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# Sahel Annual Report

 International Federation  
of Red Cross and Red Crescent Societies

**SP160/ MAA61004**

**3 May 2013**

**This report covers the  
period 1 January to 31  
December, 2012.**

*In Mauritania, farming women's cooperatives  
have been assisted with vegetable seeds.  
MRC/IFRC*



## Overview

Daily life in the Sahel region is filled with challenges posed by small and large disasters. The Sahel region has been suffering from alternating droughts that have been so persistent with millions of people deprived of basic food necessities. Indeed, over 18 million people in Chad, Burkina Faso, Gambia, Niger, Mali, Mauritania and Senegal face severe food shortages. Erratic rainfall, droughts and insect infestations have led to poor harvests and have caused malnutrition particularly among women and children. More than one million children are at risk of severe acute malnutrition and three million children are at risk of moderate acute malnutrition. It is not just climate related factors that have contributing to this food insecurity. Food and petrol prices have increased sharply; in December 2011 corn prices in the Sahel were 60% to 85% above the five-year average. Remittance sent home from those working abroad have at the same time sharply dropped, in part due to the political crises in North Africa and economic crises in the West.

The conflict in northern Mali in early 2012 has contributed to increase the hardship on both refugees from Mali and the host communities of the neighbouring countries. Seven food insecurity emergency appeals were launched for these affected countries applying a twin-track approach that provides emergency food or cash vouchers and treating acutely malnourished children while helping communities and families improve their income through appropriate farming practices, improved seed distribution, through the promotion of nutritional and hygiene practices and the development of small business schemes. The food crisis situation has been sometimes compounded by flooding (in Niger, Senegal and Chad) or other types of disasters: population movement in Burkina Faso and Mauritania, civil unrest in Senegal.

However many of these disasters are of the recurring type and can be predicted and mitigated if anticipated and adequately addressed; hence the training program which resulted from a cooperation between the IFRC and Irish Aid. Indeed, the Sahel Region Representation in partnership with Irish Aid supported Guinea Bissau and the Gambia National Societies in training their volunteers in preparedness to response to disasters. This capacity building program aims at establishing/strengthening capacities of national and local Red Cross and Red Crescent teams

in disaster management within the communities often left by their own, during emergency with disastrous human and material consequences.

As part of the intervention areas, health has also been a priority in the Sahel Region. Indeed, the health programmes of the Sahel Region Disaster Risk Management department focus on:

- enabling safety and resilience at community level;
- increase capacity of communities and volunteers to be prepared and able to respond to first-aid needs and identify health priorities in their communities.

In order to meet these objectives, Sahel Health programmes provided assistance across a wide range of activities related to maternal and child health, diarrheal and communicable diseases, mass vaccination campaigns as well as emergency operation such as cholera. In Burkina Faso, the main priorities consisted of contributing to the reduction of morbidity and mortality associated with polio in 5 health regions comprising four districts. The Maternal, Newborn and Child Health (MNCH) project is still being implemented in the West Africa Sahel National Societies precisely in Gambia, Niger and Guinea Bissau.

Support has also been provided in the field of Organisational Development. In its endeavours to build strong National Red Cross and Red Crescent Societies within the Sahel region, the OD team took relevant actions by helping Sahel Red Cross Societies improve their human resources; reinforce their capacities in programming and planning; encourage more interaction with other technical department and stakeholders. Support provided to each National Society was tailored based on their actual needs.

## Working in partnership

A 'twin track' approach that focuses on African solutions and joint advocacy on the worsening Sahel food crisis were two of the agreed outcomes of a high level forum hosted by the African Union (AU) and IFRC on April 25 and 26, 2012 in Dakar. As a major step in addressing the situation in the Sahel, the meeting was jointly convened by the AU and the IFRC and widely attended by National Societies from the affected region as well as international partners. Other outcomes agreed included commitment to share trends on food insecurity and agriculture; shared positions and platforms by the AU and IFRC; a significant role for Red Cross Red Crescent in disseminating early warning information and a leadership role for AU in mobilizing high level support. Calls for action from the forum included greater access to vulnerable populations; improved infrastructure for better movement and delivery of agricultural commodities and services and increased resources to cover gaps based on evidence analysis and needs.

