

# Annual report

 International Federation  
of Red Cross and Red Crescent Societies

## West & Central Africa Zonal programmes

Appeal No. MAA61001

28/04/2009

This report covers the period 01/01/2008 to  
31/12/08.



Guinea Bissau Red Cross distribution of hygiene kits  
against cholera at the Bissau Ministry of Public Health.  
**International Federation**

### In brief

**Programme purpose:** To establish appropriate mechanisms in the zone for effective technical coordination, planning, performance monitoring and evaluation as to assist national societies in developing and establishing sustainable community based health projects and develop improved preparedness and response in the health sector in line with the Global Agenda Goal 2, the Algiers Plan of Action and ARCHI 2010. The Sahel Red Cross/Red Crescent societies (RC/RC), together with the International Federation, are committed to improve the health conditions of vulnerable populations. The purpose of Sahel health programmes is to improve health, nutrition, and development of mother and child. It contributes to achieving the Goal 2 of the Global Agenda that aim to reduce the number of deaths, illnesses and impact from diseases and public health emergencies (PHE).

The objective of OD program is to improve the National Societies' capacities in service delivery to the most vulnerable persons, this in conformity with the Federation new directions. In the Sahel region this Federation support will concern 9 National Societies namely Burkina-Faso, Cap Verde, Gambia, Guinea-Bissau, Guinea-Conakry, Mali, Mauritania, Niger and Senegal.

**Programmes summary:** Sahel programmes worked on health and nutrition and aimed at reducing infant mortality, under-five mortality and maternal mortality and also to increase immunization coverage particularly on polio eradication, measles and neo-natal tetanus control and to promote malaria prevention and control. HIV programmes challenge is to raise awareness about sexually transmitted infections, HIV/AIDS and Female Genital Mutilation (FGM) through peer education. Targeted areas concern the health package including vaccination, promotion of breastfeeding, prevention of malaria with the use of IT Nets, fighting against HIV-Aids, promotion of best practices

of nutrition and hygiene through health education. Within the Sahel IMCI programme practical and adapted solutions are proposed to mothers and children under five who are the most vulnerable.

The aim of the OD programme is to accompany Sahel national societies in the implementation of Strategy 2010, ARCHI 2010, Ouagadougou Declaration, Algiers Plan of Action and the various documents resulting from the process “Our Federation of the future.”

Disaster Management at zone level supports national societies in their efforts to reduce the impact of disaster among the vulnerable communities by providing an efficient and effective disaster response through appropriate preparedness. This is done in line with the Hygo Framework of Action and Global Agenda Goal 1&2 thereby contributing to the MDG in a holistic way where the entire disaster management cycle is integrated to programmes.

This has led the implementation of programme to be community-based with pilot projects that can be scaled up after success and learning lessons from the 2008 exercise. Training and formation of community-based teams that are multi-skilled in hazard and risk mapping, food security and livelihood, disaster risk reduction and preparedness, knowledgeable in contingency planning and disaster response with a recovery component.

**Financial situation:** The total 2008 budget is **CHF 7,580,391 (USD 6,593,364 or EUR 4,984,804)**, of which 91 per cent covered. Expenditure overall was 65 per cent.

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

[See also Programme Update no.1](#)

**No. of people we help:** Through health and care activities 606,235 people have been reached. Training volunteers and national societies’ staff members in the framework of DM activities concerned 545 persons and 21,500 affected by DM programme (food security, disaster risk reduction and early warning-early alert. Some 73,982 people have been assisted during emergencies in 2008.

**Our partners:**

<b>Partners</b>	<b>Programmes</b>
Danish RC	Health / OD (Mali and Guinea) CB & VOM
Swiss RC	Health (Mali)
Swedish RC	Sahel OD, CB / Health PHE, HIV
Irish Government	Sahel OD/Health MNCH / IMCI
Canadian RC	Health/Malaria (Mali, Niger)
Icelandic RC	OD/FD Gambia
Finnish RC	Public Health Emergency
Norwegian RC	Health Measles Campaign
Australian RC ( Community Health)	Community Health / Nutrition
Spanish Government / Spanish RC	Sahel region IDWARC Project
Japanese RC	(HIV programmes and MCH in Sahel Plus)
DFID	Health / OD / DM
UNICEF	Health IMCI
WHO	Health IMCI
WFP	Health /Nutrition
EU	DM
Qatari Government	Health watsan
ECHO	Health watsan

## Context

The West and Central African zone is a diverse area comprising 24 countries (Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Democratic Republic of Congo, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Equatorial Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo), with an estimated population of around 390 million people. Various diseases continue to take a heavy toll on this population:

- HIV/AIDS: around eight million persons living with HIV (PLHIV) and more than 4 million children orphaned and made vulnerable (OVC) by AIDS alone (total of almost 20 million OVC).
- Malaria: only 18 per cent of children under-five slept under a mosquito net and only 8 per cent under an insecticide treated net (LLIN) in 2007.
- Vaccine preventable diseases: DPT-3 and measles coverage is 69 per cent each and the lowest in the world.
- Diarrhoeal diseases: low proportions of people have access to potable water and to adequate latrines and sanitation conditions (56 per cent and 27 per cent respectively in 2006).
- Health emergencies: epidemics of emerging and re-emerging diseases like cholera, meningitis and Ebola.

The underlying factor in this bleak picture is general poverty. Average per capita GNI is USD 700, and 55 per cent of the population lives on less than one dollar a day. The under-five mortality rate was 169 in 2007 and seven of the ten countries with the highest under-five mortality rates in the world are in this zone.

West and Central Africa Zone (WCAZ) is characterized by serious and frequent disasters including epidemics with severe consequences on population due to high vulnerability. Political volatility in the region and poor communication infrastructure makes the implementation of Disaster Management (DM) programmes a big challenge, for example to reach the most vulnerable population living in remote areas. In most of the cases "access" is the main challenge for all DM programmes – disaster preparedness, disaster response and food security. However, DRR projects have been developed to reduce risks and increase resilience of communities as recommended by the Pan African Conference (PAC) related resolution in Johannesburg and the overall Global and Zone agenda. Disaster preparedness, response and food security implemented programmes in an integrated manner as disaster risk management is a continuum: as an example, the quality of response partially depends on the preparedness and food security is targeting community resilience and is *de facto* disaster risk reduction activities.

Instability and insecurity remain humanitarian challenges in East DRC and Chad. West Africa is increasingly concerned by political volatility that constitutes a high risk for conflict, increased vulnerabilities and population movement and therefore for complex humanitarian assistance interventions.

## Progress towards outcomes

### Health and Care

#### Coordination

The Red Cross/Red Crescent national societies in the zone, together with the International Federation, are committed to improving the conditions of their populations. In collaboration with their respective governments, Ministries of Health (MoH) and various partners, they are putting their impressive network of around one million dedicated and motivated volunteers into action.

Health and care is a core area of the work of the International Federation and its national societies. The guiding principles of the work undertaken to improve the health of the most vulnerable populations are established in the African Red Cross and Red Crescent Health Initiative (ARCHI) 2010 approach and the Algiers Plan of Action (APoA) adopted by all the national societies in 2004

which are based and geared towards achieving the Global Agenda Goal 2; “Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.”

The year 2008 was the first year in which the office fully functioned as the West and Central Africa Zone Office and the health and care team took over the decentralised functions coming along with this process. The zonal health department in Dakar, comprised in 2008 of a Health & Care Coordinator (HCC), a Watsan Manager (WM) a community health/malaria delegate and a health assistant, continued to consolidate the coordination work started earlier on. The overall health team in the zone was made up in 2008 of the above positions in the Dakar zone office and regional health managers and regional HIV officers in the three regional offices, plus a health delegate in Chad and a Watsan delegate in DRC. This brought the total of WCAZ health staff to an average of 13 people in 2008.

Clear results of the unit are the enhanced coordination with the Disaster Management (DM) team leading to joint planning to improve the regional response capacity and disaster preparedness of national societies in the health sector and the networking/coordination with national societies through sub-regional networks. The zonal health team participated to the annual zonal DM meeting and the future will see decentralised regional DM meetings which will be held jointly with the already ongoing regional health meetings to reinforce health-DM coordination at all levels.

