

Annual report

 International Federation
of Red Cross and Red Crescent Societies

West and Central Africa

MAA61001

29 April, 2011

This report covers the period 1/01/2010 to 31/12/2010.



Volunteers conducting assessment of the affected families/GRCS

In brief

Programme outcome:

Under this appeal, the Sahel Regional Representation of the International Federation of Red Cross and Red Crescent Societies (IFRC) has provided necessary technical support in two main areas: Health and Disaster management. The Health Coordination unit in Dakar provides effective technical support, coordination, planning, performance, monitoring and evaluation in West and Central Africa to assist national societies in developing sustainable community based health projects and emergency health through preparedness and response in the health sector.

Disaster Management is central to the mission of the Sahel Regional Representation and its nine National Societies (Burkina Faso, Cape Verde, Gambia, Guinea Bissau, Guinea, Mali, Mauritania, Niger and Senegal). Through regional and national programs, the Sahel Disaster Management department provides disaster risk reduction, including adaptation to climate change, disaster preparedness, response and recovery services. Programmes seek to alleviate immediate suffering, and speed recovery by re-establishing livelihoods. Moreover, they also aim to reduce disaster risk and ultimately increase community resilience and capacities.

Programme summary:

Health: 2010 was the first year when a single African zone was established. While this will eventually mean Health and Care coordination from the Dakar office will focus on the 9 Sahel countries, during 2010, technical support continued to be provided to the three Regional Health and Care Programmes for the 24 National Societies in West- and Central Africa. The technical support

and coordination has mainly been in areas such as community based health and First Aid (CBHFA), malaria, HIV/AIDS, pandemic influenza, immunization campaigns and emergency health.

Disaster Management: As auxiliaries to their Governments in humanitarian affairs and particularly in disaster management, the nine Sahelian National Societies played a key role in the mitigation of disaster vulnerabilities during 2010 in their respective countries. The technical support of the Sahel Regional Representation Disaster Management department has been crucial in these achievements. Through the 2010 DREFs and appeals, the Sahel DM guided and monitored disaster activities to improve both the quality and timeliness of National Societies' interventions. It also provided an overall preparedness and Disaster Risk Reduction program based on regional contingency stocks as well as Vulnerability Capacity Assessment (VCA) trainings. It also provided relevant technical support to Central Africa and West Coast Regional Representations.

Financial situation: The original 2010 budget was CHF 6,114,462, of which CHF4,090,561 (67%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period amounted to CHF 3,707,969 (91% of the available funds, 61% of the original budget).

[Click here to go directly to the attached financial report](#)

Number of people we have reached:

The table below gives more details about the number of people reached through DREFs and emergency appeals during the reporting period.

Countries	Beneficiaries
Guinea Conakry	5,000
Mali	5,840
Gambia	5,000
Mauritania	5,000
Senegal	18,000
Niger	10,500
Burkina Faso	5,000
Total	54,340

Our partners:

Swedish RC, Finnish RC, Norwegian RC, Irish RC, Netherlands RC, Nestlé, Shell, USAID, Canadian RC, Danish RC, ICRC, UNICEF, WHO, ECHO, OCHA. The National Societies also worked with other bilateral partners including the Ministry of Health.

In addition to supporting National Societies, the Sahel Disaster Management Department has also built strong links with intergovernmental bodies such as the African Union, and other international organizations concerned with regulatory frameworks for disaster response, including ISDR, UNICEF, WFP, RC/RC Climate Centre and USAID. Good coordination and close collaboration have been set up as well with movement partners such as: the International Committee of the Red Cross (ICRC), Qatar Red Crescent and the French, Irish and Spanish Red Cross Societies.

All National Societies and IFRC wish to take this opportunity to once again thank partners and contributors for their response to this appeal.

Context

The Sahel Region was characterized in 2010 by an increase in both the number of disasters and the number of people affected. In particular, the increase in floods is considered to be predominantly triggered by climatic hazards. From the beginning of July to August 2010, a series of torrential rains occurred, causing floods in the sub-region. The floods affected 65,783 families (458,829 flood victims) and over 8,000 families have been displaced and hosted in schools, host families and public places with attendant over-crowding, poor sanitation and structures with high possibility of communicable diseases.

