

Plan 2010-2011



West Africa Sahel+ Region

Executive summary

The Sahel region covers nine countries Burkina Faso, Cape Verde, Gambia, Guinea Bissau, Guinea, Mali, Mauritania, Niger and Senegal. Sahel National Societies' priorities for 2010-2011 are guided by the Federation's Global Agenda Goals and the Framework for Action. Specific National Society plans also take their roots from Strategy 2010, ARCHI 2010, Algiers Plan of Action and Johannesburg commitment.

The Sahel strategy comprises four programmes: disaster management (DM), health and care, (H&C) Organizational development (OD) and Principles and Values (P&V) which will include migration issues. For 2010-2011 planning process this strategy implementation will be changed from regional to country based and will include, whenever possible, an integrated approach.

The 2010-2011 support to Sahel National Societies will mainly focus on disaster risk reduction (DRR) 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 initiatives at community level, and the formation of networks and partnerships to support disaster risk management (DRM) including food security programmes. With the ongoing support from the British Department for International Development (DFID), the Irish and Spanish Government, and the Swedish and Spanish Red Cross Societies, the Federation will continue to support National Societies in community based risk reduction activities. The ongoing partnerships with governments and inter-governmental bodies such as the Comité Inter-Etats pour la lutte contre la sécheresse au Sahel (CILSS) and the African Centre for Meteorological Applications and Development (ACMAD) will be further developed and strengthened especially in the area of disaster management. The partnerships with academic institutions such as Columbia University's IRI will be further strengthened to facilitate National Society work in risk reduction and food security.

Based on the Federation strategies, the nine National Societies will continue to scale-up their health and care activities by focusing on maternal and child health, malaria, water and sanitation, risk reduction activities, and response to public health in emergencies. In terms of social mobilization, the Federation will provide support to the National Societies during mass vaccination campaigns and the distribution of insecticide treated nets (ITN). As part of the global programme, the Sahel team will support Red Cross Societies Human Pandemic Preparedness (H2P) country preparedness. In terms of HIV and AIDS the support to National Societies in reducing the vulnerability through care and prevention activities will be improved. Three National Societies in the Sahel region are already part of the Global Alliance on HIV/AIDS.

The organisational development support will focus on strengthening Sahel National Societies' structures both in terms of governance and management and will improve the capacities in service delivery to the most vulnerable according to the Federation's new directions and ensure that they work towards an intensified capacity building (ICB) initiative. The purpose is to facilitate the scaling-up of activities by providing strategic support in the formulation of programmes, and an integrated approach of all project components. Guidance will be provided to National Societies to ensure effective volunteers management. Through the funding provided by the Spanish Government, institutional support to the eight National Societies will be developed and improved with additional funding opportunities. This will include core costs support, structural development and finance development.

The OD department will also continue to encourage and facilitate knowledge sharing through peer to peer support.

Migration will also be an important area of focus given the challenges being experienced by the National Societies in dealing with humanitarian consequences of migration since the region is both a producer and a transit point for migrants to Europe. This Migration also has some important political and social implications in both the production and reception States and civil societies. National Societies such as the Mauritanian Red Crescent, the Senegalese Red Cross Societies and the Mali Red Cross are implementing projects and activities to assist the migrants. Movement partners such as the Spanish Red Cross and the International Committee of Red Cross (ICRC) are providing spontaneous support which needs to be structured and coordinated. Other sister National Societies such as the Swedish and Norwegian Red Cross Societies have also expressed interest to work with the Zone to assist the National Societies of the region. To define a common Movement strategy based on the resolution of the last International Conference, the West and Central Africa Zone intends to carry out a study on migration (causes and definition of roles and responsibilities of the International Federation) to better understand the context, and to facilitate effective and more strategic support and advice to the National Societies in their work with migrants. Through partnerships, the unit will attract funding from Movement and non Movement partners and implement activities in cooperation with United Nations Agencies (UNICEF, UNHCR, UNFPA, IOM, UNAIDS) and with other Non-Governmental Organizations (NGOs) to fight against all forms of violence, discrimination, exclusion and female genital mutilations (FGM).

