

# ANNUAL REPORT



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

## SENEGAL

10 July 2006

### In Brief

**Appeal No. 05AA032; Appeal target: CHF 371,800 (USD 295,300 or EUR 239,500); Appeal coverage: 106.7%.**

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

**Annual Appeal:** <http://www.ifrc.org/docs/appeals/annual05/05AA032.pdf>

**Programme Update no. 1:** <http://www.ifrc.org/docs/appeals/annual05/05AA03201.pdf>

**Programme Update no. 2:** <http://www.ifrc.org/docs/appeals/annual05/05AA03202.pdf>

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

*All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

**For further information specifically related to this Annual Appeal please contact:**

- **In Senegal:** Abdou Siby, President or M. Adama Kamara, Secretary General, Senegalese Red Cross Society, Dakar; Email: [crsnational@sentoo.sn](mailto:crsnational@sentoo.sn); Phone +221.823.39.92; Fax+221.822.53.69
- **In Senegal:** Alasan Senghore, Federation Head of West and Central Africa Regional Delegation, Dakar; Email: [alasan.senghore@ifrc.org](mailto:alasan.senghore@ifrc.org); Phone. +221.869.36.41; Fax +221. 860.20.02.
- **In Geneva:** Madeleine Lundberg, Federation Regional Officer for West and Central Africa, Africa Dept.; Email [madeleine.lundberg@ifrc.org](mailto:madeleine.lundberg@ifrc.org); Phone +41.22.730.4.35; Fax +41.22.733.03.95

### Operational context

The majority of the Senegalese population lives in rural areas, however that is rapidly changing. About 48% of the population is estimated to live in urban areas, well above the regional average. The urban formal unemployment rate is at 23%. Agriculture employs about three-quarters of the workforce. About 40% of the farmland is taken up by groundnut cultivation, while fish is the main export commodity. More than 56% of the country's population of 9.9 million is under 20 years of age. In the southern part of Senegal, a group has been fighting for independence for Casamance since 1982, resulting in an influx of displaced persons towards more secure areas Potential disasters in Senegal include drought, floods, epidemics and population movement. Over three quarters of Senegal's territory is in the Sahel zone, which subjects the country to ongoing cycle of drought and floods.

Although social indicators are relatively good (more than three-quarters of the population has access to potable water and adequate sanitation facilities, and life expectancy has improved), health care is deteriorating<sup>1</sup>. Under-five mortality is 138 per 1,000 live births. Only 40% of the population has access to health services; 23% of the population suffer from chronic malnutrition (UNDP). The health care system has been put under further strain by a lack of investment in social infrastructure. However, the government has successfully maintained a low prevalence of HIV/AIDS through education.

<sup>1</sup> Economist Intelligence Unit (EIU)

## Analysis of 2005 programmes

### Health and care

**Goal: To contribute to the reduction of infant and maternal morbidity and mortality and to the reduction of vulnerability of target groups and PLWHA through social and community mobilization activities.**

**Objective 1: The capacity of communities, families and Senegalese Red Cross Society branches is strengthened to fight preventable infant and child-related diseases in Mbour and Thiès health districts.**

**Objective 2: To reduce high risk behaviour in the targeted populations by improving IEC/BCC at the community level and improve conditions of PLWHA, AIDS orphans and widows.**

#### Achievements

- A programme for the reduction infant and maternal mortality and morbidity was implemented in the districts of Thiès and Mbour. The programmes include immunization, application of best practices in nutrition as well as fever prevention and control through the promotion of insecticide-treated bed nets (ITNs). In 2005, the programme was extended to five other villages in Thiès. The following activities were included:
  - Training of project managers in Yade, with new actors' participation.
  - Recycling of the community health villagers in Pout, Ndey and Malicounda.
  - Procurement and distribution of ITNs.
  - Nutritional surveillance of children and pregnant women through monthly/weekly control at health centres.
  - Procurement of basic drugs for children and maternal illnesses.
  - Activities on social mobilization and sensitization through behavioural change communication (BCC) and information, education and communication (IEC) strategies.

These activities are implemented and supervised at various levels: health district centres, local branches and national society level. The Federation regional delegation in Dakar provides advice as well as monitoring and evaluation tools.

- A network of community-based first aid (CBFA) volunteers, covering well-functioning health centres in the project areas as well as related nutrition and HIV/AIDS projects in other zones, was further strengthened and supported.
- The national society established a good relationship with government and other partners.
- Strong social mobilization was attained during vaccination campaigns (polio, measles and yellow fever among others). A participatory approach was adopted throughout the programme; during the identification of needs and project formulation.
- Local branch organizational and management capacities to ensure programme sustainability, including development of strong volunteer management systems and coherent incentive policy/practices, were reinforced.
- The national society supported government's efforts to improve disease prevention and assistance to people infected and affected by HIV/AIDS.

