

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Sahel regional

Appeal No. MAA61004

01/09/2009

This report covers the period 01/01/2009 to 30/06/2009.



A volunteer teaching in a classroom in Ouargaye located 250 km from Ouagadougou

In brief

The Sahel region is among the poorest with national societies facing multiple hazards related to climate change, health emergencies and epidemics, and food insecurity due to locust invasions and desertification. The Sahel region is also a flood prone area and is concurrently experiencing isolated cases of drought. Malnutrition and food insecurity constitute very big challenges. Precarious weather and environmental conditions, added to consecutive food crises in most of Sahel countries caused relatively high malnutrition rates among children under five. In 2006, this rate had reached 39 per cent in Burkina Faso, 35 per cent in Mauritania, 33 per cent in Mali, and 15 per cent in Niger. Food insecurity is still looming over in these countries. Despite multiple initiatives and efforts, the malnutrition indicators have remained stable during the last decade. The poor human development is manifest in the high infant and child mortality and high maternal mortality rate. The situation of vulnerability in the Sahel is critical with the diversity and magnitude of different hazards, risks and vulnerabilities, including critical political and social environment.

In the 2009-2010 plan, the Federation's West and Central Africa Zone (WCAZ) DM team that also covers the Sahel is focusing on supporting the Sahel National Societies in disaster risk reduction including adaptation to climate change; early warning system development; preparation for, response to, and reporting on emergencies in a timely and appropriate manner. This will be done through supporting intervention initiatives at community level, and the creation of networks and partnerships to support disaster risk management including food security programmes and interventions based on the objectives of the Algiers Plan of Action.

During the first half of 2009, National societies in the Sahel implemented health and HIV projects with support from Federation Sahel+ at Dakar zone level. The main components of this programme were the fight against AIDS, the Malaria prevention and control through mass distribution followed by hang up and community based health programme of keep up, the preparedness and response to public health emergencies (poliomyelitis, yellow fever, measles ...) and the promotion of mother and child health. Meanwhile, within the framework of the programme planning and resource mobilization, the Sahel+ team supported the Red Cross Society of Guinea to elaborate maternal and child health project and raise fund. Finally, the Sahel team took an active part in building the capacities of the Mauritanian Red Crescent through the recruitment of a health programme coordinator.

The OD strategy for 2009-2010 is to accompany National Societies of the nine Sahel countries in the implementation of Strategy 2010, ARCHI 2010, Ouagadougou Declaration, Algiers Plan of Action and Johannesburg commitments by improving National Societies' capacities in service delivery to the most vulnerable. The 2009-2010 OD support is focused on National Societies needs and has been provided in 2009 in priority to countries which have expressed the willingness to have their governance and management bodies changed namely Mauritania and Guinea.

Our partners: The partners involved in this process are: Danish, Swedish, Canadian, Belgium, British, Norwegian, Icelandic, Spanish RC, ICRC office in Dakar, Guinea and Mauritania.

Financial situation: The total 2009 budget is CHF 1,242,713 (USD 1,066,706 or EUR 824,681) of which 98 per cent covered. Expenditure overall was 28 per cent.

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

The number of people we help: In Senegal and Gambia sensitization activities in the area of HIV have reached 271 people, and allowed train 50 volunteers. Some 35,600 women and youths aged 15-25 received training from the peer educators and IEC/BCC in Burkina Faso. In Mali, 44 messages carried by outreach radios that have reached more than 63,000 people and more than 6,600 households have been visited. In Burkina Faso, 4,730,605 children were immunized during mass vaccination campaign. More than 350,600 people directly through "door-to-door" sensitization; 28,458 households and 2,145 villages and hamlets have been visited in Niger.

Context

The nine countries of the Sahel+ region are among the least developed of the world and have very low health indicators. Added to that, the disastrous consequences of climate change which are increasingly impacting on the economies and livelihoods of vulnerable groups and the unstable socio-political context in several countries like Guinea, Guinea-Bissau, Mauritania and Niger. The social and health status has made populations more vulnerable to epidemics with very limited access to care structures, health information and basic social services. The extreme poverty of populations is increasingly growing, while the response capacities of Sahel National Societies (NS) are not at parity with the urging needs of the beneficiaries.