Poverty remains the main underlying cause of disease in West and Central Africa. Many countries in the region are also politically unstable and the region is exposed to serious epidemics such as meningitis, measles, dengue fever, yellow fever, cholera and frequent disasters. Other health determinants are the lack of potable water for about 60% for the population and the access to latrines for about 30%. Another health determinant is poor infrastructure with a lack of good health services in general. The West and Central Africa region is the area on the continent where malaria is most prevalent and endemic. Malaria is the leading cause of morbidity and mortality and affects the most poor and vulnerable population. Still a minority of the population are sleeping under treated bed nets, which have been shown to be one of the most effective preventive measures for malaria. The coordination and cooperation with NSs for distribution campaigns with long lasting insecticide treated nets (LLITN) has increased during 2010 and changed from prioritizing under fives to universal distribution.

HIV/AIDS is still a demanding concern where some countries such as Guinea-Bissau, Côte d'Ivoire, Cameroun, Gabon and Central African Republic have a high prevalence of HIV infection and where solid preventive and curative programmes are still needed. Five NSs (Burkina-Faso, Central Africa, Guinea, Nigeria and DRC) are part of the Global Alliance on HIV/AIDS. We are also fighting for mainstreaming HIV/AIDS into all programmes.

In the area of coordination and technical support, the unit in Dakar has carried out a number of assessments and activities in the region with very good results. Immunization campaigns for polio and measles eradication have been one of the main tasks in 2010. Coordination and cooperation with WHO is ongoing for a partnership in preventive vaccination campaign against meningitis. With support from the Health unit, CBHFA programmes have also been implemented in different NS. A better coordination mechanism with the Disaster and Management (DM) team led to enhance the emergency capacity response to exposed NS in the region. One example is the food insecurity appeal for Niger where the health situation and malnutrition among children are serious and where the technical inputs from the Health coordination unit has been essential. Another example is the assessment conducted for floods in prone areas by the Health unit.

Progress towards outcomes

Health Coordination/Technical support

Outcomes

- Health & Care Coordination Unit in Dakar provides effective technical support, coordination, cooperation, planning, performance, monitoring and evaluation.
- Partnerships with main stakeholders within the zone in the health sector are maintained and further developed.
- Funding opportunities available are identified and utilized to increase mobilization of resources for quality programming.

- Response mechanism for public health emergencies are in place and have been enhanced.
- Prevention activities for recurrent and emerging health problems have been identified and improved upon.
- Preparedness, early warning and assessment in the health sector has been built and improved upon.

Achievements

Coordination and exchange with the other African zones and with Geneva has been established to a level that joint plans and activities are being shared and developed to enable to work in a synergetic manner. Examples of these are the plans for a Strategic Operational Framework for Health 2011-2015, joint CBHFA training sessions and the RDRT Health training on Epidemic control in Dakar. An annual Global Health team meeting in Geneva and an Africa Zone Health meeting in Johannesburg have been also served as basis for exchange, planning and coordination with NSs. Regular regional meetings of the regional health working group chaired and venue by OCHA allow health team members ensuring coordination with partners throughout the region.

Through the close collaboration with regional partners as UNICEF, WHO and Ministers of Health it has been possible to improve the prevention and response to epidemic outbreaks in the region. Jointly organized routine and campaign vaccinations have had a successful impact on the incidence and prevalence in the region on epidemic diseases such as polio, measles and yellow fever. The year 2010 has recorded several events where the Health sector or with a health component has been integrated in emergency response. Flooding in several countries and cholera outbreaks are good examples of public health activities in emergencies. These activities have only been possible thanks to an improved coordination and collaboration with DM department. The Health unit has enhanced coordination with DM team leading to joint planning to improve the regional response capacity and disaster preparedness of NSs in the health sector and the networking/coordination with NSs through the regional networks.

Constraints or Challenges

The major constraint to ensure full support to NSs is the insufficient number of competent technical staff. Stable funding is vital to the provision of technical support, coordination for implementation of longer-term strategies and programmes. The absence of a watsan delegate in an area with recurrent epidemics of waterborne diseases and in an area with very little sustainable access to safe water and sanitation is a big challenge.