Another meeting took place in Dakar from 17 – 19 September 2012 and was related to disaster law. Indeed, some 60 key stakeholders in West African disaster management gathered in Dakar, Senegal, for a 3 day workshop on the topic of disaster law. The delegates consisted of senior level disaster management officers, Red Cross and Red Crescent representatives and representatives of the humanitarian community in West Africa. The event took place as a collaboration of the International Federation of Red Cross and Red Crescent Societies and the Economic Community of West African States (ECOWAS). Indeed, in 2010 the IFRC and ECOWAS signed a Memorandum of Understanding (MoU) to strengthen their cooperation. As a direct result of this increasing cooperation, the workshop was designed to assist to make the best use of the IDRL guidelines, the pilot IDRL Model Act and related norms for international disaster assistance in the West African context. In addition, the participants were asked to explore the possibility of using legislation to empower communities in the field of disaster risk reduction (DRR).

With regards to cholera outbreak in Guinea and Sierra a regional health platform meeting was organised at United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) in Dakar on 14 August 2012. The meeting was attended by the World Health Organization (WHO), IFRC, Action Against Hunger (ACF), Médecins Sans Frontières (MSF), United Nations Children's Fund (UNICEF),

ECHO and others partners. It was agreed that international support to the crisis was needed and coordination efforts for an efficient response being effective. Another evaluation meeting was held in Dakar in January 2013 with attendance of all partners involved in the planning process, implementation phase of the operation and monitoring.

Operational Partners	Agreement
World Food Programme (WFP)	Field level agreements in Senegal, Chad, the Gambia, Senegal, Mali and Burkina Faso
PNS (Belgian Red Cross, Danish Red Cross, French Red Cross, Irish Red Cross, Luxembourg Red Cross, Monaco Red Cross, Spanish Red Cross, Swiss Red Cross and Qatari Red Cross Crescent) .	Bi-lateral or tripartite agreements in Mauritania, Niger, Senegal, The Gambia, Chad, Burkina Faso, Mali, Guinea Bissau on food security and nutrition programmes as well as on the Sahel food crisis response, and Disaster Management capacity building.
Economic Community of West African States (ECOWAS).	Memorandum of Understanding (MoU) between IFRC and ECOWAS to strengthen their cooperation.
ICRC, IFRC, Mali Red Cross and PNS in Mali Danish, Swiss, Belgium, Spanish, Canadian, French Red Cross Societies.	Tripartite Agreement for a better coordination of Movement Partners to support the Mali crisis

## Progress towards outcomes

### Business line 1: To raise humanitarian standards

**Outcome:** The Sahel office contributes to the Africa zone wide peer review mechanism to accredit and rate National Societies and the Secretariat; facilitates and coordinates peer-to-peer capacity building between National Societies in and out of the Sahel region.

#### Comments on progress towards outcomes

The implementation of the concept of "Working Closer to National Societies" in the Sahel region continues to show its results and has contributed to achieve the strategic tailored support provided to National Societies through the Regional Representation. Results achieved speak for themselves and a very cooperative working framework has been created.

The Sahel region have kept on working closely with National Societies using the results of the Organisational Capacity Assessment and Certification (OCAC) process initiated and supported by IFRC. Most of Sahel National Societies have received the results of the OCAC evaluation including recommendations. Senegal and Guinea Bissau Red Cross Societies have shared the results with the Regional Representation. The outcomes have revealed areas for improvement in terms of capacity building. This tailored support also allowed the OD team to specifically support Sahel Red Cross Societies for more relevant programs according to priorities.

Regular Governance issues arising here and there have been well managed thanks to IFRC support through trainings on good governance and transparency provided to Sahel National Societies in order to improve collaboration between governance and management. Two Red Cross Societies (Gambia and Burkina Faso) have been supported to attend the leadership training course held in Geneva in early 2013. Besides, Sahel National Societies have been supported in staffing:

- The Red Cross Society of Guinea recruited a Programme Coordinator after the confirmation in April 2013 of the new Secretary Executive;
- Gambia Red Cross Society recruited a new Secretary General and will also benefit from

financial support to reinforce its finance department with a finance manager supported by the IFRC for one year.