The total 2010-2011 budget of the strategy is CHF 2,397,585 (USD 2,315,165 or EUR 1,588,435)

[Click here to go directly to the attached summary budget of the plan](#)

Regional context

The nine countries of the Sahel region are among the poorest in the world. The countries are also facing multiple hazards related to climate change including health emergencies and epidemics of meningitis, polio, cholera, and yellow fever that make children paying a heavy burden in Burkina Faso, Mali, Guinea and Niger but also food insecurity due to locust invasions and desertification. The region is also floods prone, and is concurrently experiencing isolated cases of drought. The poor human development is manifest in the high infant and child mortality and high maternal mortality rate. Despite the success in the fight against infant mortality in children under five years, the number of deaths among the under five is still unacceptable in the Sahel. In 2006 167 children out of 1,000 live births died before their fifth birthday (MDGs Report, 2008). The health situation is marked by infant mortality rates among the highest in Africa result of moderate or severe malnutrition, vitamin A deficiency, Acute Respiratory Infections, bad child nutrition and bad hygiene styles responsible for diarrhoeic diseases, including cholera. The situation of vulnerability in the Sahel is challenging the efforts made by the International Federation to assist populations in this region mostly in terms of disaster management and risk reduction, increasing violence, urban migration and flooding in unusual areas due to uncontrolled urbanization. National Societies are planning to integrate these new challenges in their plans and programmes.

Malnutrition and food insecurity are the greatest challenges in the Sahel region. 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 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 Inter governmental Panel on Climate Change predictions for the coming years will have a significant impact on human life in the Sahel.

The safe water coverage is relatively good in this region, about 75 per cent, although there are still some pockets of widespread vulnerability due to the lack of access to adequate sanitation facilities (13 per cent), (Human Development Index (HDI), 2006), which is a very big challenge and the main cause of diarrhoeal and other parasite-related diseases that affect children's nutritional status in the Sahel

countries. Malaria remains the major cause of child mortality and morbidity as in average less than 10 per cent of children under five sleeps under bed nets (HDI, 2006).

Epidemiological HIV situation is of serious concern in the Sahel region and is still mixed in the Sahel countries. Although most of the Sahel+ countries are below 3 per cent prevalence, the epidemic is concentrated in particular geographic areas, in conflict or post conflict locations, among women and other specific groups. In Senegal, the prevalence has stabilized around 1 per cent; however, it is almost 20 per cent among sex workers. The HIV prevalence rate among women between 15-49 years is twice as high as that of men of the same age range (1.9 versus 0.9 percent) according to statistics from UNAIDS. In Guinea Bissau, it becomes more widespread (4 per cent) and more and more young people are paying a heavy toll. People living with HIV and their families bear the burden of the cost of care. HIV infection is concentrated around specific groups (men having sex with men, sex workers) with prevalence rates up to 20%; socio-professional categories (soldiers, miners, fishers...) with a prevalence rate that is often above 3%.

The threat of pandemic human influenza is more real than ever. Experts worldwide agree that it is imminent. The threat does not spare any country and Sahel countries are among the most vulnerable.

The slight progress made towards achieving the Millennium Development Goals (MGDs) are threatened by the rise of food prices that deeply affects the vulnerable groups and questions the success registered in the fighting against child malnutrition. Moreover, the Sahel sub region is specially affected by the consequences of climate change of which effects are increasingly impacting on the economies and livelihoods of vulnerable groups.

Sahel National Societies lack resources. This directly impacts on their financial sustainability and professional capacities. As a consequence and based on the challenges faced in the region, the Red Cross Movement is moving from relief to relief and development organization. The financial sustainability being still an issue, as well as volunteers' management systems, and the finance management systems, the OD strategy for 2010-2011 support to National Societies will focus on National Societies' professionalization process through restructuring processes. To achieve this, the OD unit will provide guidance in the following areas: staff recruitment and structures including training on governance and management which is one of the greatest challenge; strategic planning and project planning process with relevant projects proposals that should lead to good fundraising; volunteers' development with appropriate policy and management tools; development of NS financial systems including accountability and transparency that are real concerns.

The Sahel region is also source and transit area for migrant flows to Europe. The increasing vulnerabilities to natural hazards in this region where agriculture and farming are the main sources of income essentially dependent on climate change added to the recurring political instability in most of the Sahel countries (Guinea, Mauritania) ethnical and religious rebellions (Mali, Niger), are weakening communities and lead to important migration flows toward European countries. A rapid increase of the urban population and uncontrolled urbanization has caused new challenges related to urban disasters and violence with a potential for political disturbance. The urban populations are becoming poorer and have fewer coping mechanisms than those in rural areas. This situation is having social, economic and humanitarian consequences of unknown proportions. The present global economic crisis may add to the problematic by exposing illegal migrants to severe measures of restriction to the entry of European borders. Programmes to support the returnees migrants are supported in Mauritania and Senegal by the Spanish RC and in Mali by the ICRC.