Partnership

The Health unit in Dakar participated in monthly regional meetings at OCHA together with UNICEF, ECHO, WHO, UN agencies and NGOs. These partnership meetings consist of a monthly update on the epidemic and emergency situation in the Sahel and West Coast region. They are also the venue for strategy discussions and outline response from different UN organisations and NGOs. Through ICRC office in Dakar, collaboration and cooperation partnership has been established for discussions and technical support to Health programmes in many NSs. For immunization strategy planning, we have been collaborated and coordinated social mobilization activities with the Health Department in Geneva, UNICEF, WHO, Ministries of Health and NSs.

At regional and country level, coordination meetings have been held with partner national societies (PNS) like French, Spanish, Danish, and Canadian Red Cross on health programmes and emergency health issues. For Food Security in Niger we have collaborated with and coordinated NS activities with USAID.

Disaster Management

The 2010 floods also led to the destruction of dwellings as well as tons of foodstuffs at household level. The availability of clean water and proper sanitation has been a major concern to almost all flood victims and service providers in all reported flooded communities. People died as a result of the floods while many casualties and many unaccounted livestock deaths and hectares of farmlands and gardens destroyed. This situation has created high vulnerability of affected victims ranging from immediate food needs, basic daily livelihood needs, clean waters, sanitation.

Malnutrition has also been chronic in the region. For instance, Niger faced during the reporting period, one of the most severe food crises of its history. Precarious weather and environmental conditions, in addition to consecutive food crises have been the main causes of the food shortage. Nearly half of the population of Niger (7.1 million people) were affected. About 3.3 million have been classified as severely food insecure; this means that they have been unable to meet their minimum daily dietary requirements.

In December 2010, the political stalemate in Côte d'Ivoire worsened the West Africa situation already characterised by a socioeconomic poverty. Indeed this political crisis affected the entire sub-region, including the Côte d'Ivoire five neighbouring countries (Burkina Faso, Ghana, Guinea, Liberia and Mali). It had adverse humanitarian consequences and led to cross border population movement in search of protection, shelter, and assistance. Through the Sahel Regional Representation and its Disaster Management Department, the IFRC launched a preliminary Appeal.

It is in this context of political crisis, natural hazards and vulnerability related to climate change that the Sahel Regional Representation through its Disaster Management Department supported Vulnerability and Capacity Assessment (VCA) activities in seven Sahelian countries (Senegal, Mauritania, Gambia, Guinea Bissau, Guinea Conakry, Mali and Burkina Faso). The two main goals of the VCA are as follow: to create an enabling environment for an effective Disaster Risk Reduction/Climate Change Adaptation response to the needs and capacities of vulnerable communities by mainstreaming DRR/CAA into national policy and planning; and to strengthen the safety and resilience of vulnerable communities.

The Sahel Disaster Management department has supported NS to develop mitigation and preventive measures in an integrated and holistic way taking into account disaster preparedness, risk reduction, disaster response as well as food security. Significant progress has been achieved in these areas.

Programme component 1: Improved self-reliance of individuals and communities to reduce their vulnerability to public health emergencies and disasters.

Outcome 1: Improved risk reduction and disaster preparedness within National Society that builds safer and more resilient communities.

The Sahel region with the financial support of Netherlands Red Cross embarked in contributing in the reduction of vulnerabilities of its population. In this regard, it has been implemented in Mali and Cape Verde a Disaster Risk Reduction/Climate Change Adaptation Programme. In Mali, a workshop on Climate Change Adaptation was held in April 2010. The workshop allowed Mali Red Cross to exchange and share tools, methodologies, experiences, good practices and lessons learned and forge partnerships with State Agencies, the UN System and other Non-governmental Organizations in Disaster Risk Reduction and Climate Change Adaptation.