In 2009-2010, support to Sahel NS will focus on disaster risk reduction including adaptation to climate change; early warning system development at community level; preparation and response to emergencies in a timely and appropriate manner and food security (FS) programmes according to the Algiers Plan of Action' objectives.

The Sahel National Societies health and care activities will focus on maternal and child health, malaria, water and sanitation, activities to reduce the risks, and respond to public health in emergency. In terms of social mobilization, the Federation will also provide support to the National Societies during mass vaccination campaigns and distribution of insecticide treated nets (ITN). In terms of HIV-AIDS interventions, support and prevention activities will be further strengthened. Three National Societies are already part of the Global Alliance on HIV/AIDS. The other identified priorities with the NSs are:

poor volunteer's management systems, poor finance management systems. To address these priorities, the organizational development strategy developed for Sahel+ sub-region is focusing on four main areas:

- NS professionalization process including restructuring processes, providing guidance in staff recruitment, training on governance and management,
- Strategic planning and project planning that will give a clearer vision to NS' leaders but also guide partners on their support to NS programmes. Relevant projects proposals are the result of good OD support and a good tool to attract and retain partners.
- Volunteers' development and management: NS capacities need to be strengthened for an effective delivery that relies on quality human resources and appropriate management of volunteers;
- NS finance management systems: accountability and transparency are real concerns for Sahel+ NS and there is a real need to establish appropriate management tools and competent HR to ensure NS finance systems development.

Progress towards outcomes

Health and Care

Programme purpose

To reduce deaths, illnesses and impact from diseases and public health emergencies
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Outcome 1: Red Cross (RC) Capacities to deliver and sustain scaled-up HIV programme are strengthened.

Achievements:

The Sahel Office supported National Societies in Senegal, Gambia, Guinea and Burkina Faso in funding and implementing HIV projects. In Gambia and Senegal, the HIV projects were funded from the Sahel+ Appeal. This action plan aimed to increase efforts by the National Society in prevention, particularly in the voluntary screening counseling. This year proposal focuses on strengthening the fight against HIV-related stigmatization and discrimination. At the end of the first half, the following activities have been conducted:

- 100 community leaders were sensitized on HIV/AIDS-related stigmatization and discrimination;
- 90 traditional communicators were sensitized on issues related to stigmatization and discrimination;
- More than 40 Imams (Muslim leaders) were sensitized on HIV-related stigmatization and discrimination;
- 50 volunteers were trained in community-based care;
- 41 adults aged 18-25 years got advice and had gone for HIV screening tests.

In Guinea and Burkina Faso, the AIDS projects are supported under the IFRC Global Alliance against AIDS. These are pilot projects that focus on preventing new HIV infections. At the end of March 2009, more than 35,600 women and youths aged 15-25 received training from the peer educators and IEC/BCC.

Outcome 2: Improved knowledge of proper nutrition and childhood immunization through increased National Society Maternal, Newborn and Child Health activities.

Achievements:

This IMCI project will actually start in July 2009. Therefore the activities will be reported in the second programme update.

Outcome 3: Red Cross volunteers' post mass distribution campaign activities on Hang Up and Keep Up are maintained.

Achievements

Activities to prevent and control malaria have been conducted in Mali, Burkina Faso and Senegal with support from the International Federation. At the end of June 2009, the following achievements were recorded:

In Mali, keep up activities began last year and are still on. The achievements for the first half of the year gave the following results: 44 messages carried by outreach radios that have reached more than 63,000 people; more than 6,600 households visited; 365 boob tubes and 375 handbooks produced; a CAP (comportements-attitudes-pratiques) enquiry conducted.

The International Federation is supporting the Senegalese Red Cross for the national campaign of integrated distribution of treated mosquito nets, Vitamin A supplement and deworming with Mebendazole. A total amount of CHF 235,500 has been allocated. The project aimed to: support the Headquarters in the guidance sessions for core teams in the region and districts; train Red Cross supervisors and volunteers on the campaign technical aspects: goals, strategies, management tools and communication. The training will be mainly focused on the key messages and the principles and ideals of the Red Cross Movement; support districts and regions by providing well trained volunteers and supervisors of the Red Cross in pre-campaign activities, during and after the campaign; and participate in supervision missions in the various phases of the campaign at all levels (central, regional, district and community).