National Society priorities and current work with partners

Scaling up disaster response capacities is a priority for the National Societies in Sahel+ region according to the outcomes of the NS DM planning meeting in Abidjan (August 2008). Related projects are funded by AECID and DFID. They have been implemented during 2009 in all Sahel countries.

As food security (FS) is considered a priority in the Sahel region, several National Societies have developed and are implementing food security projects some of which are funded through the DFID partnership with the International Federation. Another five National Societies have also developed food security projects as part of the Africa food security initiative. Three countries, including Burkina Faso, Niger and Senegal have been identified by the Zone as part of the partnership on disaster risk

reduction (DRR) with the World Bank. Many National Societies have also expressed interest to be part of the Federation Global Alliance for disaster risk reduction.

Food security (FS) within the framework of Africa FS initiative will be one of the core National Societies programme in this sub-region. FS programme will be integrated into a global strategy of risk reduction and the development of the community capacities.

The implementation of integrated management of childhood illnesses (IMCI) is the result of the collaboration between the International Federation, the Irish Government and the Japanese Red Cross. This programme is implemented in the three following countries: Gambia, Senegal and Mali. The Sahel HIV programme was funded by the Japanese and Irish Red Cross societies. The regional health strategy has been funded through the Sahel appeal that is mainly covered by the Irish Government. A new strategy plan is expected to be supported in Mali and Senegal National Societies.

Africa, Caribbean, and Pacific EU-water facility projects will be formulated for Burkina Faso, Mali, Mauritania, and Niger with the support of Belgian, Danish, Finnish, French and Spanish Red Cross Societies. Water and sanitation activities have been funded through the Sahel appeal by the Irish Government, and the Japanese Red Cross. Qatari Red Crescent is planning to fund water and sanitation projects in Niger in 2009-2011.

The National Societies of Mali and Senegal have been supported through the partnership between the Federation and the USAID with pilot project in preparedness for human pandemic (H2P).

H1A1 virus has been stressed as one of the potential problems for the Sahel+ sub region and preparedness activities are planned to face this challenge.

Sahel+ National Societies 2010-2011 priorities will focus on community based health initiatives and first aid including malaria, nutrition and integrated approach of health, water and sanitation, HIV activities and health in emergencies.

The human pandemic influenza threat is a sub-regional priority with the development of National Societies' capacities on preparedness.

The main support to Sahel OD programme comes from Danish Red Cross, Swedish Red Cross, Irish government and DFID (British government) allocations for Sahel and Spanish government grant for institutional development from the Spanish Agency for International Cooperation and Development (AECID). The team spirit and the cooperation with colleagues from other department specially the improving integration of OD and health activities increased the financial basis of the programme as some activities under OD but related to health were supported through health fund. This improved the impact of the Federation support to the Sahel National Societies. The integration of health and OD activities provides a better framework for multilateral and bilateral partnership development. Effective institutional and finance development support have been provided to the National Societies with the funding opportunity from the Spanish Cooperation Agency facilitated by the Spanish Red Cross.

Many outstanding requests for technical support to strategic planning processes, Governance issues and other capacity building needs are also arising from many NS that have to engage in a change process. Volunteer management will also be given a particular attention. On that purpose, the OD strategy needs to be refocused from regional to country based approach in order to provide timely tailor-made membership services.

| Partners | Programmes |
|---|--|
| Danish Red Cross | Health / OD (Mali and Guinea) CB & VMO |
| Swedish Red Cross | OD (Sahel) / VMO, Health PHE, HIV |
| Irish Government | OD (Sahel) / VMO (Niger), Health MNCH / IMCI |
| Canadian Red Cross | Health and OD (Mali and Mauritania) |
| Icelandic Red Cross | OD/FD (Gambia) |
| Finnish Red Cross | Public Health Emergency |
| Norwegian Red Cross | Health Measles Campaign |
| Australian Red Cross (Community Health) | Community Health / Nutrition |

| | |
|----------------------------------|--|
| Japanese Red Cross | OD, HIV programmes and MCH (in Sahel +) |
| DFID | Health / Disaster Management |
| UNICEF | Health IMCI |
| World Health Organization (WHO), | Health IMCI |
| WFP | Health /Nutrition |
| European Union | Disaster Management |
| AECID | Disaster Management and Organisational Development |
| Qatari Government | Health water and sanitation |
| ECHO | Health water and sanitation in Guinea |