In May 2010, a workshop was held in Cape Verde, which gathered together the IFRC, the office of civil protection and the weather forecast service of Cape Verde. The meeting constituted an opportunity for the National Society to give an overview of Disaster Risk Reduction and Climate Change Adaptation in Cape Verde and to share adaptation measures for the vulnerable

communities. Moreover, it enabled the development of communication tools for the sensitization of these communities on the negative impact of climate change and the importance of adaptation.

Constraints or Challenges

The main constraints are related to the lack of capacities of National Societies in climate change management, as well as partners' lack of information about the Red Cross Movement capacities in DDR and CCA.

Outcome 2: Vulnerability Capacity Assessment activities (VCA) are conducted in targeted National Societies.

Achievements

To help Sahelian National Societies to increase safety and resilience capacities of communities that are the most vulnerable to disaster and climate change, the IFRC through the Sahel Regional Representation supported Vulnerability and Capacity Assessment activities in seven Sahelian countries (Senegal, Mauritania, Gambia, Guinea Bissau, Guinea Conakry, Mali and Burkina Faso). VCA activities mobilized very consistent resources (human, material and logistical) which lead to significant results. The approach was to have a regional VCA training in Senegal (precisely in Richard Toll department). This regional training of trainers brought together participants from Mali, Mauritania, Senegal, Guinea Conakry and Guinea Bissau and enabled them to learn the activities to be carried out in vulnerability capacity assessment. Some 39 participants from 5 Sahel countries took part to the workshop. The Senegalese Government technical services and research institutes also participated to the training and brought valuable contributions. The table below gives more details about the number of participants.

Regional VCA Training	
Countries	Number of participants
Guinea Bissau	2
Guinea Conakry	2
Mali	2
Mauritania	2
Senegal (18 volunteers and 8 participants from 4 host communities)	26
Partners	5
Total	39

National Vulnerability Capacity Assessment

National VCAs have already been conducted in 7 selected Sahel countries. A number of 193 participants have been trained, 19 communities assessed and 732 households interviewed in the 7 countries. The table below gives more details about these national VCAs.

National VCAs trainings			
Countries	Number of participants	VCA host communities	Number of households assessed
Burkina	23 (from all branches and 2 from Niger)	2	72
Guinea Bissau	30 (from all branches)	2	100
Guinea Conakry	29 (from all branches)	2	125
Gambia	30 (from all branches)	4	200
Mali	24 (from all branches)	2	85
Mauritania	25 (from all branches)	3	150
Senegal	32 (from all branches)	4	200
TOTAL	193	19	932

The main vulnerabilities that came out from VCAs activities in the various countries are related to poor hygiene and sanitation, food insecurity, lack of potable water, diseases (malaria, diarrhoea, dermatitis, meningitis, cholera) floods, drought, desertification, bush fires, conflicts. The assessed communities took the opportunity to suggest some solutions. These were mainly water and sanitation facilities, hygiene promotion, prevention measures, awareness-raising, market gardening, income generating activities, reforestation, establishment of sand dunes, water points and promotion of fodder crops.

Programme component 2: Disaster response including recovery

Outcome: National Societies are supported in response strategy based on National Disaster Response Team (NDRT), Branch Disaster Response teams (BDRT) and Regional Disaster Response Team (RDRT).

Achievements

Taking note of the consequences of floods in 2010, the Sahel Regional Representation contributed in the reduction of vulnerabilities of affected populations through the improvement of National Societies' response capacities. Therefore, it increased as well the chances of flood victims to maintain a minimum of decency in their livelihood. In this regard, eight DREF operations were launched in seven countries (Burkina Faso, Gambia, Guinea Conakry, Mauritania, Mali, Niger and Senegal). These DREF intended to support the National Societies in delivering immediate assistance to the affected population. However, in its preparedness mechanism, the Sahel Regional Representation prepositioned non-food items in four National Societies covering 2,700 families so as to first build their response capacities and secondly increase their credibility to timely response. The Sahel Regional Representation also deployed RDRT in Burkina Faso, Senegal, and Niger to help in the response to flood victims while also offering technical support at office level.

Programme component 3: Reduce the risk of food insecurity and improve the living conditions of most vulnerable population.