**Goal:** To establish appropriate mechanisms in the zone for effective technical coordination, planning, performance monitoring and evaluation as to assist national societies in developing and establishing sustainable community based health projects and develop improved preparedness and response in the health sector in line with the Global Agenda Goal 2, the Algiers Plan of Action and ARCHI 2010.

**Programme Objective 1:** To improve and maintain an effective coordination, cooperation and technical support role in the health sector leading to improved advocacy, communication and external relations within the zone.

### **Outcomes**

- Zonal health coordination is effectively executed through coordination, cooperation, planning and performance monitoring and evaluation both at zonal and regional levels.
- Partnerships with main stakeholders within the zone in the health sector are maintained and further developed.
- Funding opportunities available within the zone (at country, regional and zonal levels) are identified and utilised to increase mobilisation of resources for quality programming.

### **Achievements**

In the area of coordination, cooperation and technical support the zonal health coordination unit carried out a number of activities and achieved several positive results. The annual health team meeting and the regional network meetings are now established and serve as basis for exchange, planning and coordination with national societies. The success of these models is now going to be mirrored by the DM department which will also start regional meetings. Plans are to align those meetings to ensure better health and DM coordination at all levels.

Coordination and exchange with the other African zones and with Geneva has been improved to a level that joint plans and activities were and are being developed to enable to work on continental issues in a synergetic manner. Examples for these are the plans for joint CBHFA training sessions in 2009 or exchanges and meetings in HIV, watsan and community health/malaria sectors or the acceptance between the three zones that the WCAZ will host the diarrheal disease unit.

The HIV global alliance process which lead to the launch of the GA in WCA in mid 2008 has not directly lead to increased funding yet, but has clearly positioned the respective NS in a way to the in-country partners, especially the CCM (country coordinating mechanism) that funding has either already been pledged or is likely to come to the NS from those in-country partners. A similar process can be seen through the malaria activities where technical and financial support during a campaign to

the NS has led to a repositioning of the NS in some countries, e.g. Nigeria, and therewith opens the door for in-country funding for activities in this and possible other fields.

In the watsan sector, this coordination has led to the start of new programmes in Nigeria and Côte d'Ivoire and to a successful closure of a complex watsan programme in Niger. Additional funds from the main donors of these programmes are expected in the future given these successful initiatives and the noted involvement of the zone watsan manager in these projects.

Through the close collaboration with regional partners such as UNICEF, it was possible to take part in and jointly organise interagency trainings as well as exchange materials for these trainings watsan sector. The regular meetings of the regional health working group chaired by WHO, watsan group chaired by UNICEF, AHI group chaired by OCHA and venues allow health team members ensuring coordination with partners throughout the zone.

**Programme Objective 2:** To build up preparedness and response capacity within national societies and at regional and zonal levels to prevent and react in an effective and timely manner to rapid and slow-onset public health emergencies.

### Outcomes

- Prevention activities for recurrent and newly emerging health problems in the zone have been identified and improved upon.
- Capacity at zonal, regional and national society level to provide effective preparedness, early-warning and assessment in the health sector has been built up.
- Response mechanism for public health emergencies are in place and have been enhanced on zonal, regional and national level.

### Achievements

The year 2008 has recorded several events the health sector or with a health component, the most important certainly being the meningitis outbreaks in several countries in the region, the floods in several countries and the population movement in Cameroun with a deployment of a BHC ERU (separate appeal report). Given the threat of meningitis in Africa announced by WHO for 2008, a preparedness plan and concept was developed and activities started being implemented as of December 2007 to March 2008. Some of the funds had to be spent in the early phase of the project before the end of 2007 (DFID, Norwegian RC) and other funds (Finish RC, Swedish RC) were used in early 2008. In total eight national societies in the WCAZ benefitted from the programme and were able to improve their meningitis preparedness and response capacity: Burkina Faso, Chad, DRC, Ghana, Côte d'Ivoire, Mali, Niger, and Nigeria.

The Finnish RC funded PHE project for five national societies: Central African Republic, Côte d'Ivoire, Ghana, Mali and Sierra Leone. The PHE project has gone through its second year of implementation. Programme implementation is followed up by the zonal health team, and shows that not all activities are being carried out according to plan without detailed supervision and support. An informal evaluation of the programme in late 2008 showed that the activities could also be well implemented through a standard community-based health programme and that no specific PHE programme would likely be necessary after the programme comes to an end in 2009. Plans are underway to exit the programme throughout 2009 and reinforce the CBHFA aspects of the health programmes of the respective NS.

The H2P (HPP-Human Pandemic Preparedness) Programme is a new programme component being implemented in the WCAZ with funding and technical support from Geneva. After a proposal and selection process in 2008, in total six national societies (Benin, Ghana, Liberia, Mali, Nigeria and Senegal) will finally benefit from the programme in the zone and will work in 2009-2010 to help them and the civil society be better prepared in case of human pandemic.

Burkina Faso was the hardest hit country in 2008 by meningitis and in addition to the prevention, project DREF support was provided early in the outbreak. Ten 10 DREF applications (five for cholera,

four for meningitis and one for yellow fever) were made and approved in 2008 by the zone health team to support NS in their response activities.

Thanks to the three RDRT watsan trainings it was possible to deploy 10 watsan RDRT for epidemics (Congo Brazzaville, Guinea Bissau), refugees' camps (Maltam, Langui, Bakassi (Nigeria – Cameroun), Bredjine and Tréguine) and floods operation (Chad and Senegal) of the zone. A smaller number of health RDRT trained in late 2007 in the first health RDRT training in the zone was also deployed during emergencies for short term (evaluation) or longer term missions (programme management). Well trained RDRT members were used at zonal level as technical resource persons for short missions in non-emergency contexts and as focal points in their NS in watsan and health aspects of the emergency especially in Guinea Bissau, Togo, Congo (Brazzaville), Benin, Nigeria, Senegal, Cameroon, Chad and DR Congo.

Joint trainings of RDRT and ERU are identified as a step forward to a better collaboration of ERU, FACT and RDRT, which will improve the quality of assessments and the quality of the operations. A first training has been planned together with the French RC to take place in Yaoundé in early 2009 for both FRC delegates and NS staff from Central Africa on basic health care (BHC) materials which have been handed over to the regional representation after the population movement in northern Cameroun in 2008.

The collaboration with Oxfam, Plan international and French Red Cross allowed increasing significantly the quality of the RDRT trainings and the networking with other humanitarian organisation and within the Movement.

Another step for improved preparedness was the deployment of watsan disaster kits 2 and 5, which are now prepositioned in the zone; RDRT members are trained on their use. Volunteers of Portuguese speaking NS participated at the interzonal Portuguese PHAST training organised by the Southern Africa zone.

**Programme Objective 3:** To support the implementation and scaling-up of ongoing and new community-based health projects and programmes (Global Alliance HIV, Watsan, Keep-Up, etc.).

### **Outcomes**

- All five objectives of the “West and Central Africa Health and Care Strategy 2007-2010” are implemented and scaled-up throughout the zone.
- West and Central Africa takes active part in the different Global Alliances (HIV, Watsan, etc.) and has developed zonal programmes for these and other important thematic areas (measles, malaria...).
- Best practices from small projects are used to replicate and scale-up activities throughout the zone.

### **Achievements**

The five objectives of the “West and Central Africa Health and Care Strategy 2007-2010” (HIV, community health, PHE, WATSAN and capacity building) have all been worked on considerably this year. Most aspects have already been mentioned earlier. The first RCRC Road Safety workshop was held in Dakar for NS from the WCAZ and some invited NS from the MENA zone. This workshop was planned to inform NS of the ever increasing public health threat of lack of road safety and work with them on initial plans on how to become active in this important field. In collaboration with the DM department, watsan and food security combining projects are planned and implemented in Guinea and Mauritania. Numerous watsan projects have been planned and submitted to different donors for Senegal, Mauritania, Guinea, Benin, Niger, Mali, Burkina Faso and DR Congo. A watsan project in Guinea funded by ECHO was finalized and similar to the watsan project in Niger. No cholera outbreaks were reported in 2008 in the respective intervention areas. Certainly this can't be seen as a scientific prove, but an indication on the effectiveness of long term watsan programmes with strong hygiene components on cholera prevention.