- Mauritanian Red Crescent has been supported to hire adequate staff in key positions (Food security, DM and reporting).
- Sahel Red Cross logistic focal points have also been trained and equipped to improve performance.

Exchange visits for governance support were initiated among the Sahel National Societies through peer-to-peer support mostly when a new board was elected or in case of institutional crisis. This peer-to-peer support allowed the Sahel Office to come over crisis in the region and assist fragile Red Cross Societies to tackle specific issues. In November 2012, a joint IFRC/ICRC mission was conducted to Guinea Bissau to discuss with both Governance and Management in order to find the ways and means to sort out the Red Cross Society of Guinea Bissau's difficulties based upon the findings of the OCAC evaluation with regards to low staffing capacity, lack of resources and procedures. Specific conclusions were reached for the need to support the Guinea Bissau Red Cross' institutional capacity within its strategic plan and an agreement will be signed between the 3 partners for further support in 2013 with clear conditions.

## **Business line 2: To grow Red Cross Red Crescent services for vulnerable people**

**Outcome:** Supporting the 5 National Societies to develop food security, livelihoods, nutrition community-based projects in targeted countries including EWS and climate adaptation programmes to reduce food insecurity in line with the Africa food security initiative.

### **Comments on progress towards outcomes**

Food Insecurity was one of the biggest challenges during the reporting period. Indeed, more than 18 million people in Niger, Chad, Mali, Mauritania, Burkina Faso, The Gambia and Senegal have faced severe food shortages in 2012. This situation in the Sahel Region is based on a number of underlying causes which include poverty, poor education levels, lack of access to basic services, political instability and conflicts in the region, poor governance, weak economies dependent on international markets, high population growth, increased urbanisation and rural exodus and the impact of climate change. To address the immediate acute needs as well prolonged underlying causes of food insecurity and to provide long-term food and livelihood security and resilience to future crises, the Sahel Regional Representation and the concerned National Societies have been pursuing a twin-track approach of providing immediate food and water and sanitation support alongside building resilience to mitigate effects of future food crises.

**Burkina Faso:** Like most other countries of the Sahel region, Burkina Faso experienced a food crisis in 2012. An emergency appeal was launched for 2 million Swiss francs to support 105,000 people. The activities utilised the twin-track approach of providing emergency assistance whilst building community resilience with the distribution of seeds, tools and fertilizer ahead of the planting season. Early warning education, training on irrigation systems can also be listed among the response activities. Due to various delays in starting the activities, implementation rate of received funds has been 45%. An IFRC Operations Manager arrived in country in July 2012 and the first distributions of vouchers have benefitted 11,000 families simultaneously with hygiene and food management education.

**Chad:** The erratic rainfall, climate change, coupled with the high price of food and the return of thousands of Chadian workers from Libya triggered a food crisis worse than the previous one in 2010. An emergency appeal was launched for 2.2 million Swiss francs to support 123,000 people. With support from the IFRC, the Red Cross of Chad responded through the following relief activities:

- Food assistance, seed distribution, tools, livestock and veterinary materials, food for work, agricultural diversity programmes, and cash grants for small businesses.
- Water source rehabilitation, latrine construction and hygiene promotion.

The implementation rate of received funds has been 87%. Following an agreement with WFP, distributions have taken place in three regions, reaching a total of 149,000 persons (100% of targeted persons). 10,000 persons have received seeds in the targeted three regions (100% of targeted persons). The capacities of the National Society at national and regional level have improved. Regional coordinators and supervisors have been selected from different regions. Around 100 volunteers have been trained and are involved in the operation.