Outcome: Food security community-based projects are implemented and beneficiaries and Red Cross/Red Crescent volunteers are trained to achieve project objectives in Mauritania, Niger, and Guinea. The target groups are communities affected by food insecurity and volunteers at Red Cross branch level.

Achievements

During the reporting period, the Sahel Disaster Management unit provided technical support in the food security operation in Niger. Indeed, Niger was facing food shortage worsened by a nutritional crisis, especially among the children under five years. The Niger Government Early Warning System department published some alarming statistics in early June 2010. It reported that more than 2,006,164 people were severely food insecure, another 1,924,906 moderately food insecure, and 2,217,953 at risk of food insecurity. As soon as the government published this information, the IFRC Sahel Regional Representation supported the Red Cross Society of Niger (RCSN) in developing a plan of action and a clear strategy on reducing the impact of the food crisis.

An appeal of CHF 986,862 was launched on 17 March 2010 to assist 300,000 affected people. The appeal was a response to an international call from the Niger government and the RCSN request to the IFRC for technical and funding support. The RCSN response included food security and nutrition activities including cash-for-work, food aid distribution and provision of seed and strengthening the capacity of the nutrition and health centres. The "cash for work" project has been implemented in 61 villages in Niger, and aims to increase the resilience of the most vulnerable people and mitigate the impact of food insecurity.

While providing cash to vulnerable people, they in turn provide manpower for improving the environment for increased agricultural production (anti-erosion and water harvesting measures). Food aid distribution has been achieved with the help of the Red Cross volunteers in collaboration with partners. In collaboration with the WFP, RCSN provided food items to more than 12,000 beneficiaries in Zinder. The seeds purchased with the support of IFRC, have been distributed to 120 villages. More than 3,400 families (around 23,000 people) have been reached. The RCSN volunteers assisted several health centres to provide appropriate nutritional services to the affected communities. A total of 60 volunteers have been trained on malnutrition detection and delivery of messages on nutrition and health.

Working in partnership

The Sahel Disaster Management department as well as Sahel National Societies have long experience of working with a diverse range of partners, from government, to international and national non-governmental organizations, to Movement partners, civil society and media. Due to the nature and complexities of the various floods within the region in 2010, all Sahel Country National and Regional Disaster Management Committees chaired by government authorities were activated. National governments were complemented by UN Agencies, local and International NGOs including Red Cross. National Societies at local level were usually tasked to lead the emergency operations of most floods particularly on health, sanitation, hygiene promotion, logistics, relief distribution, communication, advocacy and registration. They also played key roles in the inter-agency coordination meetings regularly held in the affected countries.

Depending on individual country, membership to the inter-agency included relevant government departments, UN Agencies, local and International NGOs and community-based organizations. Besides, the exchange of information at the country and regional levels between the Regional Office, National Societies, and other humanitarian actors has been relevant in the response to floods. In the field of food security, the support of partners contributed to improving the nutritional situation of the concerned countries. For instance, through USAID/OFDA funding, the Red Cross Society of Niger (RCSN) conducted active community based screening, took care of moderate malnourished children in ambulatory nutrition treatment centres and referred severe malnourished children to intensive nutritional recovery centres (CRENI) in Niamey and Dosso.

Contributing to longer-term impact

An independent evaluation report on the role of NS during the polio campaigns has been initiated by the Ministry of Health, WHO and UNICEF in all countries in West and Central Africa. The evaluation was done at district level to assess the perceived added value of social mobilization by volunteers from the NS. The RC can be part of these independent evaluation teams. Through these evaluations we can measure the impact of social mobilization during immunization campaigns.

One of the main gender issues has been to incorporate gender values into NS's HIV/AIDS programmes. This was also an important issue when the Food security programme in Niger was implemented in 2010. Gender issues are usually taken into consideration and mainstreamed both on regional level and towards NSs health programmes and staff. In 2010, two CBHFA programmes have been started and implemented in the NSs of Ghana and Côte d'Ivoire. These two harmonized programmes will make a baseline evaluation and later be compared to share lessons learned and best practices. Individual and collective preventive programme activities against cholera during two years in Guinea-Bissau and Guinea seem to have an impact since we have not had an outbreak so far. We provide principles and values into all our community programmes we support.