The following activities were conducted during the campaign:

- A focal point and a volunteer manager were recruited for the campaign;
- The Senegalese Red Cross (SRC) participated in the guidance sessions for districts and medical regions;
- About 1,850 volunteers of the SRC were mobilized and trained in the eight regions involved in the campaign;
- IEC/BCC door-to-door activities and visits to local leaders were conducted for three days before the campaign under the district supervision;
- 1,850 Volunteers and 74 supervisors from the branches and the SRC headquarters took part in the distribution, supplementation and screening for four days of campaign in 28 districts within the country;
- Some health districts like Mbour have already organized upgrading sessions for the SRC volunteers for the IEC post-campaign activities (home visits to enhance the use and hanging of long lasting insecticide nets (LLINs). The other health districts had followed Mbour in the hang up activities and ensured the use of nets. About 573,904 households have been visited by SRC volunteers. Over 4,000,000 (four million) persons have been reached through home visits.
- Evaluations meeting are planned to be held from July 2009 and those outcomes will be reported in the second programme update.
- The Federation assisted the Burkinabe Red Cross Society (BRCS) in the distribution of LLINs in Diébougou for a universal coverage. The Federation funded the project up to CHF 600,000. The Activities were jointly planned and funded with UNICEF and several partners at country and international level. The project aimed to ensure social mobilization before, during and after LLINs hanging campaign; ensure universal coverage in LLINs distribution in the Diébougou health district; promote the use of LLINs among at least 80% of the target beneficiary populations; assess the rates of coverage and use of LLINs; assess the cost of the operation for universal coverage of LLINs in the Diébougou health district (per mosquito net distributed); enhance the visibility of the BRCS in the Diébougou health district; and build the BRCS capacities for establishing a network of volunteers through social mobilization.

At the end of June 2009, the following activities were carried out: 32 supervisors trained; 336 volunteers trained and mobilized during the campaign: 23,000 households recorded; more than 67,000

treated mosquito nets distributed; and Hang Up activities following the distribution in all households receiving the nets.

Outcome 4: Outbreak surveillance, disease prevention and epidemic preparedness have improved.

Achievements

Public health emergency (PHE) activities are increasing in the Sahel region. During the first half of 2009, the International Federation supported National Societies in Niger, Burkina, and Mali in implementing sensitization and community social mobilization activities in combating meningitis, poliomyelitis and measles epidemics.

Poliomyelitis mass vaccination

The International Federation has supported Sahel National Societies that are considered as essential by the World Health Organization in the immunization against wild poliovirus. During the second round of the polio synchronized campaign, Niger and Burkina Faso NS participated alongside their respective governments in the efforts to reduce child mortality towards the achievement of the Millennium Development Goals (MDGs).

The Red Cross Society of Niger participated in the immunization campaign through the implementation of a plan of action for volunteer training, upgrading and social mobilization activities in the regions of Zinder, Maroua, Tilabéry and Tahoua. The activities conducted during this campaign are the following: mobilization and training of 532 volunteers; training of 52 regional supervisors; making of 550 t-shirts for Red Cross visibility; mobilization of ten community radios for 5 days for broadcasting activities. More than 350,600 people directly reached by volunteers with the “door-to-door” sensitization method, representing 8.28% of the total population in the area of intervention; visit to 28,458 households and 2,145 villages and hamlets.

The BRCS participated in the second round of the polio campaign in March with technical and financial support from the International Federation through the implementation of a plan of action for social mobilization and sensitization activities in six regions (South-West, Cascades, Hauts bassins, Boucle du Mouhoun, Centre-West and North). The achieved results are the following: 500 volunteers and 50 supervisors were mobilized and trained; 815,026 parents of children under five years visited; about 158,000 people were reached by the focus group or community talk activities.

The Red Cross volunteers have conducted the following activities during the campaign: sheet scoring, marking of children who received oral Polio vaccine (OPV) doses and marking households of children under 5 years who received their OPV.

A total of 4,730,605 children were immunized during this campaign and the Red Cross highly contributed to achieve this result. Therefore, there was an improvement of the immunization coverage in the second round partly due to the volunteers' involvement. The rate thus increased from 106% in the first round to 109.14% in the second one.