#### Impact

- More visibility and recognition of the national society as an auxiliary to government.
- Wider coverage of health programmes through a reinforced volunteer network.
- Reduction of infant morbidity and mortality through increased vaccination activities.
- Low HIV/AIDS prevalence (of 1.4%), and continued efforts to ensure prevalence does not exceed the 3% recommended in the National HIV/AIDS Strategy.
- Better HIV/AIDS awareness amongst the populations.
- Improved health awareness amongst people affected by and living with HIV/AIDS. The latter receive free medical care in state health institutions.

## **Senegal: Appeal no. 05AA032; Annual Report**

### **Cholera**

Although not included in the 2005 Appeal, the cholera epidemic that hit Senegal at the beginning of 2005 called for the active participation of the Senegalese Red Cross Society (SRCS) in curbing its spread. Prior to the social mobilization, the following preliminary activities were implemented:

- Meetings with the social mobilization commission of the Ministry of Health (MoH) and the UN system, in order to harmonize the key messages to be delivered.
- Identification of 500 volunteers from the national society.
- Establishment and duplication of social mobilization management tools.
- Training of the SRCS volunteers in door-to-door mobilization techniques.
- Coordination of daily briefings with branch supervisors.

### **Achievements**

The Senegalese Red Cross Society conducted a major awareness campaign with the support of the Federation, following an allocation of CHF 55,000 from the Disaster Relief Emergency Fund (DREF). More than 25 daaras (koranic schools), six mosques and about 250 homes were visited, and sanitary materials were distributed to the most vulnerable communities in the targeted localities. Nine public wells were also treated.

The campaign days (March to April 2005), which include the 3 days of the Magal and the aftermath of that event, consisted of demonstration of correct cleaning of hands, chlorination of drinking water, latrine hygiene, and cleanliness of the environment. This was carried out by the Red Cross volunteers; a total of 500 volunteers were mobilized for the operation. 50 volunteers were deployed in Mbacké and Touba, 20 in Diourbel and 32 in Bambey. The others were in Tivaouane, Ndiassane, Tienaba and Popenguine.

Through peer interactions and door-to-door campaigns, volunteers were also able to visit the Diourbel jail where more than 375 detainees were reached, including their guards. They also visited nine drinking fountains. Several meetings were held with local authorities for advocacy purposes, while radio programmes were used for dissemination. Material distributed include 450 20-litre basins and 10-litre buckets, 175 cartons of 1-litre hail bottles, 175 1-litre jars, 160 cartons of 15 bleach bottles and 122 cartons of soap. In Tivaouane, Tienaba and Ndiassane, the same quantity of sanitation material was given to health centres. The situation was exacerbated by an increasing number of cases due to the August 2005 floods. 300 volunteers worked closely with the MoH in the most affected areas in Dakar (Pikine, Guédiawaye and Rufisque).

### **Impact**

- Health awareness has been improved in the medical districts of Thiès and Mbour. The entire health post zone of 27 villages was covered.
- The assistance provided by RC volunteers during the cholera epidemic intervention was well appreciated.

### **Constraints**

- Inadequate development of cholera control efforts within the country due to the complexity of community and home-based care, and lack of long-term policy on prevention.
- Difficulty in ensuring the adherence to the advisory notes restricting all mass gatherings until the situation was under control, to avoid further cholera propagation.

## **Disaster management**

**Goal: The Senegalese Red Cross Society develops in its committees activities in disaster prevention and preparedness to improve the life of vulnerable target communities.**

**Objective: Vulnerable target communities strengthen their capacities in disaster prevention and preparedness through small-scale projects related to food security.**

### **Achievements**

No activity was implemented due to lack of human resources.

## **Organizational development**

**Goal: To decrease vulnerability of people living in Senegal through improved service delivery by the Senegalese Red Cross Society.**

**Objective 1: The organizational and operational capacities of Senegalese Red Cross Society improve through better functioning of governance and management bodies and re-enforced branches.**

**Objective 2: Senegalese Red Cross Society increases its financial management skills and develops its ability to advocate and market its programming.**

### **Achievements**

- Two workshops for six branches were organized to take advantage of the national committee's experience and documentation in resource mobilization.
- An evaluation of the 2001-2006 development plan was conducted.
- A new five-year plan (2006-2010) was drafted based on the evaluation of the previous development plan (2001-2006). It will be finalized and submitted to the NS's General Assembly for adoption.