The HIV GA was launched in July 2008 and all five countries have received funding from Swedish RC contributions to start implementing activities on a small scale and allow national societies to position themselves not only with their planning document but as well by showing results on the ground. More funding is now needed for further scale up of the planned activities. A separate HIV GA report is being established with more details.

To increase the number of national societies active in voluntary non-remunerated blood donation programmes (VNRBD), a pilot project was started in three countries (Benin, Gabon and Gambia) under "Club 25" programmes. This initiative will be shared with other national societies in the zone to encourage them to become active in this important field, which can yield results related to several health outcomes and MDGs.

### **Constraints**

Though the improvement of the functioning of the zonal health team is notable in the overall performance of the team, a major constraint to ensure full support to national societies is still the insufficient number of qualified technical staff in both the different secretariat offices (e.g. in the HIV/AIDS, watsan and community health sectors) and in national societies. To take on the increased responsibilities of the zone the team still need to be reinforced, especially in the field of community health/malaria and HIV where delegate positions are vacant and more support to NS is needed from regional level (CH/malaria).

More stable funding to key position throughout a zone covering 24 national societies is vital for planning, support and implementation of longer term strategies and programmes. It is also the case for the majority of national societies where long-term funding is still a challenge to recruit key staff to provide quality programmes which in turn would lead to higher recognition and access to increased funding in the future. The process of establishing a solid basis at national societies' level has to be done jointly between programmes and OD and this collaboration needs to be further strengthened in the future.

## **Sahel**

### **Objectives**

1. To contribute to the reduction of HIV/AIDS prevalence rates in the Sahel region.
2. To control and prevent malaria morbidity and mortality, minimize social effects and economic losses attributable to malaria.
3. To contribute to the reduction of childhood illnesses through an integrated approach.

### **Achievements**

#### **HIV activities**

The achievements of the activities against HIV are mainly supported by the Sahel Appeal. However, IFRC encourages and supports Sahel national societies to mobilize resources at local level with strategic partners in the response to HIV.

#### **The Senegalese Red Cross HIV activities**

The Senegalese Red Cross Society is implementing a project to fight against HIV with the financial and technical support of the Federation and whose general objective consists of contributing in the reduction of HIV/AIDS prevalence in Diourbel and Kaolack departments. In 2008, the following achievements had been reached by the national society:

- 60 peer educators trained on topics related to HIV;
- 1,480 persons reached by IEC/CCC activities ;
- 900 persons reached by de social mobilization activities;
- 80 school kits distributed;
- 100 food kits distributed ;

- 120 interaction groups organized with PLWH;
- 55 home visits carried out with PLWH.

### **HIV activities of the Red Cross Society of Guinea Bissau**

The Red Cross Society of Guinea Bissau has been supported by the Federation to implement HIV project in Bissau, Biombo and Gabu departments. The objectives of the project consisted of contributing to the universal access to HIV prevention and contribute to the reduction of the impact related to stigmatization and discrimination of PLWH.

#### **Achievements**

- Seventy seven (77) women and 58 volunteers trained on STI/HIV/AIDS prevention in Biombo, Bissau and Gabu departments.
- One hundred and seventeen (117) sensitizing sessions carried out in 24 public and private high schools, and in 21 youth organizations; 32,500 young reached by the sensitizing sessions.
- Eighteen (18) door-to-door sensitizing campaigns carried out in about 3,050 households and 17,950 persons sensitized by Red Cross volunteers.
- More than 26,500 male condoms distributed.

### **Community Health through IMCI project**

The IMCI project in Senegal and Gambia was implementing with the same package. In 2008, two new districts such as Louga and Dahra have been part of the project areas. Community health programmes are implemented in order to roll back maternal and infant mortality and the incidence of infectious diseases; access to potable water and sanitation services is improved in hazard-prone areas; and Women and children are protected against malaria, and tuberculosis.

### **Malaria prevention and control**

Within the framework of malaria prevention and control, the Senegalese Red Cross Society was involved into long lasting impregnated mosquito nets distribution to children under five within five regions and in close partnership with the President Malaria Initiative (PMI) programme and the Senegal MoH.

### **Keep Up Project**

The Malian Red Cross was implementing a Keep up project in the communes of Kayes, Kita, Nioro, and Yélimané Kolokani, over two years with a population of 63,500 people. The project's overall objective was to contribute to the fight against malaria in Mali. It is implemented with the partnership of the Federation and the Ministry of Health of Mali. The first implementation phase took place in 2008.

#### **Achievements**

- 10 supervisors and 340 volunteers were trained;
- 44 messages broadcast by local radio stations that have reached over 63,000 people;
- More than 6,600 households visited;
- 365 boxes and 375 images textbooks produced;
- A Knowledge Attitude Practice (KAP) survey carried out.

### **Public Health Emergencies**

Vulnerable populations are protected against cholera, meningitis, Avian Flu and waterborne diseases through preparedness and control measures and through integrated approach. Red Cross Society of Guinea Bissau (RCSGB) has received the technical and financial support of the Federation to respond to the cholera outbreak through the Sahel Appeal context first and then through a DREF allocation. The GBRCS has implemented sensitizing activities, community mobilization and started distribution of water and sanitation materiel in Tombali, Sab and Quinara areas. Distribution has been extended to all departments as the outbreak was gradually spreading in the whole territory. Thanks to the support of the International Federation, the Red Cross Society of Guinea (RCSG) has implemented a project to fight against cholera in Boké and Boffa areas. The objective of the project consisted of preventing and

responding to the cholera outbreak in 2008. A meningitis epidemic occurred in Burkina Faso early this year, in Mali and Niger. The morbidity and mortality rates associated with this disease are always high. It is the reason why Burkina Faso Red Cross supported by the Federation's DREF carried out activities to help stop the spread of the disease and therefore actively participated in the control of the epidemic through the implementation of a plan of action to help reduce risks related to the meningitis epidemic in 30 provinces of the country.

### **Constraints**

The main constraints are the difficulty to find the appropriate place for the achievement of activities related to the voluntary testing in a relevant strategy taking into consideration some aspects related to anonymity and confidentiality; the lack of visibility of the Senegalese Red Cross Society in the response to HIV; condoms shortage within the country, and mainly the limited funding of HIV programme; lack of communication support, of tools for the collection and management of data; and the insufficient number of trained volunteers in areas at risk far from the administrative centres of provinces in Burkina Faso, Mali and Niger.

Constraints and difficulties were also noted during the implementation of the Cholera Guinea Bissau activities: the isolation of some districts which made it difficult to access during the raining season; the lack of means of transportation (motorbikes, bicycles) for the volunteers in order to reach some distant villages; the lack of cholera kits. It was difficult to access some villages and hamlets during the raining season while implementing polio project in Burkina Faso. The constraints identified in the implementation of IMCI activities are the short term nature of the projects which did not enable good monitoring of nutritional status for children. The deficit in skilled human resources in some national societies like Senegal to manage and monitor health programmes was a big challenge. Stigma and the auto stigmatisation of people living with HIV prevent them from actively participating in the creation of community activities. Good behaviours are difficult to sustain during cholera outbreaks because of the high economic vulnerability of households, the cultural environment and the shortcomings of a policy of sanitation in the major urban centres.

## **Disaster Management**

WCAZ experienced in 2008 a strong partnership with climate institution both at global level with IRI (Columbia University) and regional level with African Centre for Meteorological Applications and Development (ACMAD). These partnerships have been enabling factors to implement Early information – early action framework (anticipated response) and pilot projects integrating climate predictions into disaster risk reduction mainly to support farming activities and early warning systems (climate adaptation). RC&RC Climate Centre in The Hague made significant contribution towards these overall achievements. DFID/BRC – Multiyear Institutional Support, Swedish Red Cross, Irish Red Cross and AEI enabled the Zone to develop regular and sustainable programmes through their regular and multi year support. Other partners working with national societies in the Zone contributed towards common objective when it is appropriately coordinated. To reduce poverty and achieve the MDGs, it is crucial to carry out rapid and qualitative disaster response, recovery interventions, prepare community to face predicted disasters, establish risk mapping and assist vulnerable groups to increase their food availability, access and utilisation. Capacity of most national societies in the Zone and their ability to deliver qualitative financial reports and implement in appropriate manner planned intervention is also a challenge which should be addressed by all movement partners.