Secretariat supported programmes in 2010-2011

Disaster Management

Programme purpose¹

To reduce the number of deaths, injuries and impact from disasters through the promotion of risk reduction strategies and disaster preparedness within the Red Cross National Societies.

The disaster management programme budget is CHF 909,671 (USD 878,399 or EUR 602,670)

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

Component outcome 1: Improved risk reduction and disaster preparedness within National Society that builds safer and resilient communities. The countries included are: Gambia, Burkina Faso, Guinea, Mali and Senegal.

Component outcome 2: Vulnerability capacity assessment activities (VCA) are conducted in targeted National Societies. The countries included are Gambia, Burkina Faso, Guinea, Mali and Senegal. The target groups are resilient communities.

Component outcome 3: Disaster risk reduction (mitigation of impact of natural hazards) projects are conducted in selected communities and documented. The countries included are Gambia, Burkina Faso, Guinea, Mali and Senegal. The target groups are resilient communities.

Component outcome 4: The culture of risk reduction is promoted in schools in the framework of the following quotation: "risk reduction begins at school". The concerned countries are: Gambia, Burkina Faso, Guinea, Mali and Senegal. The target groups are schools in resilient communities.

Programme component 2: Disaster response including recovery

Component outcome 1: National Societies have a contingency plan for the most recurrent hazards. The concerned countries are Gambia, Burkina Faso, Guinea, Mali and Senegal. The beneficiaries are the National Societies.

Component outcome 2: 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). The countries included are: Gambia, Burkina Faso, Guinea, Mali and Senegal. The target groups are the National Societies.

Component outcome 3: Non-food items are strategically pre-positioned closer to targeted beneficiaries in a coherent zonal logistic and DM approach. The concerned countries include Burkina

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

Faso, Gambia, Guinea, Mali and Senegal. The target groups are the National Societies and the resilient communities.

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

Component outcome 1: 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 group are communities affected by food insecurity, and volunteers at RC branch level.

Component outcome 2: NSs are strengthened in organizational capacity and have developed community resilience through networks of prevention, knowledge and education in food security. The countries included are Burkina Faso, Mauritania, Mali and Niger. The target groups are: communities affected by food insecurity and RC/RC volunteers at National, regional and branch level.

Component outcome 3: Country based Movement partnership is established to implement West & Central Africa FS strategy with general and specific technical support in Food Security programmes. The concerned countries include Burkina Faso, Cape Verde, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Niger and Senegal. The target groups are Sahel+ National Societies, and Partners National Societies.

b) Potential risks and challenges

- Lack of qualified human resources for the management of programmes in many of the National Societies.
- Lack of capacity for funds management and late narrative and financial reporting in National Societies.
- High turnover of National Society disaster management focal points.
- Lack of clear disaster management plans in most of the National societies.

Health and Care

a) The purpose and components of the programme

Programme purpose:

To reduce deaths, illnesses and impact from diseases and public health emergencies

The health and care programme budget is CHF 940,321 (USD 907,996 or EUR 622,976)

Programme component 1: Community based health programmes and first aid

Component outcome 1: Improved Maternal, Newborn and Child Health (MNCH) through NS community based activities, including safe motherhood and child health initiatives, vaccination and nutrition activities in the Gambia, Mali and Senegal.

Component outcome 2: Increased capacity of communities and volunteers who are prepared and are able to respond to first-aid needs and identify health priorities in their communities. The concerned countries include all Sahel NS that will be trained on CBHFA. The Gambia Red Cross Society, Mali Red Cross, Burkinabe Red Cross Society and the Red Cross Society of Guinea will start running pilot project on CBHFA. The target groups are communities and volunteers.

Component outcome 3: Voluntary non remunerated blood donation: The number of voluntary non remunerated blood donations has increased in Gambia, Burkina Faso and Guinea among the children under five, pre and post-delivery women, HIV and malaria infected, and the victims of accidents.

