exist in the sub region.

Today, the coordination mechanism of national societies in Central Africa has enabled the sub-region to achieve the following:

- The terms of reference of the Coordination Committee were adopted during the last meeting with partners that took place in March 2004. The Chairperson of the Coordination Committee presides over two regional meetings on a yearly basis, and represents their peers, as the case may be, in partnership meetings organized out of the sub-region (Geneva).
- National societies of Central Africa promised to work together as a Federation. In this vein, they adopted and signed a sub-regional cooperation agreement in connection with disaster management.
- The CAS processes of the Red Cross of DRC and the Red Cross Equatorial Guinea Red Cross culminated in the development of their respective CAS in close collaboration with other Movement members.

In 2005, these achievements will be consolidated and the lessons learned in 2004 will serve as a basis for the achievement of better performances within the framework of regional coordination and cooperation.

Goal: The performance of national societies of Central Africa is strengthened.

Objective: The partnership between national societies of Central Africa, with other members of the Red Cross Movement, and with international organizations is reinforced.

Expected Results:

- The regional Coordination Committee is operational.
- The CAS processes of the National Red Cross Societies of Cameroon, Chad, Gabon, and São Tomé and Príncipe are supported.
- Two teams of regional resource-persons trained in Organizational Development and Resource Mobilization are established.

<Refer to the Logical Framework Planning Matrix (in French): Sub-Region Coordination>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038CC.pdf

Effective Representation and Advocacy

Background and Achievements

In its capacity as an international organization that has a diplomatic status, the International Federation should normally be able to make its way in the diplomatic milieu, not because its representatives might want to benefit from the advantages diplomatic officers deserve during official ceremonies, but to obtain a platform in that milieu where they can express themselves and make the necessary advocacy to solicit the required support from governments.

In the past, the International Federation, through BRAC, has been operating in the background, under the cloak of national societies. It is true the role of BRAC is to support national societies, but it would have to enhance its own public image in order to survive, especially in this difficult period when the numerous humanitarian organizations that exist in the world are in constant and opened competition.

On most occasions, the Federation has been assimilated to the ICRC, even to the dismay of the latter. Countless are the number of times when invitation cards intended for the International Federation have been found bearing the name ICRC, instead of International Federation. This shows that ICRC has touched people, not only through its activities in favour of vulnerable people, but also thanks to its regular presence in UN and other diplomatic milieus.

The International Federation has a unique responsibility to defend the rights and interests of millions of vulnerable people scattered all over the world. In fact, given its good image and credibility before the general public and governments, it stands an unchallengeable position to advocate in favour of vulnerable individuals and groups of people who at times are forgotten by the media, and even by their own political authorities.

In 2004, the aggressive advertisement made by BRAC for the attention of business people, the diplomatic corps, UN agencies, and the Cameroon government revealed enormous opportunities for the establishment of partnerships. That advertisement also contributed to showing the relevance of volunteers in the heart of the Red

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Cross action, and to better present the positions of the Federation vis-à-vis humanitarian issues. This unique experience needs to be pursued and reinforced.

In 2005, BRAC will have to completely come out of the background and enhance the image of the International Federation of Red Cross and Red Crescent Societies in Central Africa.

Goal: The general public, authorities, the media, and donors, are encouraged to take an active part in the humanitarian activities carried out by the International Federation and by national societies of Central Africa.

Objective: The advocacy activities carried out by both the International Federation and national societies of Central Africa are efficiently relayed to authorities, the media, the diplomatic corps, the general public, and other partners.

Expected Results

- Partner national societies are better informed about and more supportive towards national societies' activities within the sub-region through bi-weekly reports, prepared by the national societies and edited by the Federation sub-regional office.
- The general population and governmental authorities are better informed and more respectful of the relevance of National Red Cross Societies and the Federation in the sub-region.
- Advocacy by the Federation on behalf of and in favour of vulnerable people in the sub-region results in greater impact of activities
- The Federation sub-regional office and the National Red Cross Societies receive greater exposure to diplomatic missions and international organizations, resulting in increased potential for support of activities and strategies.
- Major Movement events, such as World Red Cross Red Crescent Day and the launching of the Annual Appeal and the World Disasters Report, receive greater attention through diverse media and hosted events and reach a wider audience.

*<Refer to the Logical Framework Planning Matrix (in French): Sub-Region Representation>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA038ER.pdf>*

Central Africa sub-regional office – Budget Breakdown		2005
Programme title		in CHF
Strengthening the national society		
Health and care		293,733
Disaster management		271,794
Humanitarian values		89,400
Organizational development		114,605
Coordination and implementation		525,530
Total		1,295,062

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA038

Name: CENTRAL AFRICA SUB-REGIONAL PROGRAMMES

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	20,000	0	0	0	0	20,000
Clothing & textiles	2,000	0	0	0	0	0	2,000
Food	0	0	0	0	0	0	0
Seeds & plants	0	8,000	0	0	0	0	8,000
Water & Sanitation	500	0	0	0	0	0	500
Medical & first aid	2,500	24,000	0	0	0	0	26,500
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	500	0	0	0	0	0	500
SUPPLIES	5,500	52,000	0	0	0	0	57,500
Land & Buildings	0	0	0	0	0	0	0
Vehicles	500	2,500	0	0	0	0	3,000
Computers & telecom	5,000	4,500	0	0	0	0	9,500
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	5,500	7,000	0	0	0	0	12,500
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	18,660	18,660	9,489	18,976	31,088	0	96,873
TRANSPORT & STORAGE	18,660	18,660	9,489	18,976	31,088	0	96,873
Programme Support	37,051	29,820	5,811	19,407	34,159	0	126,247
PROGRAMME SUPPORT	37,051	29,820	5,811	19,407	34,159	0	126,247
Personnel-delegates	146,400	146,400	0	0	174,000	0	466,800
Personnel-national staff	90,681	59,288	4,900	11,680	41,406	0	207,955
Consultants	2,500	0	0	25,000	0	0	27,500
PERSONNEL	239,581	205,688	4,900	36,680	215,406	0	702,255
W/shops & Training	61,720	101,000	0	182,500	77,000	0	422,220
WORKSHOPS & TRAINING	61,720	101,000	0	182,500	77,000	0	422,220
Travel & related expenses	0	11,500	0	9,500	8,000	0	29,000
Information	202,000	33,100	69,200	28,000	7,000	0	339,300
Other General costs	0	0	0	3,500	152,877	0	156,377
GENERAL EXPENSES	202,000	44,600	69,200	41,000	167,877	0	524,677
TOTAL BUDGET:	570,012	458,768	89,400	298,563	525,530	0	1,942,272