### **Disaster Risk Management**

#### **Outcomes**

The objective of disaster response is to scale up national societies' response capacity effectiveness and efficiency to rapid and slow-onset disasters in order to contribute to Global Agenda goals 1 and 2. Substantial efforts are being made to pre-position emergency stocks closer to at-risk areas after mapping such areas. Priority countries are being supported to develop contingency plans and

strengthen their disaster response mechanisms through networking with other partners, same as disaster preparedness and response components.

**Improved Disaster Response Systems:** Response mechanisms for emergencies are in place and have been enhanced at zone, region and country level. National societies' disaster response systems have been improved and contribute to achieving Global Agenda Goals 1 and 2. The training and formation of community disaster response teams in eight countries accompanied with drills based on the scenario of the main risks in the community have allowed national societies to quickly respond during disasters. At least three national societies have been able to establish national disaster response team (NDRT) with the reviewed training modules for the zone.

As food insecurity is a major threat in West and Central African countries, WCAZ supported the Africa Food Security Initiative, and Sahel Strategic Plan, that should be integrated into a global strategy of risk reduction, but will also develop innovative approaches with small community food security projects to help vulnerable groups supplement their daily meals and/or income. Based on community based approach, the range includes support of the existing productive structures to reach full availability access and use of food through distribution of early growing seeds, local cereal transformation, and other projects based on sustainable production, community livelihood experience and new technologies. WCAZ also focuses on volunteers and communities' communication networks to bring useful climate information to vulnerable farmers to help them adapt to climate variability.

## Achievements

### Disaster preparedness and response

Taking lessons learned from the 2007 floods in West Africa, "2008 Flood Preparedness and evaluation meetings" were successfully organized. At the preparedness meeting, experiences were shared with Asia and the Americas, and incorporated scientific data on climate. That improves the EWS of national societies and its reporting system. Based on the lessons learned, the zone was able to mobilize resources to respond to floods. The evaluation meeting enables national societies to share best practices and lessons learned. The overall experience using climate information for early disaster response and for climate adaptation will be documented and produced in 2009.

**Increasing quality of disaster response programmes:** A partnership with the Red Cross/Red Crescent Climate Centre and ACMAD has enabled: the implementation of new response mechanisms using climate information for Early Warning System (EWS); development of contingency plans in flood prone countries; pre-positioning of non-food items (NFI) stocks; launching of two emergency appeals (for the zone, for Cameroun and Chad); the assistance to most affected people (around 44,875 beneficiaries) during medium scale flooding (mainly Benin, Togo) and small scale flooding (Garoua/Cameroon, Senegal, Gambia, Congo Brazzaville, Chad, CAR and Ghana).

**Training for rapid and efficient response:** The RDRT team leader training prepared 10 members for rapid deployment to provide qualitative leadership support to national societies to implement emergency operations in the very first hours of the disaster. The Zone provided technical and financial support in writing their floods contingency plans and training or retraining their branch disaster response teams (BDRT) and national disaster response teams (NDRT).

**Recovery:** After Ghana during the last floods season and in addition to the floods emergency assistance this year in Chad, Red Cross volunteers trained in masonry built four latrines and eight copings in Bongor and Béré, distributed 10 construction kits composed of four wheelbarrows, 12 pickaxes and 12 shovels each to affected households. These equipments will enable them to quickly rebuild their houses before the next raining season and to develop community action and solidarity.

**Disaster risk reduction at schools:** Pilot projects were carried out in Gambia, Mali and Senegal with at least six elementary and primary schools. Risks identification was done through a drawing competition leading to rehabilitation works of the school yards and toilets and planting of seedlings. School children have become disaster risk reduction (DRR) agents in their communities starting from their school neighbourhood, particularly in sensitization activities including the usage of communication materials.

**Disaster risk reduction Guinea:** The Woya community invested in learning by doing approach in this community-based pilot project after a risk mapping, problem identification, launching of small scale mitigation and low cost community activities. The river clean-up for flooding and improvement of water point facilities (from two to six for 1,500 people, rehabilitation and protection against flooding waters) considerably reduced risks of waterborne diseases that have been recurrent during rainy season in this community.

**Changing mindset through the West Africa disaster management capacity building project (WADMC):** In addition to helping NS to better fulfil their auxiliary role to their government by building a robust DM system in the country, the pilot project in collaboration with the Swedish Rescue Service Agency and the Swedish Red Cross has introduced a DM overview course for Liberia, Nigeria and Sierra Leone national societies. The course enabled knowledge of disasters within a developmental context, knowledge of trends and patterns of disaster risks, understanding both 'bottom-up' community level disaster response management and 'top-down' resource management, understanding how resilience is built and maintained within a given society and understanding how DRM relates to the mandate and operational environments of national societies and governmental structures. This three year project will enable the concerned NS to have clear DM policies, plans and strategies that are operational and which contribute to the national DM system of their countries.

A training session was conducted in Abuja for nine national societies of West and Central Africa that allowed putting legal principles into practice under the IDRL (International Disaster Relief Law). This also fostered our relationship with ECOWAS in advocating further collaboration for better services in disaster relief.

Three year food security projects have been developed with national societies in each of the five countries targeted by the Africa food security initiative (AFSI): Mauritania, Mali, Burkina Faso, DRC, and Niger. These proposals were finalised during training on food security (FS) programming held in Senegal in July 2008. Potential indicators for each FS project were identified, and baseline surveys have been carried out by Niger and Burkina Faso. Four food security officers in three out of four targeted national societies have been recruited for one year in Mali, Burkina Faso, and DR Congo and for two years in Niger.

Supported by DFID IS3, food security community projects have been implemented in Niger, Guinea, and Mauritania. Projects aim to fill in the food gap during the dry season and include income generating activities and food production and access and child nutrition. The activities include: rice planting (Guinea); vegetable garden for women's association (Niger); community based and sustainable integrated project (Mauritania). These projects are well documented through the production of leaflets and a film.

### **Constraints**

- There is a very well known lack of capacities in some national societies in terms of accountability, capabilities and reporting which disrupt the achievement of Zone DM expected results.
- DM programme are also facing an unbalance between the high priorities of the humanitarian agenda at global and zone level (including DRR) and the low level of DM and FS staff when it exists in national societies.
- Both zone and national societies staff is more used to disaster relief operations than to developing risk reduction and food security programmes.
- Sustainability of the recruited staff.
- National societies do not have lot of experience in FS and are recognized by donors as credible partners in these areas.

## Organizational Development

The Federation of the Future process highlighted the need for the Federation to refocus the Organizational Development or Capacity Building concept. The purpose of this concept is to support national societies in the implementation of Strategy 2010, the Framework for Action with ten areas for improvement and the Global Agenda goals. This is the strategic framework supplemented in the African context with declarations and guideline Papers produced from the last three Pan-African Conferences of the Movement: the Kampala Declaration of 1996, the Ouagadougou Declaration and ARCHI 2010, which were adopted in September 2000, and the Algiers Plan of Action in September 2004.

Based on the challenges in West and Central Africa: Red Cross moving from relief to relief and development organization, separation between governance/management and financial sustainability being still an issue, poor volunteers' management systems, and poor finance management systems, an Organisational Development Strategy was developed for West & Central Africa focusing on four main areas for the support to national societies. These areas were: support to NS professionalization process; support to strategic planning and project planning process; support to volunteers' development and management; and support to NS finance management systems.

The coordination role at zone level apart from monitoring the whole OD agenda aims to provide a platform for experience sharing on strategic planning and long term project planning while the hands-on support for planning activities were supposed to be given at sub regional and country levels by OD regional and country delegates with the zone involvement where needed. The support for volunteering development activities and finance systems development are supposed to be given from the zone office. The other support from the zone office is the restructuring processes in national societies by providing guidance in staff recruitment, structures including training on governance and management, this upon request from regional representations and country delegations. The main challenge was to get the OD positions filled for Sahel and West Coast regional representation and the position for volunteering development at Zone level. Only the process for volunteering development position is about to be finalized through support from Swedish Red Cross.