**Gambia:** The erratic nature of the unevenly distributed rainfall during the 2011/12 cropping season led to a significant decline and low quality of agricultural production across much of The Gambia. This resulted in decreased food security for households using basic coping mechanisms, increasing their vulnerability to food insecurity. In response to the situation, an emergency appeal was launched for 1.1 million Swiss francs to support 51,000 people. The immediate needs were covered through the distribution of food rations, thanks to a bilateral local field agreement (LFA) with WFP, to cover household food rations which were done simultaneously with the purchase and distribution of quality rice seeds and fertilizer to the targeted beneficiaries. The distributions reached an even greater number of beneficiaries than was originally planned. Additionally, nutrition, livelihoods, hygiene promotion, communal gardens and disaster risk reduction projects were conducted. The Implementation rate of received funds has been 100%.

**Mali:** Mali has been facing many crises since 2011 and during 2012 experienced a country-wide drought and food insecurity; armed rebellions in the north and a military coup d'état in March 2012. As a result of these insecurities, the emergency appeal for Mali (for 1 million Swiss francs to support 58,500 people) was the last to be launched out of all the affected Sahel countries. The emergency appeal adopted a twin-track strategy by addressing emergency needs through food assistance, nutritional screening of infants, while contributing to mid to longer term food security through seeds and tool distribution, community gardens and market vegetable gardening, improvement of irrigation techniques and animal feed distribution.

Consequently 6,500 households (42,250 beneficiaries, 29.5 per cent of the original target) in three provinces (Kayes, Koulikoro and Sikasso) were assisted with short-cycle certified seeds, animal fodder and monthly instalments of food rations for seed protection. These interventions allowed the most vulnerable agro-pastoral farmers to sow up to 11,200 hectares of cereals, with a theoretical yield of 25,150 tons of seeds, and address directly one of the root causes of the food security crisis. The emergency appeal has been revised to reflect the change in agricultural season and priority activities. The implementation rate of received funds has been 83%.

**Mauritania:** In 2012, more than one million Mauritians were identified to be food insecure with 80% of them living in rural areas. An IFRC emergency appeal was launched for 1 million Swiss francs to support 72,000 people. The major achievements based on the core interventions outlined in the emergency appeal have been realised through nutrition screening of infants, food assistance, seed and tool distribution, communal gardens, hygiene promotion, early warning training, improved irrigation techniques and animal feed distribution. Approximately 1,900 malnourished children have been screened with severe cases referred to health centres. The rehabilitation of water points has been progressing with some delays due to flooding. The appeal has been revised to reflect the change in agricultural season, priority activities and incorporate support to the refugees from Mali. The Implementation rate of received funds has been 75%.

**Niger:** For decades Niger, the biggest country in West Africa has faced food insecurity. In 2011-2012, the food situation in Niger had deteriorated compared to the previous years. The combination of repeated drought, the onslaught of locust and the end of remittance coming from Nigerien workers that have returned from Libya in 2011 to economically fragile communities, where some families, heavily dependent on their financial support have been completely cut off at a worst time when several regions of Niger have been experiencing significant declines in cereal production and the price of food has

become unaffordable to them. Therefore, an emergency appeal was launched for 3.3 million Swiss francs to support 224,000 people. Through this complex emergency appeal, the following relief activities have been carried out :

- Cash transfer, cash for work;
- Food assistance, construction of cereal banks, seed distribution, food for work activities with soil rehabilitation and dune retention;
- Introduction of drip irrigated techniques and anti-erosion programmes;
- Infant nutrition screening, nutrition, hygiene education, cholera prevention;
- Construction / rehabilitation of wells, and refugee / host family support programmes.

The implementation rate of received funds has been 65%.

**Senegal:** An emergency appeal was launched for 1.6 million Swiss francs to support 62,500 people. The appeal has been launched in response to a request from the Senegalese Red Cross Society (SRCS) to support food security and nutrition for about 30% of the directly affected population and approximately 10% of the potentially indirectly affected population. The emergency appeal supported emergency needs through food assistance, cash transfers, cash for work, creation of seed banks, seed distribution, screening and referral of malnourished infants, hygiene promotion and nutrition education. 24,000 persons have received seeds across 120 communities (100% of targeted persons). Outside the IFRC emergency appeal, the Senegalese Red Cross Society has distributed food to some 500,000 persons and 38,000 persons have received cash transfers in partnership with WFP. The appeal has been revised to reflect the change in agricultural season and prioritize remaining activities. The Implementation rate of received funds to date is 70%.