Component outcome 4: Malaria: The protection of vulnerable populations against malaria has increased in Burkina Faso, Gambia, Mali, Niger and Senegal among children under five, pregnant

and breast feeding woman, PLWA and other risk groups.

Component outcome 5: Red Cross / Red Crescent support to Polio and measles campaigns: NSs' involvement in social mobilization during national initiatives to eradicate polio and reduce measles morbidity and mortality is ensured by the mobilization of volunteers in Burkina Faso, Guinea, Mali and Niger among children under five and risk groups according to MoH's decision.

Programme component 2: Water and sanitation

Component outcome 1: Watsan proposals are elaborated and presented to ACP (for further details please refer to the proposals to be finished by March 2010). The concerned countries include Burkina Faso, Guinea Bissau, Mali, Mauritania, Niger and Senegal. The project started in Tintane, Mauritania with 25,000 beneficiaries.

Component outcome 2: National Societies are provided support on epidemic diarrheal prevention and response in Guinea, Guinea Bissau and Niger.

Component outcome 3: National Societies are technically assisted in the formulation and in the implementation of bilateral watsan projects in Niger and Senegal.

Component outcome 4: Donors or PNS are supported in the identification of the needs for watsan project and the capacities of the NS upon request (for instance Mauritania).

Programme component 3: HIV and AIDS

Component outcome 1: Vulnerability to HIV and its impact are reduced through the prevention of further infections, the support to HIV affected people and the reduction of stigma and discrimination. Burkina Faso, Gambia, Guinea and Senegal are targeted, and the beneficiaries will be the persons infected and affected by HIV, orphans, risk groups (soldiers, sex workers, and MSM).

Programme component 4: Public Health Emergency

Component outcome 1: Access to preventive health services has improved in targeted areas in Burkina Faso, Gambia, Mali, Niger, Guinea Bissau and Guinea.

Component outcomes 2: Avian and Human Pandemic Influenza: Programme continuing actions to prevent and contain avian influenza outbreaks through community-based health programme and education action are ensured in Mali and Senegal. The target groups are National Societies and vulnerable communities.

Component outcomes 3: Increasing pandemic preparedness by contingency plans definition for service continuity during a pandemic, and preparation of response actions during pandemic outbreak are effective in Mali and Senegal. The target groups are National societies and vulnerable communities.

b) Potential risks and challenges

- Insufficient funding to achieve planned activities;
- Insufficient initiative from some National Societies to implement their health plan of action.
- Inadequate capacity to implement programmes in some National Societies due to insufficiently qualified human resources for the management of programmes (poor narrative and financial reporting).
- Work overload of the health Sahel+ team members.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose

To improve National Societies' capacities in service delivery to the most vulnerable populations.

The organisational development programme budget is CHF 547,594 (USD 528,769 or EUR 362,789)

Programme component 1: Improving the National Societies legal base

Component outcome 1: Updated statutes are available in Senegal and Mali.

Programme component 2: Improving National Societies leadership capacities

Component outcome 1: Better functioning, and collaboration between governance and management in Mauritania and Senegal. The beneficiaries are the governance and management bodies of the National Societies to be trained on the respective roles and responsibilities of bodies.

Programme component 3: Improving National Societies professional capacities

Component outcome 1: Adequate and trained staff is available for NS in compliance with HR best practices and regulations in Mali, Mauritania, Guinea, Guinea-Bissau and Senegal. The target groups are National Societies paid staff.

Programme component 4: Supporting Sahel NS in programming and planning

Component outcome 1: Strategic Plans are reviewed in Gambia, Guinea, Guinea Bissau and Senegal. The beneficiaries are National Societies leaders, programme coordinators and technical staff.

Programme component 5: Improving NS Volunteers' management systems

Component outcome 1: Updated volunteering policy regulating volunteers insurance, limitation of volunteers work time, motivation system (benefit) and functioning data base are available in the NS of Mali, Mauritania, Niger and Senegal. The target groups are National Societies volunteers.

Component outcome 2: Up-to-date annual reports are available on volunteers' management through an information system set up to generate the relevant data in Mali, Mauritania, Niger and Senegal. The beneficiaries are National Societies volunteers.