### Coordination activities

A coordination meeting was organized in Dakar with OD practitioners from a few hosting national societies (Mali, Côte d'Ivoire, Guinea-Bissau, Liberia, Sierra Leone, and Togo), seven PSNs involved in capacity building work in the zone (Swedish, Swiss, Danish, Norwegian, Canadian, British, Icelandic), ICRC and OD focal persons from the various Federation offices in the zone and having as objective to develop a common understanding on the OD Strategy for the zone. The following indicators were defined as means to measure OD progress: adequate and trained staff available for NS; updated strategic plans available; long term health projects being implemented by NS; more branches created and reinforced; clear guidelines for volunteers' management exist and are followed by NS volunteering policy and functioning data base in NS; annual reports/assessment reports on available volunteers and HR; and guidelines for finance management are in place and are followed by NS with regular performance evaluation and financial audit report showing progress.

The roles of the OD team at zone level were presented and request made for additional resources needed to support this role as funding for the finance development position beyond January 2009, for OD/Volunteering development position, for OD focal person for Sahel and West Coast offices and consequent funding for coordination activities. Some of the outcomes of this meeting are the support promised by The Swedish Red Cross promised to support the position of volunteering development, and ICRC and PNS pledged to support OD activities in the field.

The zone OD team has been involved in the coordination of the 8 NS initiative with the British Red Cross, the Canadian Red Cross, the Netherlands Red Cross and the Norwegian Red Cross and the NS of Côte d'Ivoire, Liberia, Mozambique and Sierra Leone. Two coordination meetings were organized in Côte d'Ivoire in April 2008 and in Maputo in October. These meetings focused on the development and support of the four (4) African national societies' organizational capacities. The support areas are:

**Human resource development in national societies** taking into account that a good HR organization is not only an issue of good salary but also include HR policy and plans that are first under the responsibility of national societies' leaders.

**Resource Mobilisation and increasing organizational sustainability:** A reflexion on "Financing the African national societies" and how to increase sustainability. Much work has been done within the initiative by the African national societies to produce clear strategic plans and related budgets that clearly show the core costs of each national society. Even though this did not work, the PNS in the initiative accepted that they must continue to set a good example by looking into what additional contributions to the coverage of core costs can be made in 2009. In addition, the four international directors will write a joint message to the CEOs of the PNS regarding possibilities for PNS contributing unrestricted funding to the coverage of core costs and business plan implementation.

**Partnership and Coordination:** The initiative has produced an innovative tool to measure the quality of partnership, Measurable Partnership Chart (MPC) that will be tested in 2009.

**Reporting:** The initiative reaffirmed the importance of contributing to much more manageable reporting workload and expectations of the African national societies. Rather than establishing one reporting format across the whole initiative, they agreed that they must ensure that each of the African RC has defined its own reporting format and that all PNS in the initiative adhere to this.

**Governance:** Some time has been spent also discussing the comment by the reviewers that "governance issues, particularly in relation to management, need to be resolved if investments in other areas are to be productive." The initiative will then link up with the following on-going processes: use of available tools (NEPARC, Federation, and ICRC); forum for governance discussion and training (peer sharing); and dissemination of best practices for governance

### **Volunteering development activities**

A workshop on volunteering was organized in September 2008 and was preceded by a training session in human resources management for volunteers' managers from 14 national societies (Senegal, Gambia, Guinea-Bissau, Niger, Mali, Burkina Faso, Guinea Conakry, Mauritania, Cape Verde, Sierra Leone, Côte d'Ivoire and Togo, Liberia and the Democratic Republic of Congo). The overall goal of this training was to provide the basic concepts in human resources management and enable volunteers' managers to familiarize themselves with modern HR management tools applicable to volunteers' management. Presentations on volunteers in long-term programmes and emergency operations clearly showed the link between human resources management and business strategy developed during the HR management training that preceded the volunteering workshop. The workshop provided participants with a framework for volunteers' policy development by identifying some areas for standardization as: difference between volunteers and members, conditions for volunteers' mobilization, volunteers' protection and security, synergy between volunteers' management unit and other technical departments, working hours for volunteers, cost reimbursement and incentives. The workshop came out with the conclusion that there is a real need to take into account labour laws in volunteers' management to prevent abuse. It is also important to consider the need for a volunteer to earn his living; there should be limited working time for volunteering since a volunteer is primarily a non-profit worker. Volunteers' managers support technical departments in mobilizing and managing volunteers but does not replace their staff.

In relation to this conclusion policy documents of seven national societies were discussed with recommendations to these NS to improve their volunteering policy. After the workshop, Mauritania Red Crescent developed and adopted its volunteering policy. Mali Red Cross and the Red Cross Society of Niger improved their draft policies and are ready to organize a validation workshop. The Red Cross Society of Guinea-Bissau developed a draft policy and code of conduct for volunteers. Concerning volunteers' security, two NS have subscribed to the international insurance system for volunteer (Côte d'Ivoire and Mali).

Two other topics developed during the workshop were related to the format and content of the annual report on human resources and volunteers and the information system to put in place in order to generate the relevant data. On the basis of the social report, social audit scoreboard presented during the human resources management training, and drawing lessons from the Belgian Red Cross study on volunteering and the ongoing experience at the Togolese Red Cross, the outlines of the expected annual report on volunteering and human resources were presented and enriched through discussions.

### **Informative content**

- A summary of volunteers activities during the year and their achievements;
- The total number of volunteers and permanent staff;
- Permanent staff bulk salary;
- Dispatching of volunteers per project;
- Average number of hours worked for the RC;
- Reimbursement of expenses and allowances paid or per diem;
- Number of volunteers that have been trained in the year;
- The resignations, departures;
- Socio-economic profile of the volunteers (age, sex, level of education / training seniority in the Red Cross).

### **Analysis**

- Compliance of practices with standards defined in the policies;
- Relevance of means engaged in comparison with the achievements;
- Effectiveness/Efficiency of the operations.

Based on this indicative format, national societies will be supported in developing databases that will support these reporting needs. The database developed by the Red Cross Society of Côte d'Ivoire was presented. At the end of the year three other national societies (Niger, Senegal, and Burkina Faso) started working on databases and reports at pilot stage. Togo Red Cross is currently working to extend its experience in the central region to two other regions where they are implementing long term health project. The Red Cross Society of Côte d'Ivoire supported by Netherlands Red Cross developed a project to extend its database nation-wide. Netherlands Red Cross had expressed its interest to support databases development on volunteers for all interested national societies in the zone.

The training and the workshop were financed by the ICRC delegation in Dakar, the Danish Red Cross, the Netherlands' Red Cross and the Federation through the Swedish Red Cross support and the Irish government's funds.

### **Development of finance management system**

Given the increasing humanitarian challenges arising all over Africa, the Red Cross/Red Crescent national societies must give greater impact to their missions, to meet the needs of the most vulnerable people. The Federation invested a lot of efforts in promoting good governance in national societies by focusing on appropriate financial management practices, which is a prerequisite to the mobilization and management of partners.

In 2004 in the Sahel sub region, the national societies were supported in the formulation of financial and administrative procedures manuals. Study tours to Dakar were organized for Senegal, Mali, Niger and Gambia, to allow exchanges with the finance team of the regional office. The Federation channelled its support for the recruiting of a financial officer in Niger and Gambia, for the purchase of computers and accounting software in the national societies of Niger, Senegal, Mali, Gambia, Burkina-Faso and Cape-Verde. Audit missions were also funded in Niger, Mali, Gambia and Burkina-Faso. However, these various initiatives did not allow all recipient national societies to reach an appropriate level of performance in the field of financial management. The 2005 workshops on good governance which were jointly conducted by the ICRC, the Federation and some partner national societies in Burkina-Faso, Niger, Mali and Gambia revealed serious shortcomings as far as the Burkina-Faso, Niger and Gambia national societies are concerned.

It was therefore crucial for the Federation to intensify its efforts towards promoting transparency in the financial management of national societies, so that these can further develop partnerships and take up the challenges set by the Algiers Plan of Action and by the Global Agenda that was adopted by the Federation General Assembly in Seoul, in November 2005, in the framework of The Federation of the Future process.