Public Health Emergency (PHE)

The Mali Red Cross received financial support from the International Federation in late May to implement a public health emergency plan of action to build the capacities of the National Society in the preparedness against PHE such as human influenza pandemic, cholera and meningitis epidemics. This project is being implemented in the seven following districts: Kati, Ouélessébougou, Kolokani, Banamba, Nara, Koutiala and Yorosso located in the regions of Koulikoro and Sikasso.

Outcome 5: Set up human resources (HR) capacities at National Society level for service delivery and impact to most the vulnerable.

Achievements:

The Mauritanian Red Crescent (MRC) has received support from the International Federation through the Sahel office to build the capacities of the National Society (NS). Indeed, the Sahel Office this year is supporting the salary of the NS health coordinator to boost the health activities initiated by the Mauritanian RC.

Coordination and resources mobilization

Resource mobilization activities

Resource mobilization activities have been conducted both for health and HIV programmes. The Guinean Red Cross was the main National Society to receive support from the Sahel+ office during the first half of 2009. In May 2009 the Red Cross Society of Guinea took an active part in the finalization of the resource mobilization process under the ninth Global Fund. The NS worked with community-based organizations to develop the HIV proposal by the Secretariat of the Mano River Union for which Guinea, Liberia, Sierra Leone and Côte d'Ivoire are stakeholders. The Red Cross of Guinea submitted a technical proposal to the Country Coordinating Mechanism (CCM) in Guinea to become sub-recipient for activities implemented at cross border areas of Nzérékoré. The Red Cross Society of Guinea (RCSG) received technical support from IFRC Sahel+ office to develop its proposal on nomadic populations including refugees, internally displaced populations and youths from cross border areas.

The RCSG was assisted in the development of a community health project for mother and child with watsan component and epidemic prevention. The project is located in Guinea Forestière. The RCSG is financially supported in this project by the UNICEF country office in Guinea. As for the cholera prevention, RCSG was supported by IFRC in formulating and submitting a project to ECHO regional office in Dakar in the area of cholera prevention. The project has been approved and will start in July 2009. The implementation will be done by RCSG and UNICEF. The two institutions will report together to ECHO. The RCSG requested the technical support of IFRC to start implementing the project that is the reason why the zone watsan manager has planned to carry out a mission to Guinea in July 2009.

Constraints

- Lack of motivation and commitment of some National Society leaders;
- Insufficiently qualified human resources for the management of programmes;
- Poor absorption capacity / late narrative and financial reporting.

Organisational Development/Capacity Building

Programme purpose¹
To build the capacity of the local communities, the civil society and the Red Cross/Red Crescent staff to address the most urgent vulnerabilities in line with the Global Agenda goal no. 3.

Outcome 1: Sahel NS leadership and capacities in human resources have improved and adequate trained staff available.

Achievements:

After a two-year salary support in Mali, Senegal, Mauritania, Burkina-Faso and Guinea-Bissau the Federation is phasing out the process, letting bilateral partners take the lead: the Danish Red Cross in Mali, Belgian Red Cross in Burkina-Faso, and the Irish Red Cross in Niger. Guinea-Bissau and Senegal will however continue to receive salary support as they were not able to mobilize resources for the positions funded by the Federation. A particular attention was given in early 2009 to the Red Cross Society of Guinea and Mauritanian Red Crescent.

¹ In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'.
Source: OECD-DAC glossary.

Restructuring/staffing plan

Guinea

In February 2009, as a result of an internal crisis (unpaid salaries, resignation of key management staff...) within the Red Cross Society of Guinea (RCSG), an extraordinary General Assembly was held that elected a new governance team, leading to a complete change of mind and vision. The National Society started a restructuring process with the support of Federation's OD team and a restructuring plan was proposed and adopted by NS members and partners during the coordination meeting held in June. This new governance expressed a strong and insistent will to bring change and to take things forwards within the NS. It is important to recall that the RCSG was created in a disaster context and has been experimenting disaster situations till recently in 2004. Now the big challenge for this National Society is to move from disaster oriented organisation to long term development NS with professional recruited staff and sustainable activities. The Federation then committed support this change process. Three steps have been undertaken by Federation technical staff as starting points to this change process after the Assembly:

- A training session was conducted for the new governance team just after the General Assembly to allow setting up orientations for collaboration with the Federation;
- An overall analysis of the NS structure to elaborate together with the Federation, and the partners, particularly ICRC, a restructuring plan to provide the NS with adequate human resources and sustainable activities and programmes. The analysis also included the assistance to the drafting of a joint Red Cross / UNICEF health project which has been submitted to UNICEF. The project is accepted and will start in 2010.
- A second coordination meeting with all the NS's partners (IFRC, ICRC and the Danish Red Cross) was held in July to get its restructuring plan adopted and the commitment of partners in supporting the NS. A review of job descriptions at management level was also completed in collaboration with the NS's governance and partners.

Mauritania

Mauritania is a particular case as the National Society was facing some problems related to finance management liability and human resources that led to a crisis. A partnership meeting was urgently organized in February 2009. It came out of this meeting to reinforce the headquarters particularly the technical positions. A finance officer, a health coordinator and a food security officer were recruited thanks to Federation support. It was also planned to recruit of a finance development delegate but due to lack of funding, a consultancy solution was adopted in coordination with PNSs. Currently, the technical staff is in place and a finance consultant is being identified to accompany the newly recruited staff for an improved and sustainable management of financial system by using the standard manual of administrative and financial procedures proposed by the Federation and adopted by the National Society's Governance and Management bodies. A human resources audit is planned for the end of 2009 in the framework of Institutional Development of West African Red Cross (IDWARC) programmes.

Outcome 2: Sahel National Societies capacities in programming and planning are improved and updated strategic plans are available.

Achievements

The strategic plans for Mauritania, Mali, and Burkina Faso NS had expired at the end of 2008; therefore the NS asked for support to review the plans. For Burkina-Faso, discussions are on going with the partners for funding.

Long term and strategic planning

Mauritania

The Mauritanian Red crescent (MRC) was supported by Sahel OD department in elaborating its first strategic plan that ended in 2008 and has expressed the need to be supported by IFRC in reviewing its strategic plan in 2009. There is no long term project due to lack of financial reliability of the National Society. Bilateral partners in the field used to run their projects in an independent manner through an

in-country delegation. This led to a problem of sustainability that can only be solved through the elaboration of a good strategic plan including long term projects. Following the partnership meeting held in Nouakchott in February 2009, the Federation proposed in collaboration and coordination with the partners especially the Canadian Red Cross, the ICRC, and the Spanish Red Cross to agree on a road map for steps forward on this joint support to the MRC. The next steps will concern a plan of action and terms of reference for the strategic plan review process and the preparedness for the elaboration of the new strategic plan. For the strategic plan review, a budget has been adopted and the resource mobilization is on going to carry out the process. This could not be possible without the newly recruited technical staff.

Mali

Like Mauritania, the Mali Red Cross was supported in elaborating its strategic plan in 2004, and has expressed the need for Federation technical support for its review. In coordination with the NS main partners, it was agreed that the projects that are being implemented are assessed, and an institutional evaluation is carried out. The Federation will assist in the organization and the facilitation of a strategic planning workshop. The terms of reference have been drafted and will be shared with partners in the field for their adherence to the plan of action and to clearly define the different roles in this joint support to Mali Red Cross.

Outcome 3: Sahel National Societies legal base is improved with updated statutes available.

Achievements

Legal base

In December 2008, a General Assembly was held at the Senegalese Red Cross (SRC) headquarters. It was decided to review the statutes in order to establish clear separation between governance and management positions. A national commission for statutes review was also appointed by the last General Assembly. The Federation was request to provide assistance together with the ICRC. Several meetings were held with the governance members to agree on the steps of the whole process and draft terms of reference of the revision. This process will include training on governance and management separation principles for the national commission members and will involve the joint commission for statutes review in Geneva. The Federation and the ICRC will follow the whole process as advisors.

Outcome 4: Sahel National Societies financial systems are improved with increased sustainability and transparency.

Achievements

A Finance development consultant is currently working with the NS on the elaboration, adoption and implementation of its financial manual of procedures for a three-month mission through a joint Federation/IDWARC support. The recruitment of a finance officer will help on the use of this administrative and financial management tool for a sustainable management of finance in the National Society.