Programme component 6: Improving NS financial sustainability

Component outcome 6.1: Support to business planning process in Mali 2010 and Guinea 2011 providing management tools for income generating activities.

b) Potential risks and challenges

- Inadequate leadership capacities in some National Societies.
- Insufficient engagement of some National Societies in the implementation of OD programmes.
- Lack of capacities in planning and reporting in the National Societies leading to poor narrative and financial reporting.
- Lack of OD human resources in Sahel+ team to support NS in the implementation of their OD programmes.

Principles and Values

a) The purpose and components of the programme

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| Programme purpose: |
| To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion. |
| Programme component 1: Child traffic. |
| Component outcome 1: Increase awareness on issues related to child traffic in Burkina Faso. The target groups are Children, government officials and communities. |

Role of the secretariat

a) Technical programme support

The Sahel+ team is composed by a Health Manager, HIV-AIDS Officer and OD Manager. In 2010-2011 in collaboration with the zone office programme coordinators the team will support National Societies in institutional development, capacity building, planning and implementing health programmes. In terms of community health and HIV programmes the Sahel team will support in CBHFA rolling plans but also in formulating health and HIV project proposals in the framework of the Global Funds (Malaria, HIV and Tuberculosis).

The DM component of the programme will be implemented by the NSs supported by DM and the Food Security Delegates of the zone. The Principles and Values component will be supported by the Communication Delegate, the Communication Officer and the Migration Delegate at zonal level. Technical support will also be provided at field level during emergency health interventions, olio and measles sensitization campaigns, but also for Avian and Human Pandemic Influenza for an effective and accurate response. Monitoring, evaluation and reporting mechanisms will be put in place for National Societies to better monitor and ensure performance and accountability of their programmes.

b) Partnership development and coordination

The Sahel team will support the Mali Red Cross in 2010 and the Red Cross of Guinea in 2011 to facilitate CAS/OA process. The other Sahel Red Cross Societies will be involved in the implementation of these IFRC cooperation strategies upon request. For new funding opportunities apart from the annual appeal process, the Sahel team will provide technical support to NS for the submission of new project proposals to donors. Concerning other partnerships development and coordination, the Sahel team will assist National Societies by strengthening existing partnerships with Participating National Societies (PNS) and other non-Movement partners. Regular partnership meetings will be held at country level with bilateral partners where needed with clear road maps in order to better coordinate our efforts on supporting National Societies.

c) Representation and advocacy

In the framework of the sub-regional network set up in order to encourage cooperation and coordination between National Societies in the Sahel region, regular Sahel regional working group meetings will be held with the Federation's technical and financial support. In these meetings, National Societies will express their expectations from the zone office and PNS. They will also take the opportunity to discuss issues related to leadership development, membership services, General Assembly and other international events. The Sahel team will strive to promote the visibility of National Societies' activities in service delivery to the most vulnerable through the zone monthly magazine shared within the Red Cross Movement and with other partners. The Federation presence in the field will be used for profile raising, strengthening partnership opportunities and promoting Federation's policies in order to create the basis for effective partnerships through the existing Federation's cooperation mechanisms, namely Cooperation Agreement Strategies (CAS) and Operational Alliances (OA). The Federation's Secretariat will also develop and expand links with all stakeholders (local and international media, diplomatic missions, local authorities, NGOs, including intensified advocacy).

Promoting gender equity and diversity

The worsening of women's health status was a real concern rising from inequalities between girls and boys concerning access to educational and health services because of cultural and religious barriers that clearly affect gender issues. The Sahel programmes will be implemented to ensure the active participation of women in decision making regarding their health status and that of their children. Improving the economic status of women will be key to their involvement in the decision-making process regarding health issues within their households and communities. The analysis of the roles of men and women, especially during the PHAST process, will facilitate the integration of gender issue in the activities. Health programmes like IMCI in Senegal and Gambia and HIV Global Alliance programmes in Guinea and Burkina Faso with sex-workers will have women as main beneficiaries. Women are also being the target group of several FS projects and the entry point for community participation in hygiene promotion and risk reduction.