The Spanish government funding therefore came at an appropriate moment in the planned support for national societies in the area of financial management, after a long absence of funding for finance development activities. Eight out of the nine national societies in the Sahel Plus sub region were selected for the implementation of the component C. The objectives of the mission were the following:

- To appraise the relevance of the actions taken to reinforce the systems of financial management of the national societies of Cape-Verde, Gambia, Guinea, Guinea-Bissau, Mauritania, Mali, Niger and Senegal.
- To evaluate the extent to which the IT (Information Technology) equipment purchased for the reinforcement of financial management system is being properly used, and then make recommendations for the elaboration of a system that meets the needs of the concerned national societies.
- To evaluate the mechanisms of control of internal and external communication as far as financial management is concerned, and to make recommendations for a better internal communication system, and also for a reinforced communication with national and international partners.
- To evaluate available human resources and make suggestions, as to the appropriate profile of staff needed in the field of financial management, and an organization chart for this service, and other capacity-building measures.

The tasks were to review the role of financial and administrative management at organizational level, to review the processes, systems and procedures. With respect to this task, one should also develop recommendations to improve the capacity of the national financial management. To this end, the finance management systems manager at zone level had prepared a questionnaire which was used as a guide for assessment missions. The questionnaire was designed to identify the characteristics of a national society that is well functioning. If these characteristics do not exist, appropriate recommendations can be developed to guide the national society towards the ideals of a well functioning national society.

Of the eight national societies that were selected in the Sahel Plus sub-region for the implementation of the component C of the IDWARC programme, the delegate has personally evaluated five and the sixth was assessed by the Irish Red Cross who had started a development programme similar to the one of the Gambia Red Cross Society. The delegate then makes recommendations for each of the national societies that he personally assessed and provided a guide of "best practices" to show the generally accepted international standards in financial management. The delegate has also developed a generic manual of financial and administrative procedures which was shared with national societies that had no manual of procedures and those who needed to strengthen or improve their existing manual. The delegate has developed an assessment tool for companies, based on a generic profile of the ideal financial officer they can use to evaluate their managers and/or chief financial officer. These tools can serve as a basis for any actor in financial management both in the context of setting the organization of the financial service, an audit or an organizational evaluation. They will also allow uniformity in the financial management system of national societies in the zone.

### **Support to Human Resources and Restructuring process in national societies**

Due to lack of OD focal person for Sahel sub region, the coordination team at Zone level had to manage directly the OD support to Sahel national societies. Regarding human resources salary support, five national societies, Mali, Senegal, Mauritania, Burkina-Faso, Guinea-Bissau received support for eleven positions including five positions relating to volunteers' management, three positions relating to health, two secretary general positions, and one programme coordinator position. Supporting these positions enabled national societies to develop programmes with various partners. For the future some of the national societies will be supported for these positions through bilateral programmes. It is the case of Mali Red Cross supported by the Danish; Burkina-Faso Red Cross supported by Croix-Rouge de Belgique and Niger Red Cross supported by Irish Red Cross.

### **Technical support to strategic planning**

The West Coast regional representation received support from the Zone OD team to organize planning process in Togo and Côte d'Ivoire. With Togolese Red Cross it was about a long term project on flood risk reduction in the context of the emergency response to floods that occurred in the country. This exercise resulted in an integrated health and disaster management project for 2008-2010 and aimed at reducing the vulnerability of the maritime region concerning health, sanitation and flood. The Danish Red Cross will be present in the coastal region which hosts the project for activities related to health; the Federation DM department will mobilize resources for the establishment of an information system at community level (early warning) along the Mano River. The risk reduction aspect of the project is under discussion with the German Red Cross which has already submitted a proposal to its back donors on bilateral basis.

As for Côte d'Ivoire, the national society received technical support to finalize its strategic planning process supported by Netherlands Red Cross. The process started in 2006 with an organizational analysis by a consultant provided by Netherlands Red Cross and a Vulnerability and Capacity Assessment in 2007-2008 supported by the same partner. The document covers various topics in line with Strategy 2010, the Federation Global Agenda and the orientations from the Pan African conferences (Ouagadougou in 2000, Algiers in 2004 and Johannesburg in 2008).

### **Constraints**

The main constraint for the organizational development programme is about human resources. The OD positions for Sahel and West Coast are still vacant. The zone coordination has to fill these gaps and provide the hands-on support to national societies. This affected the coordination and monitoring role expected from the zone. In addition, the finance development position has been closed at the end of the year due to lack of funding while the process supported through Spanish Government is still on the agenda and funding available for field activities. In this context it will be difficult to insure quality support to national societies.

## **Working in partnership**

### **Sahel Health and care**

The implementation of IMCI activities is the result of collaboration between the International Federation of Red Cross Societies and the Irish Government. Sahel HIV programme was funded by Japanese Red Cross supported by Swedish partner in the planning process of HIV Global Alliance. In 2008, the Gambia measles campaign was supported by a consortium of donors like Norwegian DOSH, WHO, and UNICEF... The implementation of PHE project was supported by the Finnish Red Cross in Mali while the Keep Up project was possible thanks to the Norwegian RC. Community health projects in Senegal, Gambia and Mali were elaborated and implemented thanks to Irish and Japanese funds. The completion of field activities is provided by the national society volunteers with technical support from the Federation and financial support from the Irish partners, Japanese and Swedish Red Cross. As for activities carried out to fight meningitis, PHE and other epidemics, the Federation has been supported in its efforts by the Finnish and Swedish and other donors to prepare for potential epidemics. Cholera and diarrheal waterborne diseases and malaria activities in Senegal were supported by USAID grant. In Guinea Bissau and Niger, cholera operation was funded internally from the Appeal as it helped to achieve the objectives of the appeal. Watsan activities have been funded by the Irish Government, the Japanese Red Cross and Australian RCS earmarked for Niger health. We would mention also the support of the OD programme which enables the planning and implementation of many health and OD activities in the Sahel national societies and support of staff salaries. The workshop on volunteering management was co-funded by ICRC, Danish Red Cross and Netherlands Red Cross in September 2008 in the framework of OD programmes. Guinea RC's partnership meeting was co-funded by ICRC and the Danish RC in April 2008 with the participation of HCR, Save the Children, Rio Tinto, and "Jeune aide Jeune".

### **Cooperation between partners and coordination rule**

All activities with the national societies were based on partnership and close collaboration with the Ministries of Health which coordinated the implementation of emergency programmes and community health activities. The UN system (WHO, UNICEF, WFP) in almost all countries, ECHO in Guinea, PLAN in Guinea Bissau worked closely with the national societies in formulating and implementing activities at country level. A team spirit has been built and reinforced through cooperation on various areas with ICRC and PNSs.

### **Disaster Management**

Partnership to support DM work in the WCAZ concerns both operational and strategic levels. DM plays an important role within the regional IASC based in Dakar and in ISDR continental Platform. These two frameworks are appropriate to ensure WCAZ credibility, information exchange, influence and networking. Qualitative documents issued by the IASC and the ISDR are integrated as background for DM programming processes. Working relationships with regional organizations like ECOWAS are important for joint promotion of Disaster risk management and an IDRL jointly organized to facilitate the cross border NFIs movement during disasters. Operational partners like ACMAD, CILSS, IRI Columbia Universities, RC&RC Climate centres have improved the quality of DM services to communities in terms of preparedness to predicted risks and in terms of expertise provided to support conception and implementation of DM programmes.

Regional IASC meetings are regularly organized and DM coordinator for West & Central Africa zone is chairing in the name of ISDR system the DRR Preparedness committee. Contact with ISDR Africa and regular meetings are organized to shape DRR situation in Africa and discuss appropriate implementation strategies and framework. ACMAD and CILSS are part of what it is now called –DFID NETWORK- which is a framework to find ways on how different areas of expertise could work together to support community vulnerability reduction. The objective is to formalize the collaboration by an MOU for ACMAD, CILSS and ECOWAS. WCAZ is planning to set an IFRC desk in ACAMD to ensure smooth flux in information, mainly to support weather related EWS.

Coordination with Government is not well developed. It happens only during disaster response. There is a need to more collaboration with government both for preparedness /DRR issues as well as to revisit some auxiliary status which mainly focus on relief.