Constraints or challenges

The main challenge for the organisational development programme is about human resources. The OD position for Sahel that was vacant for two years is now filled and will allow the team to reinforce and provide more efficient support to National Societies. The zone coordination will assist the Sahel OD manager to provide the hands-on support to National Societies and ensure the monitoring role expected from the zone office. Having an OD focal point among the Sahel+ team will lead to more visibility on Federation's support to NS but also an effective and timely response to NS punctual request regarding OD issues and takes off the heavy work load of the OD coordinator who is covering 24 NS.

Working in partnership

The Federation and National Societies' partners for the management and implementation of HIV health projects are supported by the Irish government and the Japanese Red Cross. President Malaria Initiative (PMI) / USAID Washington, the Canadian Red Cross (CRC), the Norwegian Red Cross and the Against Malaria Foundation (AMF) are supporting the ILLNs distribution campaigns in Senegal with an operational budget of USD 200,000 from USAID and CHF 50,000 from Norwegian Red Cross whilst CRC and AMF and PMI Senegal are supporting the procurement of ILLNs in Senegal.

In Burkina Faso, the Diébougou distribution campaign for universal coverage was funded through the Federation global appeal for a total of CHF 590,000 including procurement of nets and operational costs, UNICEF country office with a total of CHF 28,000 and National Malaria control programme (NMCP) with a total contribution of CHF 52,500. The traditional partners are the health ministries of Sahel+ countries.

Concerning emergency situations, several partners contributed through the Federation DREF system to assist vulnerable populations affected by disasters. In Niger and Burkina Faso in-country partners such as the World Health Organization do also contribute during health emergencies.

All OD activities are initiated in coordination with partners working through Federation office but also bilateral at country level. The ICRC, the Danish, Canadian, Swedish and Japanese Red Cross Societies, Spanish government through the IDWARC project are regular partners with whom activities, decisions, reports and plans are shared in a movement team spirit. As concrete examples of the continuous collaboration with partners, the ICRC support to the volunteering policy validation workshop in Niger, the Spanish Red Cross support to finance development in eight Sahel countries with the recruitment of a finance officer in Mauritania, Mali and Guinea, the Canadian Red Cross technical support to the strategic plan review process in Mali, and the Danish Red Cross salary support to Mali for eight positions (four at branch level and four at the Headquarters), and its overall support to the restructuration process in Guinea.

Contributing to longer-term impact

Some of the activities that were planned for the first half of 2009 were not carried out because of lack of National Society financial reporting and absence of new transfer of funds before balance being zero, there was a real interest of donors and increased funding, mainly for emergency situations and malaria activities planned for 2009 in the Sahel+ region. This disciplinary measure helped clear all dormant working advances and was identified as lesson learned to be used for future project implementation. Non traditional donors such as PMI/USAID have been recorded.

Looking ahead

Health project implementation will be enhanced during the second half of 2009 and focus will be put on malaria post campaign activities, community-based programmes, HIV and emergency activities. Advocacy will be made for continuing fund raising of Sahel plus health programmes. There will also be a need to build capacity of National Societies by providing qualified technical staff. Guinea and Mauritania NS will be prioritized in this process.

Community-based health and first aid (CBHFA) projects will be used as a strategy for integrated health programmes. Therefore, there is a need to train all NS technical staff to enable them achieve this objective by the end of 2009.

A particular focus will be put on support to strategic plan review (Mali, Mauritania, and Burkina Faso) as there were many outstanding requests from NS for technical support regarding planning processes. Volunteer management will also be given a particular attention with the promotion and expansion of volunteers' data bases in the region. Four NS will benefit from data bases assessment, namely Mali, Niger, Burkina-Faso and Senegal. The support to the revision of the statutes in Senegal will continue and will lead to the adoption of the revised statutes by the General Assembly which is planned for the beginning of 2010. Standard manual of administrative and financial procedures will be used in the eight

Sahel NS involved in the IDWARC project and a Human resources Audit is foreseen for the same NS in order to support their professionalization process.