Quality, accountability and learning

Most of the Sahel National Societies will have their strategic plans end this year. Assessments and review of the related plans for the end of 2009 and strategic planning sessions will be conducted in 2010-2011 with Federation's technical support and in coordination with partners in the field mainly in Guinea-Bissau, Burkina-Faso, Mali, Niger, Mauritania, Gambia and Senegal. Senegal and Gambia Red Cross Societies will benefit from capacity building trainings on project monitoring and evaluation as well as narrative and financial reporting. Setting up a monitoring and evaluation system will be of priority in the 2010-2011 plan, with information on best practices shared between National Societies and the Secretariat. The Secretariat will support National Societies to develop a monitoring plan with indicators to measure the progress of programme implementation. The Sahel+ team will periodically evaluate National Society community health interventions to gauge Red Cross contributions in improving the health status of vulnerable populations in Sahel countries.

The implementation of IDWARC programme in the Sahel after an assessment of the National Societies' financial systems and recommendations on needed improvements will boost the National Societies' finance development activities with a real professionalization of finance management systems and procedures. The Sahel National Societies will start using the manuals for finance and administration procedures developed thanks to this institutional development programme and this will certainly improve the management of funds and quality of National Societies' financial reports. A Human resource audit will be conducted by an external auditor in the concerned countries, and recommendations acted on by eight out of the nine Sahel National Societies (Cape-Verde, Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Niger and Senegal). In 2010 Mali Red Cross will develop and formalise cooperation strategy/operational alliances for a better management of its partnership involving several bilateral partners committed to work with the National Society. In Guinea the Federation is developing an operating model after the exit of Federation representation closed in December 2007. A new basis of cooperation is being set up between the Federation, the International Committee of the Red Cross (ICRC) and other partners in the field with a common understanding of the country context, common goals and approaches. The Danish RC has already sent a delegate to Guinea who is currently working with the IFRC on the restructuring process of the National Society after the establishment of a new governance team.

Budget summary

| Programmes | 2010 budget | 2011 budget | Total budget |
|----------------------------|------------------|------------------|------------------|
| Disaster Management | 454,836 | 454,836 | 909,671 |
| Health & Care | 470,160 | 470,160 | 940,321 |
| Organisational Development | 282,353 | 265,241 | 547,594 |
| Humanitarian Values | - | - | - |
| Coordination | - | - | - |
| TOTAL | 1,207,349 | 1,190,237 | 2,397,585 |

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out 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:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and 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

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[Click here to return to the title page](#)

MAA61004 - Sahel Region

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

| | Disaster Management | Health and Care | Capacity Building | Principles and Values | Coordination | Total |
|----------------------------|---------------------|-----------------|-------------------|-----------------------|--------------|------------------|
| Supplies | 125,931 | 145,000 | | | | 270,931 |
| Land, vehicles & equipment | | 10,000 | | | | 10,000 |
| Transport & Storage | 62,965 | 7,000 | | | | 69,965 |
| Personnel | 181,280 | 105,200 | 150,000 | | | 436,480 |
| Workshops & Training | 12,593 | 45,000 | 40,000 | | | 97,593 |
| General Expenditure | 42,502 | 126,000 | 74,000 | | | 242,502 |
| Depreciation | | | | | | |
| Contributions & Transfers | | 1,400 | | | | 1,400 |
| Programme Support | 29,564 | 30,560 | 18,353 | | | 78,478 |
| Services | | | | | | |
| Contingency | | | | | | |
| Total Budget 2010 | 454,836 | 470,160 | 282,353 | | | 1,207,349 |

Budget 2011

All figures are in Swiss Francs (CHF)

| | Disaster Management | Health and Care | Capacity Building | Principles and Values | Coordination | Total |
|----------------------------|---------------------|-----------------|-------------------|-----------------------|--------------|------------------|
| Supplies | 125,931 | 145,000 | | | | 270,931 |
| Land, vehicles & equipment | | 10,000 | | | | 10,000 |
| Transport & Storage | 62,965 | 7,000 | | | | 69,965 |
| Personnel | 181,280 | 105,200 | 117,000 | | | 403,480 |
| Workshops & Training | 12,593 | 45,000 | 40,000 | | | 97,593 |
| General Expenditure | 42,502 | 126,000 | 91,000 | | | 259,502 |
| Depreciation | | | | | | |
| Contributions & Transfers | | 1,400 | | | | 1,400 |
| Programme Support | 29,564 | 30,560 | 17,241 | | | 77,365 |
| Services | | | | | | |
| Contingency | | | | | | |
| Total Budget 2011 | 454,836 | 470,160 | 265,241 | | | 1,190,237 |