### **Organizational Development**

There is a team spirit between the Federation OD team, ICRC and PNS supporting NS capacity building in the zone. As a result of this ICRC and PNS fully participated in the coordination meeting organized by the Federation and provided financial support for field activities initiated by the Federation. This coordinated support goes to planning processes, volunteering development activities and partnership mobilisation for hosting national societies. Federation involvement in the 8 NS initiative is also an example.

## **Contributing to longer-term impact**

### **Disaster management**

The DRR strategy prepares communities and local Red Cross to respond in a timely and efficient manner to disasters within the very first hours. This will position appropriately RC&RC movement in the overall humanitarian partners. The collaboration with the Climate Organization and the appropriate use of the existing expertise in the RC&RC Climate Centre contributed to bridging the gaps between scientific community in charge of weather predictions and humanitarian organization that deals with weather related disaster risks. The relationship with universities will open the RC&RC movement to unusual but useful partners particularly to better understand the complexity of disaster risk management issues but also to “bring” universities in the RC&RC world which is not well-known by these knowledge centres. This new area of collaboration is durable both for DM and food security programmes. Most of local Red Cross branches together with communities have experience on Early Warning- Early Action

(EW/EA) based on climate prediction information and national societies are getting more visibility at country level. Increasing resilience of communities through DRR, FS or recovery programme reduces vulnerability. Components like the promotion of schooling of young girls, child/women health and RC&RC principles and values are integrated to our programmes and contribute to social development and the overall attainment of both Hygo Framework of Action (HFA) and MDGs Goals. Community works the RC&RC movement is doing need to be accompanied by the development of basic social infrastructure (schools, road, health centres, electricity...) to ensure its sustainability. Implementing, monitoring and evaluating zone food security strategy through community food security projects and strengthening the capacity of national societies is crucial to gain experience and maturity in this field for the future.

### **Sahel Health and care**

The health and HIV projects implemented by National Societies with IFRC support, have contributed to the Federation Global Agenda Goal in reducing illness and death through outreach of public health emergency activities in the field (fighting against epidemics of yellow fever, polio and meningitis in Burkina Faso, Mali, Niger ...). Meanwhile, individual and collective activities of prevention conducted by Guinea Bissau and Guinea national societies' volunteers have played a very significant role in terms of reduction of cholera morbidity and mortality rates in the two countries. National Societies Interventions mainly concerned women groups. Maternal health projects implemented by the Gambia and Senegal national societies have highly contributed to increase women's awareness of IMCI (Integrated Management of Childhood Illnesses) and reproductive health thanks to the involvement of volunteers

## Looking ahead

### **Disaster management**

#### **DRR and culture of prevention**

- Pilot projects on community-based DRR in at least four countries are being developed by primarily providing risk mapping and launching of mitigation activities that are integrated programmes especially with watsan and food security.
- Promotion of DRR at school continues with the concept of "catching them young" based on the local risks and an integrated approach.
- Development of risk mapping and DRR activities including climate adaptation coupled with FS as pilot for a scale up for successful stories integrating gender issue.
- Continuous development and review of disaster management policies, plans and strategies as standing blocks for a robust DM system that facilitates its continuum aspect.

#### **Rapid and adapted response**

- Continuity in the Disaster response "basics": assessment, good response plans (DREF, Appeals), human resources to support operations (RDRT, NDRT, BDRT), contingency stocks, good reporting and documenting experiences.
- Use of knowledge (climate/hydrology) to better target areas at risk, anticipate disaster and improve the framework EW/EA by linking different time scale predictions to community actions.
- Development of EWS at community level on pilot project based.

#### **Food Security**

- Organizational capacity and community resilience in FS is strengthened through supporting sustainable strategies for FS resilience in communities, and technical support for community-based projects.
- Baseline of food security in Sahel countries is in progress, and will be an important step to get more accurate information at field and community levels, and testing possible changes on implementation or future proposals.

- Mechanisms of coordination/report/mapping within African national societies-partner national societies involved in food security are developed to establish more coherence in the effective AFSI implementation.
- Creation and development of networks of prevention, knowledge and education in FS. The partnership with meteorological agencies and AGRHYMET will allow communities to be more effective on crops and animal production if this partnership is able to translate the predictions into community level of understanding and communication.
- Continuous development of pilot FS project integrated in “Safety and resilience framework”, to build experience of NS in this area and document experience to be recognized as a credible actor by partners and donors.

### **Principles and values**

Promotion of principles and values is integrated in all “contact with communities”. It should now be extended to sexual gender based violence prevention and promotion of gender related issues.

### **Intra coordination with health, communication and OD**

Coordination between zone departments should be maintained as response to epidemics uses DM response tools and during disasters, there is always a health aspect. The existing good collaboration will be extended to disaster risk reduction and integrated project. Support to national societies will also be improved with OD to provide institutional support and DM/Health which provide community service delivery.

### **Relation with Governments**

Relation with government and regional organizations will be developed for better integrated approaches through NS DM strategies and review the auxiliary status to complete for example the role of the RC&RC in food security areas which are very often not covered.

### **Organizational Development**

With the recruitment of volunteering development Coordinator, national societies will benefit from more technical support while ICRC and PNS are very interested in supporting field activities. Planning activities were very limited in 2008 while there were many outstanding requests from NS for technical support to strategic planning processes. Governance issues are also arising in many NS which have to engage themselves in a change process. The task will be very heavy and there is a need to address human resources issues for the programme.

### **Sahel Health and care**

By the end of 2008, Sahel national societies like Mauritania, Mali, and Burkina Faso requested technical support to review their strategic plan as they were expiring. 2009 will be dedicated to this task along with long term planning workshops. An emphasis will be put also on volunteering development activities with the recruitment of the zonal volunteering management delegate. Legal and statutes issues have also to be addressed in the Senegalese Red Cross Society.

## 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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# International Federation of Red Cross and Red Crescent Societies

MAA61001 - West And Central Africa

Annual Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/12
Budget Timeframe	2008/1-2008/12
Appeal	MAA61001
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
<b>A. Budget</b>	<b>2,101,736</b>	<b>2,675,963</b>	<b>1,541,583</b>	<b>428,370</b>	<b>832,739</b>	<b>7,580,391</b>
<b>B. Opening Balance</b>	<b>1,002,296</b>	<b>364,201</b>	<b>915,434</b>	<b>0</b>	<b>148,425</b>	<b>2,430,356</b>
<b>Income</b>						
<b>Cash contributions</b>						
American Red Cross		106				106
Australian Red Cross		11,494				11,494
Belgium Red Cross (Flanders)		46,528				46,528
Belgium Red Cross (Flanders) (from Belgian Federal Government)		13,975				13,975
Capacity Building Fund			-2,214			-2,214
Danish Red Cross			13,609			13,609
Danish Red Cross (from Danish Government)			-75			-75
DFID Partnership grant	326,269				27,468	353,737
Finnish Red Cross		78,437			0	78,437
Finnish Red Cross (from Finnish Government)		240,487				240,487
German Red Cross		0				0
Icelandic Red Cross			0			0
Irish Government	184,036	147,228	110,087		163,428	604,779
Japanese Red Cross		100,288				100,288
Netherlands Red Cross	4,396					4,396
Norwegian Red Cross	51,160	0				51,160
Norwegian Red Cross (from Norwegian Government)		0				0
Other		-887	-3,394		-92	-4,374
PRM, US Dept. Population Refugees & Migration	75,000					75,000
Shell		110,348				110,348
Shelter Centre UK			75			75
Spanish Red Cross			0		638,029	638,029
Swedish Red Cross		0				0
Swedish Red Cross (from Swedish Government)	419,732	724,337	39,754		96,315	1,280,138
<b>C1. Cash contributions</b>	<b>1,060,593</b>	<b>1,472,340</b>	<b>157,841</b>		<b>925,147</b>	<b>3,615,921</b>
<b>Outstanding pledges (Revalued)</b>						
Australian Red Cross		7,959				7,959
DFID Partnership grant	327,188				27,215	354,403
Finnish Red Cross		36,000			8,752	44,752
Norwegian Red Cross					12,500	12,500
PRM, US Dept. Population Refugees & Migration	-85,125					-85,125
Qatar Red Crescent		-28,895				-28,895
Spanish Red Cross			17,959			17,959
<b>C2. Outstanding pledges (Revalued)</b>	<b>242,063</b>	<b>15,065</b>	<b>17,959</b>		<b>48,467</b>	<b>323,553</b>
<b>Inkind Goods &amp; Transport</b>						
Belgium Red Cross (Flanders)		111,101				111,101
<b>C3. Inkind Goods &amp; Transport</b>		<b>111,101</b>				<b>111,101</b>
<b>Inkind Personnel</b>						
Finnish Red Cross		38,027			52,800	90,827
German Red Cross		148,800				148,800
Norwegian Red Cross					1,033	1,033
Other			620			620
Spanish Red Cross			74,400			74,400
<b>C4. Inkind Personnel</b>		<b>186,827</b>	<b>75,020</b>		<b>53,833</b>	<b>315,680</b>