**Outcome:** Disaster risk reduction capacities of Sahel National Societies strengthened to address floods, health and other related (natural or human provoked risks at the community, branch and national levels).

#### Comments on progress towards outcomes

According to Strategy 2020 “a strong National Society is the one that is able to deliver country-wide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed.” Disaster Management capacity building program contributes to make Sahel National Societies strong. Hence the trainings that were successfully implemented in the Gambia and Guinea Bissau from November 2012 to December 2012. The scenario building model included:

- the training and establishment of National Disaster Response Teams (NDRT);
- the training and establishment of Community Disaster Response Team (CDRT);
- the training on Contingency Planning (CP) of the National Societies staff and staff of National Disaster Management Agency (Gambia).

The capacity building training was to support the National Societies to build their response tools like the CDRT at the community level, NDRT at national level and CP for better disaster preparedness outlining the roles of each institution and the resources required for each scenario. It was under the financial support of Irish Aid and technical support of IFRC Dakar Regional Office. The immediate priority of the capacity building training was to :

- train 20 people CDRT, 20 people NDRT and 10 people in Contingency Planning in each selected country to respond to disasters, mitigate the impact of disaster on live and livelihoods of the disaster victims.
- Prevent the use of negative coping strategies of the disaster affected victims and increasing resilience at community level.
- Ensure that proper tools for intervention are established to response to all types of disasters in the communities as well at the national level.

- train pool of staff of both National Societies and national disaster management agency to develop comprehensive contingency plan based on scenario building through community communication approach.

It was able to improve the response capacities of 50 people in each country (the Gambia and Guinea Bissau) at different level 40 for the Community Disaster Response Team, 40 for the National Disaster Response Team and 20 people for Contingency Planning process based on the scenario building.

### **Business line 3: To strengthen the specific Red Cross Red Crescent contribution to development**

**Outcome:** National societies are supported to contribute to the promotion of good health and welfare of neonate, infant and pregnant women in the West Africa Sahel region.

#### **Comments on progress towards outcomes**

In Niger, Gambia and Guinea Bissau, the Community Based Health and First Aid (CBHFA) approach was used for the implementation of the project in order to create sustainability and reduce dependency. Thanks to the training, volunteers were put through the CBHFA manual and trained on how to properly mobilize the community. The aim of the relevant National Societies is to implement the CBHFA program in all their local Branches by the year 2015. In trying to reach this goal, most of the activities implemented in the health strategy have been achieved through CBHFA. Community volunteers were trained and attached to their communities for home visits and referral of sick children to the nearest Community Health Nurse or health facility. The volunteers worked closely with the traditional birth attendants and village health workers. The achievements and impact are as follow:

- The trained volunteers conducted community sensitization and home visits;
- Community-based volunteers supported their communities in the identification of priority needs and in solving their own problems.

CBHFA in action seeks to strengthen a community, making it a healthier place to live during normal times. Well-prepared CBHFA volunteers can also help respond to emergencies. As a community-based programme, CBHFA in action has developed:

- the skills of Red Cross volunteers;
- capacity of the Branch by having skilled volunteers and trainers;
- capacity of communities in preparedness and response to emergencies and health problems;
- the involvement of 50% of men by the end of the period to support their wives in carrying their children to clinics.

In Burkina Faso, social mobilisation activities conducted by Red Cross volunteers during polio immunisation campaign enabled a greater success on vaccination coverage. A total of 65,250 households with children targets were visited by 870 volunteers coached by 60 supervisors (an average of 25 households per volunteer per day). These Red Cross people organised 7,830 talks' sessions with 148,300 people. Burkina Faso National Immunisation Days (NIDs) against polio were held from 19 to 22 October 2012, the Red Cross volunteers took part actively to the event and conducted the following actions:

- door to door vaccination of children of 0-59 months old;
- check score sheets;
- marking children who have already received their OPV dose.
- marking concessions or children of 0-59 months who had already received their OPV dose.