How we work	
The International Federation's activities aligned with its Global Agenda, which outlines four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	Global Agenda Goals: <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from disease public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
For further information specifically related to this report, please contact: (text in Arial 10) <ul style="list-style-type: none">• In the West and Central Africa Zone Office, Senegal: Alasan Senghore, Head of Zone; email: alasan.senghore@ifrc.org; phone:+221 33 869 3641; fax: +221.33 820 25 34	

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International Federation of Red Cross and Red Crescent Societies

MAA61004 - Sahel Region

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAA61004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	225,948	247,463	660,745		108,556	1,242,713
B. Opening Balance	0	0	0		0	0
Income						
<u>Cash contributions</u>						
Australian Red Cross		11,173				11,173
Czech Red Cross	2,286					2,286
DFID Partnership grant	136,670					136,670
Irish Government	30,843	138,289	3,428			172,561
Japanese Red Cross		109,737	59,667			169,404
Other	413		135			548
Spanish Government			530,079			530,079
Spanish Red Cross			-242			-242
Sweden Red Cross (from Gambia Red Cross)			9,721			9,721
Sweden Red Cross (from Swedish Government)			1,921			1,921
UNHCR (UN Agency)	348					348
C1. Cash contributions	170,561	259,199	604,709			1,034,469
<u>Outstanding pledges (Revalued)</u>						
DFID Partnership grant	145,979					145,979
C2. Outstanding pledges (Revalued)	145,979					145,979
<u>Inkind Personnel</u>						
Spanish Red Cross			37,200			37,200
C4. Inkind Personnel			37,200			37,200
C. Total Income = SUM(C1..C5)	316,540	259,199	641,909		0	1,217,648
D. Total Funding = B + C	316,540	259,199	641,909		0	1,217,648
Appeal Coverage	140%	105%	97%		0%	98%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0	0		0	0
C. Income	316,540	259,199	641,909		0	1,217,648
E. Expenditure	-32,654	-177,712	-148,849			-359,214
F. Closing Balance = (B + C + E)	283,886	81,487	493,060		0	858,434

International Federation of Red Cross and Red Crescent Societies

MAA61004 - Sahel Region

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAA61004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		225,948	247,463	660,745		108,556	1,242,713	
Land, vehicles & equipment								
Computers & Telecom		7,074					7,074	-7,074
Total Land, vehicles & equipment		7,074					7,074	-7,074
Transport & Storage								
Storage	12,500	3,345					3,345	9,155
Distribution & Monitoring				-252			-252	252
Transport & Vehicle Costs	17,402	1,250	795	4,754			6,799	10,603
Total Transport & Storage	29,902	4,595	795	4,502			9,892	20,010
Personnel								
International Staff	293,596			48,800			48,800	244,796
National Staff	125,404	4,830	60,699	30,851			96,380	29,023
National Society Staff	115,500	72	10,161	13,969			24,201	91,299
Consultants	6,239		3,885	948			4,833	1,406
Total Personnel	540,739	4,901	74,745	94,567			174,213	366,525
Workshops & Training								
Workshops & Training	258,272	6,143	82,849	22,279			111,271	147,000
Total Workshops & Training	258,272	6,143	82,849	22,279			111,271	147,000
General Expenditure								
Travel	30,365	4,877	21,969	11,586			38,432	-8,067
Information & Public Relation	50,162		1,880				1,880	48,283
Office Costs	32,002	356	3,045	480			3,881	28,121
Communications	4,730	2,867	1,615	415			4,897	-167
Professional Fees	2,626		1,777	930			2,707	-81
Financial Charges	1,026	-3,969	-1,974	2			-5,941	6,967
Other General Expenses	212,113	476	252	16			743	211,370
Total General Expenditure	333,024	4,607	28,563	13,429			46,599	286,425
Depreciation								
Depreciation		407					407	-407
Total Depreciation		407					407	-407
Programme Support								
Program Support	80,776	2,122	12,231	7,312			21,666	59,110
Total Programme Support	80,776	2,122	12,231	7,312			21,666	59,110
Services								
Shared Services		4,252	3,055	6,110			13,417	-13,417
Total Services		4,252	3,055	6,110			13,417	-13,417
Operational Provisions								
Operational Provisions		-1,448	-24,527	650			-25,325	25,325
Total Operational Provisions		-1,448	-24,527	650			-25,325	25,325
TOTAL EXPENDITURE (D)	1,242,713	32,654	177,712	148,849			359,214	883,498
VARIANCE (C - D)		193,294	69,751	511,896		108,556	883,498	