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<b>Other Income</b>						
Miscellaneous Income		1,188			23,913	25,100
Services		-5,517			93,718	88,201
<b>C5. Other Income</b>		<b>-4,330</b>			<b>117,631</b>	<b>113,301</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>1,302,656</b>	<b>1,781,003</b>	<b>250,820</b>	<b>0</b>	<b>1,145,078</b>	<b>4,479,557</b>
<b>D. Total Funding = B + C</b>	<b>2,304,952</b>	<b>2,145,205</b>	<b>1,166,254</b>	<b>0</b>	<b>1,293,502</b>	<b>6,909,913</b>
<b>Appeal Coverage</b>	<b>110%</b>	<b>80%</b>	<b>76%</b>	<b>0%</b>	<b>155%</b>	<b>91%</b>

## 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>B. Opening Balance</b>	1,002,296	364,201	915,434	0	148,425	<b>2,430,356</b>
<b>C. Income</b>	1,302,656	1,781,003	250,820	0	1,145,078	<b>4,479,557</b>
<b>E. Expenditure</b>	-1,617,072	-1,781,315	-604,414		-959,649	<b>-4,962,450</b>
<b>F. Closing Balance = (B + C + E)</b>	687,880	363,889	561,839	0	333,854	<b>1,947,463</b>

International Federation of Red Cross and Red Crescent Societies

MAA61001 - West And Central Africa

Annual Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/12
Budget Timeframe	2008/1-2008/12
Appeal	MAA61001
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	
<b>BUDGET (C)</b>		<b>2,101,736</b>	<b>2,675,963</b>	<b>1,541,583</b>	<b>428,370</b>	<b>832,739</b>	<b>7,580,391</b>	
<b>Supplies</b>								
Shelter - Relief		466					466	-466
Construction - Facilities/Infrastruc		5,176					5,176	-5,176
Construction Materials	56,250							56,250
Clothing & textiles	19,000	667	3,177				3,844	15,156
Food	47,000		4,696				4,696	42,304
Seeds,Plants		3,156					3,156	-3,156
Water & Sanitation	650,763		-4,674			21,944	17,270	633,493
Medical & First Aid	12,500	2,308	18,940			-2,427	18,821	-6,321
Teaching Materials	60,000	3,449	14,524				17,973	42,027
Utensils & Tools		4,763					4,763	-4,763
Other Supplies & Services	-50,000	3,235					3,235	-53,235
ERU		6,971					6,971	-6,971
<b>Total Supplies</b>	<b>795,513</b>	<b>30,189</b>	<b>36,663</b>			<b>19,517</b>	<b>86,370</b>	<b>709,143</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles			4,794				4,794	-4,794
Computers & Telecom	30,290	52,152	5,862	2,681		2,755	63,450	-33,160
Office/Household Furniture & Equipm.		74,341				-488	73,854	-73,854
Others Machinery & Equipment	23,000							23,000
<b>Total Land, vehicles &amp; equipment</b>	<b>53,290</b>	<b>126,494</b>	<b>10,655</b>	<b>2,681</b>		<b>2,268</b>	<b>142,098</b>	<b>-88,808</b>
<b>Transport &amp; Storage</b>								
Storage	127,158	561	220	358		417	1,557	125,602
Distribution & Monitoring		38,355	14,045	9,886		1,279	63,565	-63,565
Transport & Vehicle Costs	269,861	59,031	56,734	16,007		48,288	180,059	89,802
<b>Total Transport &amp; Storage</b>	<b>397,019</b>	<b>97,947</b>	<b>70,999</b>	<b>26,251</b>		<b>49,985</b>	<b>245,181</b>	<b>151,839</b>
<b>Personnel</b>								
International Staff	2,081,771	263,642	270,963	319,458		211,523	1,065,585	1,016,186
Regionally Deployed Staff	67,043	-825					-825	67,868
National Staff	382,464	72,584	154,618	8,657		63,599	299,458	83,006
National Society Staff	204,301	58,297	170,268	109,676		19,781	358,022	-153,721
Consultants	30,000	-205				-9,020	-9,225	39,225
<b>Total Personnel</b>	<b>2,765,578</b>	<b>393,492</b>	<b>595,849</b>	<b>437,791</b>		<b>285,883</b>	<b>1,713,015</b>	<b>1,052,563</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	1,659,340	519,473	460,613	59,207		194,883	1,234,176	425,164
<b>Total Workshops &amp; Training</b>	<b>1,659,340</b>	<b>519,473</b>	<b>460,613</b>	<b>59,207</b>		<b>194,883</b>	<b>1,234,176</b>	<b>425,164</b>
<b>General Expenditure</b>								
Travel	304,854	183,973	117,646	31,474		62,613	395,706	-90,852
Information & Public Relation	279,000	19,797	56,313	3,387		1,046	80,542	198,458
Office Costs	547,159	31,427	38,110	2,753		6,966	79,255	467,904
Communications	138,519	23,171	28,175	21,535		27,838	100,718	37,800
Professional Fees	75,420	10,565	12,688	7,731		-1,136	29,848	45,572
Financial Charges	6,000	14,039	27,856	14,282		25,739	81,916	-75,916
Other General Expenses	65,972	6,129	6,478	29,141		356	42,104	23,868
<b>Total General Expenditure</b>	<b>1,416,925</b>	<b>289,100</b>	<b>287,265</b>	<b>110,303</b>		<b>123,422</b>	<b>810,090</b>	<b>606,834</b>
<b>Depreciation</b>								
Depreciation						2,871	2,871	-2,871
<b>Total Depreciation</b>						<b>2,871</b>	<b>2,871</b>	<b>-2,871</b>
<b>Programme Support</b>								
Program Support	492,725	106,816	111,165	34,886		59,544	312,411	180,314
<b>Total Programme Support</b>	<b>492,725</b>	<b>106,816</b>	<b>111,165</b>	<b>34,886</b>		<b>59,544</b>	<b>312,411</b>	<b>180,314</b>
<b>Services</b>								

# International Federation of Red Cross and Red Crescent Societies

MAA61001 - West And Central Africa

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Selected Parameters	
Reporting Timeframe	2008/1-2008/12
Budget Timeframe	2008/1-2008/12
Appeal	MAA61001
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	
<b>BUDGET (C)</b>		<b>2,101,736</b>	<b>2,675,963</b>	<b>1,541,583</b>	<b>428,370</b>	<b>832,739</b>	<b>7,580,391</b>		
Services & Recoveries		8,634	49				8,683	-8,683	
Shared Services		110,456	144,292	80,774		249,028	584,551	-584,551	
<b>Total Services</b>		<b>119,090</b>	<b>144,341</b>	<b>80,774</b>		<b>249,028</b>	<b>593,234</b>	<b>-593,234</b>	
<b>Operational Provisions</b>									
Operational Provisions		-65,529	63,764	-147,479		-27,752	-176,996	176,996	
<b>Total Operational Provisions</b>		<b>-65,529</b>	<b>63,764</b>	<b>-147,479</b>		<b>-27,752</b>	<b>-176,996</b>	<b>176,996</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>7,580,391</b>	<b>1,617,072</b>	<b>1,781,315</b>	<b>604,414</b>		<b>959,649</b>	<b>4,962,450</b>	<b>2,617,941</b>	
<b>VARIANCE (C - D)</b>		<b>484,665</b>	<b>894,647</b>	<b>937,169</b>	<b>428,370</b>	<b>-126,910</b>	<b>2,617,941</b>		