In its support to the concerned National Societies, the Sahel Regional Representation established an operation room that monitored and coordinated floods information from all

countries within Sahel. The Operation Room coordinated on daily basis all floods within the region, compiled the data of affected population submitted by National Societies into a global database run by the IFRC Office. Additionally, in its endeavours to build the capacities of the National Societies, necessary training sessions were planned and conducted within the framework of the DREF operations to ensure maximum achievement of the desired objectives.

Looking ahead

Health coordination

- More integrated strategy regarding coordination and collaboration with DM department.
- Continuous technical support and coordination for West and Central Africa through the three regional offices in Sahel, Abuja and Yaoundé for long-term health programmes and emergency health.
- A better and continuous development of the planning, coordination and implementation of social mobilization during immunization campaigns.

Disaster management

Disaster Management is one of the cornerstones of the IFRC's work alongside with health and the development of National Societies' capacities. To achieve its mandate to simultaneously build and maintain rapid and immediate disaster response capacity while also investing in community preparedness and risk reduction, the Sahel Disaster Management Department held a response evaluation workshop in Banjul in late December 2010. This workshop enabled a deep reflection and analysis of the preparedness and response capacities of Sahel National Societies. It constituted as well an opportunity for the evaluation of the region's RDRT system. The recommendations of this workshop will be taken into account in the preparedness of floods in the future.

For National Societies to increase their efforts in building resilience of communities that are particularly vulnerable to disaster and climate change, the IFRC, in partnership with the European Union has initiated a Disaster Risk Reduction and Climate Change Adaptation (DRR-CCA) programme along the Senegalese River Basin, the Gambia River Basin and Guinea Bissau. The programme thus concerns Senegal, Mauritania, Guinea Bissau, The Gambia, Guinea Conakry and Mali. It aims to increase knowledge of disaster risk and climate change adaptation of target communities, local authorities and implementing organizations.

It is within the framework of this program that the IFRC-supported Vulnerability and Capacity Assessment (VCA) activities in the five countries of the Senegalese River Basin¹ (Senegal, Mauritania, Guinea Bissau, The Gambia, Guinea Conakry and Mali). The VCA activities have mobilized very consistent resources (human, material and logistical) which allowed obtaining significant results.

In these countries, VCAs have been conducted in 13 vulnerable communities neighbouring the Senegal River. The period of implemented activities selected by VCAs will be 9 months. Similar to the Congo Initiative Programme (PIC), the Senegal River initiative will employ the methodology of "REPLICATION" in line with the objectives of the DRR/CCA and to optimize the outcome for beneficiary communities within the planned timeframe of the programme.

¹ The Senegal River is 1800 km long, the second longest in West Africa and has a population of 3.5 million. The river flows through Senegal, Mauritania, Mali, Guinea Bissau and Guinea Conakry. To improve the living conditions of the Senegal River Basin populations, in 1972, the riparian states created the Organization for the Development of the Senegal River (OMVS). Other international development organizations also work in the area alongside local communities to help them get out of extreme poverty.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this report, please contact: (text in Arial 10)

- In **Dakar**: Momodou Lamin Fye, Regional Representative for Sahel Region, phone: (Office) +221 33 869 36 41; (Mobile) +211 77 332 56 72 ; email: momodoulamin.fye@ifrc.org
- In **Johannesburg**: Dr Asha Mohammed, Head of Operations, email: asha.mohammed@ifrc.org, phone: +27 11 303 9700, fax: + 27 11 884 3809; +27 11 884 0230

For Performance and Accountability enquiries:

- In **IFRC Africa Zone**: Robert Ondrusek; Planning, Monitoring, Evaluation and Reporting Delegate, Johannesburg; email: robert.ondrusek@ifrc.org; Phone: Tel: +27.11.303.9744; Fax: +27.11.884.3809; +27.11.884.0230

For pledges towards programmes:

- In **IFRC Africa Zone**: Ed Cooper; Performance and Accountability and Resource Mobilisation Coordinator, Johannesburg; email: ed.cooper@ifrc.org Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230