For the NIDs' third round, the "door to door" strategy was the only one agreed on. Therefore Red

Cross volunteers visited concessions as well as gathering places where targeted children could be found (places of worship, markets, schools and so on...). The IFRC Sahel Health Manager together with the Burkinabe Red Cross Society health team conducted a post campaign evaluation mission in five districts among CRBF intervention areas.

It would be relevant to mention here that, regarding all health interventions, Sahel National Societies work very closely with national Ministries of Health and the knowledge of the reduction of childhood illnesses is a great joy for those National Societies. Their intervention impacted on the drop of referrals from villages' health Workers and other health facilities surrounding them as noticed by health facilities. Furthermore, the recognition of the symptoms of childhood diseases helps the mothers to quickly take action should they observe any sign of sickness on their children.

**Outcome:** National societies are able to prevent and respond to Public Health Emergency (PHE) in the region.

#### Comments on progress towards outcomes

In February 2012, cholera cases began to appear throughout the regions of Conakry and Forecariah. The epidemic worsened in July and August (5,699 cases and 109 deaths as of 2 September 2012) and reached a level that exceeded the response capacities of the National Society. With the DREF funds allocated, the National Society implemented cholera prevention activities across several affected regions to support the Cholera Treatment Centres (CTCs). Prior to the response activities, a detailed assessment was undertaken by the National Society, which informed about the plan of action to be developed. The National Society produced and distributed sensitization materials as well as hygiene kits to 25,000 households. Up to 645 volunteers were trained on Epidemic Control (ECV) and Participatory Hygiene and Sanitation Transformation (PHAST) as well as dead body management.

The trained volunteers sensitized 174,080 people on cholera prevention, water treatment and hygiene in the households. Additionally, volunteers supported disinfection of community facilities and households where cholera outbreaks had been recorded, as a way to prevent further spread. The National Society procured and dispatched 54,600 bottles of 250 ml concentrated chlorine, 25,000 pieces of 1kg soap, and 25,000 packets of ORS. A total of 25,000 households were provided with these hygiene and sanitation kits as well as oral rehydration salts, based on need. The distribution of water treatment products and ORS was accompanied with training for households on how to use it. Meanwhile, the provision of hygiene and sanitation materials enabled the families to improve hygiene and treat their water for use in food preparation and personal hygiene. The RCSG volunteers also assisted communities and families who had reported cases of cholera in their households, to disinfect their houses and sanitary facilities, which improved sanitary conditions and reduced risks for new cholera infections.

Significant achievements were recorded at the end of the operation as no new cases were registered since the last week of October 2012. This can be partly attributed to the continuous and sustained hygiene awareness and sensitization sessions supported by the trained Red Cross volunteers and also to related interventions by collaborating partners. The response operation was implemented in coordination with local authorities and other humanitarian actors, enhancing the collaboration between the Red Cross Society of Guinea and its partners *(please refer to the Guinea Cholera Dref Final report available at: <http://www.ifrc.org/docs/Appeals/12/MDRGN005fr.pdf>).*

#### Outcomes:

- Sahel National Societies leadership capacities are improved for a better functioning, and collaboration between governance trained on their respective roles and responsibilities.
- National Societies supported in programming and planning and Strategic Plans are reviewed.

- Improving National Societies legal base with updated statutes available and adopted.

#### Comments on progress towards outcomes

The Senegalese Red Cross Society has completed its Strategic Plan in April 2012 supported by the Sahel team. This exercise has contributed to promoting the active roll-out of Strategy 2020 as a reference document in their planning and budgeting. An integrated approach was developed to create synergy between health and DRR programmes while NS partners in the field contributed to the planning process which helped reinforce the joint planning of activities for better collaboration and impact. Three other National Societies (Gambia, Guinea, Mauritania) are under process and will get their plans finalized in 2013. The IFRC has provided crucial support in the transformation of many NSs in the region. All Sahel NSs now have a standardized manual for administration, logistics, HR and financial procedures that have been implemented. However the manual has to be revised accordingly in response to gaps highlighted by NSs. Two Sahel Red Cross Societies have been targeted as pilot National Societies to bridge the digital divide (Mali, Cape Verde) and the 2<sup>nd</sup> round will involve three National Societies (Gambia, Niger and Mauritania) which were assessed and IT proposals developed for further support.

