

ANNUAL REPORT



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

MALI

14 July 2006

In Brief

Appeal No. 05AA029; Appeal target: CHF 275,283 (USD 218,700 or EUR 177,300); Appeal coverage: 17.1%.

[<Click here to go directly to the attached Financial Report>.](#)

Annual Appeal: <http://www.ifrc.org/docs/appeals/annual05/05AA029.pdf>

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual05/05AA02901.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual05/05AA02902.pdf>

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

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Operational context

The economy of Mali is primarily based on agriculture, which represents half the country's gross national product (GNP). The combined effects of its debt burden and its Structural Adjustment Programme have constantly placed Mali as one of the poorest countries in the world. Drought, like elsewhere in the Sahel region, has become a recurring issue in the country. Cholera, malaria, HIV/AIDS, lack of adequate water and sanitation (WatSan) facilities and river blindness¹ are the main health risks facing the country. The mortality rate of children aged under five years is 122 per 1,000 live births.

The trade route between Mali and Côte d'Ivoire contributes to the spread of the HIV/AIDS pandemic and to the proliferation of child labour. Following troubles in neighbouring Côte d'Ivoire, the return of approximately 50,000 (unofficial statistics) Malians has placed a major burden on the already poor health and school infrastructure and has negatively impacted the foreign remittances formerly sent back to Mali by these workers.

¹ *Onchocerciasis* is an insect-borne disease caused by a parasite *Onchocerca volvulus* and transmitted by black flies of the species *Simulium damnosum*. *Onchocerciasis* is often called "river blindness" because the blackfly which transmits the disease abounds in fertile riverside areas - <http://www.who.int/blindness/causes/priority/en/index3.html>

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The 2004-2005 harvest in the Sahel region was seriously affected by the worst locust invasion in twenty years, compounded by low rainfalls. Crops were greatly reduced, as was the availability of grazing land in pastoralist areas. This resulted in serious food insecurity in Mali as well as the other countries in the Sahel region. The 'lean' period, which occurs between April and October – when the harvest from the previous year has been exhausted and the current year's production is not yet ready – is always difficult in the Sahel region, and proved particularly lengthy over 2005, partly contributing to the food security crisis.

In response to the food insecurity situation in the Sahel region, the International Federation launched an Emergency Appeal on 22 July 2005, for CHF 18,243,483, to assist 44,400 families (some 220,000 beneficiaries) in four countries, including Mali: <http://www.ifrc.org/docs/appeals/05/05EA015.pdf>. The Mali Red Cross, through its volunteer network, was actively involved in responding to needs within the framework of the Sahel food security operation

In addition to the financial support, the Federation provided human resources support to the Mali Red Cross. The Spanish Red Cross coordinated distribution activities as well as logistical support to the Swiss Red Cross-coordinated distributions. Distributions in the Tombouctou region reached an estimated 14,310 beneficiaries; thanks to the distribution support provided by the Mali Red Cross volunteers. These distributions were complemented with parallel vaccination activities.

Some 22 Mali Red Cross volunteers were trained in distribution processes and good practices by the Federation logistician in Mali. National society capacity in relief distribution and logistics has been reinforced, with the Federation team providing overall communications and logistics support to Mali Red Cross, as well as the Spanish Red Cross and Swiss Red Cross operations.

Analysis of 2005 programmes

Health and care

Goal: To contribute to improve the health of children aged under 0-11 months, women of childbearing age, youth, and persons infected by HIV/AIDS.

Objective 1: To increase the number of children aged 0-11 months who receive full standard vaccinations, as well as the number of pregnant women vaccinated against tetanus.

Objective 2: To reduce mortality and morbidity due to diarrhoeal disease among children aged 0-11 months.

Objective 3: To reduce vulnerability related to HIV/AIDS of people aged 14-39 years in Kayes and Koulikouro.

Achievements

The Mali Red Cross (MRC) participated fully in the polio National Immunization Days (NIDs) campaign, with the technical staff serving as members of the Inter-Agency Coordination Committee (IACC) and part of the Social Mobilization Commission. During the 2005 NIDs (JNV²), Red Cross volunteers implemented activities at the community level by conducting social mobilization in Bamako, Kayes, Ségou, Sikasso, Mopti and Koulikoro districts. The NS volunteers conducted door-to-door visits to public places such as markets. A total of 843 volunteers were involved in the process (230 in the first phase and 613 during the second phase). This social mobilization allowed the vaccination of 1,056,454 children, (437,625 during the first phase and 618,829 in the second phase).