### **Impact**

- Better programme basis in accordance with the latest Movement policies has been achieved.

### **Constraints**

- There were delays in implementing the new computerized system and the manual of financial procedures (SAGE-SAARI Software).
- Slow implementation of the programmes due to some internal institutional problems.

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

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA032
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	50'204	77'728		243'878		371'810
B. Opening Balance	0	43'389		17'693		61'082
<b>Income</b>						
Cash contributions						
British Red Cross		25'130		17'888		43'019
Danish Red Cross				130'800		130'800
French Red Cross				2'795		2'795
Irish Government	80'513					80'513
Japanese Red Cross Society	56'266					56'266
C1. Cash contributions	136'778	25'130		151'483		313'392
Reallocations (within appeal or from/to another appeal)						
British Red Cross		-25'130				-25'130
DFID - British Government		3'715				3'715
Japanese Red Cross Society	-56'266					-56'266
C3. Reallocations (within appeal)	-56'266	-21'415				-77'681
C. Total Income = SUM(C1..C6)	80'513	3'715		151'483		235'711
D. Total Funding = B + C	80'513	47'104		169'176		296'793

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0	43'389		17'693		61'082
C. Income	80'513	3'715		151'483		235'711
E. Expenditure	-80'513	-47'104		-100'605		-228'221
F. Closing Balance = (B + C + E)	0	0		68'572		68'572

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA032
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		50'204	77'728		243'878		371'810	
<b>Supplies</b>								
Clothing & textiles		1'206					1'206	-1'206
Food	43'161							43'161
Seeds, Plants	2'065							2'065
Medical & First Aid	9'890	1'486					1'486	8'404
Teaching Materials	2'300							2'300
Utensils & Tools	20'951							20'951
Other Supplies & Services	2'208							2'208
<b>Total Supplies</b>	<b>80'575</b>	<b>2'692</b>					<b>2'692</b>	<b>77'882</b>
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	8'350							8'350
Computers & Telecom					3'600		3'600	-3'600
<b>Total Land, vehicles &amp; equipment</b>	<b>8'350</b>				<b>3'600</b>		<b>3'600</b>	<b>4'750</b>
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs	14'732	5'845	465		3'616		9'926	4'806
<b>Total Transport &amp; Storage</b>	<b>14'732</b>	<b>5'845</b>	<b>465</b>		<b>3'616</b>		<b>9'926</b>	<b>4'806</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	21'364				43'374		43'374	-22'010
Delegate Benefits		444	10'835		5'611		16'890	-16'890
National Staff	98'874	35'551	32'263		1'347		69'160	29'714
National Society Staff		4'541	798				5'339	-5'339
Consultants	8'300	495			3'355		3'850	4'450
<b>Total Personnel Expenditures</b>	<b>128'538</b>	<b>41'030</b>	<b>43'896</b>		<b>53'687</b>		<b>138'613</b>	<b>-10'075</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	84'029	2'537					2'537	81'492
<b>Total Workshops &amp; Training</b>	<b>84'029</b>	<b>2'537</b>					<b>2'537</b>	<b>81'492</b>
<b>General Expenditure</b>								
Travel	15'903	4'629			2'973		7'601	8'302
Information & Public Relation		408					408	-408
Office Costs	15'459	8'338	1'005		18		9'361	6'098
Communications		10'762			1'201		11'964	-11'964
Professional Fees		2'442			6'946		9'388	-9'388
Financial Charges		5'705	-700		-1'189		3'817	-3'817
<b>Total General Expenditure</b>	<b>31'362</b>	<b>32'285</b>	<b>305</b>		<b>9'949</b>		<b>42'539</b>	<b>-11'177</b>
<b>Program Support</b>								
Program Support	24'224	5'233	3'062		6'539		14'834	9'389
<b>Total Program Support</b>	<b>24'224</b>	<b>5'233</b>	<b>3'062</b>		<b>6'539</b>		<b>14'834</b>	<b>9'389</b>
<b>Operational Provisions</b>								
Operational Provisions		-9'110	-624		23'213		13'479	-13'479
<b>Total Operational Provisions</b>		<b>-9'110</b>	<b>-624</b>		<b>23'213</b>		<b>13'479</b>	<b>-13'479</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>371'810</b>	<b>80'513</b>	<b>47'104</b>		<b>100'605</b>		<b>228'221</b>	<b>143'588</b>
<b>VARIANCE (C - D)</b>		<b>-30'309</b>	<b>30'624</b>		<b>143'273</b>		<b>143'588</b>	