Statutes for Sahel National Societies have been reviewed according to the IFRC guidelines all new changes submitted to the joint commission. The Sahel region also continues to support volunteering development process and facilitate the implementation of youth declarations by National Societies leadership including encouragement of youth exchange and meeting initiatives through networking. Senegal and Mali Red Cross Societies have been supported to attend the Global Youth Conference held on 09 -12 December 2012 in Vienna, Austria.

Events in Mali since the military-led coup in March 2012 affected 1.7 million persons. Seven Partners National Societies as well as ICRC have been supporting the Mali Red Cross with a wide scale of activities. The Sahel office has deployed the Regional Organisational Development Manager to Bamako as a country focal person to support Movement coordination, capacity building and other tasks in Mali. She is in close consultation with the Dakar operations team to determine ways of strengthening Mali Red Cross disaster response capacity in light of the many challenges. A tripartite Cooperation Agreement (Mali Red Cross, ICRC and IFRC) was signed in December 2012. This MoU established a Red Cross Movement strategic platform comprising Mali Red Cross, The ICRC Regional Head of Delegation based in Niamey and the country head of delegation in Bamako, and the IFRC Head of Regional office in Dakar and the country focal point in Bamako. An Operations Manager supported by the Canadian Red Cross was deployed in early August 2012 to oversee the complex emergency on behalf of the Federation.

### Stakeholder participation and feedback

The mandate of the IFRC's International Disaster Response Laws, Rules and Principles (IDRL) programme consists of disseminating and promoting the use of the IDRL Guidelines. This has included increasing cooperation with ECOWAS, in particular with the Department of Humanitarian and Social Affairs. This department has, amongst others, a special mandate to advocate for disaster risk reduction, integrating risk reduction into development policies, planning and programmes, developing and strengthening institutions, mechanisms and capacities to build resilience to hazards. Hence, this ECOWAS institution can play a key role in the effective implementation of the IDRL Guidelines in the West African States, and hence in the improvement of the quality and effectiveness of international disaster response. This cooperation between the two organizations resulted in September 2012, to a regional workshop, co-hosted by both IFRC and ECOWAS, designed to assist key stakeholders in West Africa to make best use of the IDRL Guidelines and related norms for international disaster assistance in the West Africa context. Some relevant comments and reflections resulted from the debates, discussions and speeches are highlighted hereafter:

- Preparedness for disasters reduces the impact of natural and manmade hazards. Legal preparedness is an essential part of this.

- A legal framework to facilitate international disaster management cooperation is vital for timely and effective disaster response.
- Without a legal blueprint setting out the mechanisms for mitigating risks, such as strengthening public infrastructure and outlining responsibilities in disaster risk management, there is little chance of effective action being taken in practice.
- Without legal or policy framework that facilitates international assistance in case of need, it is likely that humanitarian response is hindered to such an extent that it may become much more costly and much less efficient than is required in an emergency.

## Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
The large numbers of beneficiaries reached in a timely manner with appropriate support was positive. Alignment of operational strategies with external partners facilitated natural partnerships to occur thus reaching additional beneficiaries in spite of low funding. Key risks include lack of coordination with PNS on the ground due to questions on IFRC ability effectively provide coordination.	High positive factor	Undertake lessons learned on how the external partnerships were created and look for opportunities in the future to replicate as appropriate.

## Lessons learned and looking ahead

All the food insecurity emergency appeals are still currently being implemented and are planned to be completed in 2013. The major lessons learned from the food insecurity appeals were not to launch very large appeals when the national society and IFRC structures have difficulty absorbing the funds. Many of the appeals had to be revised downward due to low implementation and low funds received. Through the operations in 2012, the IFRC increased its credibility within the Movement and outside. Looking ahead, the 2013 agricultural season is expected to be better than 2012 however there will be pockets of food insecurity.

## Financial situation

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

## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGOs) 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 nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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