During the third phase of the vaccination campaign, the NS conducted social mobilization in collaboration with the National Olympic Committee (NOC), through the technical and financial support from the Federation regional delegation in Dakar. In coordination with the World Health Organization (WHO) country office, the national society participated in the Dutch government-funded Roll Back Malaria (RBM) project with the aim of re-treating and distributing insecticide-treated bed nets (ITNs) at community level.

² In French: Journées nationales de vaccination (JNV)

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In addition to its role in polio National Immunization Days (NIDs) and distribution of ITNs, the MRC played a key role and mobilized its network of volunteers to respond to a yellow fever epidemic in November to December 2005. Following information relayed by local media and confirmed by the Mali Red Cross during the second and third weeks of October 2005, four out of five deaths of patients with fever and jaundice were reported in the Bafoulabé Circle, Mali. Tests ran on these doubtful cases were positive and confirmed a nascent yellow fever epidemic. Cases of yellow fever were also reported in the Kayes region and as at 15 November 2005, there were 37 confirmed cases and 18 deaths in the region.

Immediately the epidemic was declared, the Federation's regional delegation in Dakar supported the Mali Red Cross by sending a public health doctor to provide technical support and expertise. On 24 November 2005, the Federation allocated CHF 45,000 from DREF to the Mali Red Cross so as to respond to immediate needs. The MRC developed a plan of action (PoA) based on needs identified through consultations with partners and the National Directorate of Health (DNS³) as well as by the evaluation team dispatched to the field. With the assistance of MRC volunteers in epidemiologic surveillance (through case finding and referral to medical structures), regular updates on the epidemiological status of the affected areas were established between 15 November and 16 December 2005. As of 15 November 2005, there were 37 cases of yellow fever and 18 deaths. The final update on 16 December 2006 recorded a cumulative total of 57 cases and 25 deaths.

The implementation of the plan was effective, with nearly 800 volunteers trained (including 65 team leaders and 20 supervisors), 17 radio programmes aired and 366 social mobilization sessions held. Volunteers conducted mobilization and sensitization campaigns in the affected and high-risk zones, particularly Diema, Nioro, Yélimani, Kayes, Kénieba, Bafoulabé and Kita circles. In the Koulikoro region, areas reached were Kati and Ouelessebougou circles and the total population covered through these activities was over 2 million inhabitants. The capital city, Bamako, was also reached.

The field phase was based on the PoA, which was used to prepare for the vaccination campaigns through volunteer training and organization of social mobilization campaigns. During the campaigns, information on yellow fever (its causes and how to prevent it) was disseminated to the population by volunteers dressed in Red Cross aprons, increasing both their visibility and respectability.

Impact

- The social mobilization conducted by the Mali Red Cross during the vaccinations campaigns contributed to the rise and improvement of the polio vaccination coverage. As regards the response to the 2005 yellow fever outbreak, the communities in the 19 villages reached by the immunization campaigns are now better protected against potential future yellow fever outbreaks.
- The information and awareness sessions held by the volunteers have armed the members of communities with knowledge on how to protect themselves, such as by using ITNs, as well as how to care for the sick. Additional, the use of the ITNs among the community members will reduce the cases of malaria.
- The activities of the Red Cross volunteers, plus the messages aired on the local radios during the response to the yellow fever outbreak, profiled the NS. As a result, more people are now aware of the Mali Red Cross and the Movement as a whole.
- The yellow fever operation, as well as the NIDS and RBM initiatives, made it possible for the Mali Red Cross to strengthen its coordination with partners such as DNS, the United Nations Children's Fund (UNICEF), Médecins San Frontières (MSF) and WHO and to play its auxiliary role to the government.

Organizational development

Goal: The Mali Red Cross meets the characteristics of a well-functioning national society (WFNS).

Objective 1: Strengthen the national society's capacity to carry out its health and disaster management programs for the next four years.

Objective 2: The Mali Red Cross increases its financial management skills and develops its ability to advocate and market their programmes.

³ In French: Direction nationale de la santé (DNS)

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Achievements

- A governance and management workshop was conducted; the governing board, programmes coordinators and presidents of local branches participated. The following issues were addressed: understanding of the Movement policies, better planning monitoring and evaluation, roles of governance and management, image building, narrative and financial reporting, programme and branch development as well as volunteer management.
- The national society's finance officer visited the Federation regional office in Dakar to implement long-term preparation procedures for the MRC's move from the working advance to cash transfer system.
- An evaluation of activities implemented over a three-year period was carried out and a four-year strategic plan (2005-2008) was developed.
- The NS has developed a policy on volunteering. Terms of reference (ToR) were elaborated at regional level, with input from other national societies. The recruitment of a focal point for volunteer management is under process, with Federation support.

Impact

- There is more interest and confidence from partner national societies (PNS) and local partners; the Swiss Red Cross, which had stopped its cooperation with the national society for many years, has shown interest in the MRC activities while there is increased involvement of the Spanish Red Cross. A new dialogue process has been initiated with the Danish Red Cross, who had left the country in 2000.
- The separation between the roles of governance and management is now clearly defined following a workshop in which the executive and governance bodies improved their understanding of their respective roles.
- There is a better understanding of the financial management systems and procedures within the MRC as well as better integration of SAGE and BuSy financial systems. As a result, the quality of the financial reports has improved.
- As regards the Sahel food security operation, over 20 volunteers have received training and participated in distribution processes. In addition, the relief and logistics capacity of the Mali Red Cross's Tombouctou branch has been enhanced.

Constraint

- The level of funding for organizational development activities was very low. More funding is needed to build one of the future reference centers in the region.

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

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA029
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	180'008			95'275		275'284
B. Opening Balance	0			5'225		5'225
Income						
Cash contributions						
British Red Cross				4'969		4'969
French Red Cross				1'585		1'585
Irish Government				14'492		14'492
C1. Cash contributions				21'046		21'046
Inkind Personnel						
French Red Cross				24'387		24'387
C5. Inkind Personnel				24'387		24'387
C. Total Income = SUM(C1..C6)	0			45'433		45'433
D. Total Funding = B + C	0			50'658		50'658

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0			5'225		5'225
C. Income	0			45'433		45'433
E. Expenditure				-50'658		-50'658
F. Closing Balance = (B + C + E)	0			0		0

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA029
Budget	APPEAL

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		180'008			95'275		275'284	
Supplies								
Clothing & textiles	1'400							1'400
Water & Sanitation	138							138
Medical & First Aid	18'629							18'629
Utensils & Tools	10'327							10'327
Other Supplies & Services	3'220							3'220
Total Supplies	33'714							33'714
Land, vehicles & equipment								
Land & Buildings	736							736
Computers & Telecom	2'300							2'300
Total Land, vehicles & equipment	3'036							3'036
Transport & Storage								
Transport & Vehicle Costs	5'181				1'030		1'030	4'151
Total Transport & Storage	5'181				1'030		1'030	4'151
Personnel Expenditures								
Delegates Payroll	23'734							23'734
Delegate Benefits					26'904		26'904	-26'904
National Staff	91'810				1'870		1'870	89'939
National Society Staff					5'856		5'856	-5'856
Consultants	9'200							9'200
Total Personnel Expenditures	124'743				34'630		34'630	90'113
Workshops & Training								
Workshops & Training	66'164				20'757		20'757	45'407
Total Workshops & Training	66'164				20'757		20'757	45'407
General Expenditure								
Travel	11'882				-1'941		-1'941	13'823
Information & Public Relation					408		408	-408
Office Costs	12'670				1'813		1'813	10'857
Communications					666		666	-666
Professional Fees					2'044		2'044	-2'044
Financial Charges					-1'236		-1'236	1'236
Total General Expenditure	24'551				1'754		1'754	22'797
Program Support								
Program Support	17'893				3'190		3'190	14'704
Total Program Support	17'893				3'190		3'190	14'704
Operational Provisions								
Operational Provisions					-10'703		-10'703	10'703
Total Operational Provisions					-10'703		-10'703	10'703
TOTAL EXPENDITURE (D)	275'284				50'658		50'658	224'626
VARIANCE (C - D)		180'008			44'617		224'626	