

Annual report



Sahel Programmes

MAA61004

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This report covers the period 01/January/2009 to 31/December/2009.



Sensitization session of mothers of children under five/Senegalese Red Cross

In brief

Programme purpose: The Sahel+ National Societies priorities are guided by the Federation's Global Agenda goals and the Framework for Action. In addition, specific National Society plans also take their roots from Strategy 2010, ARCHI 2010 and the Algiers Plan of Action. The Sahel programmes aim at meeting the Federation's Global Agenda Goals, which include to 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, and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability; and reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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

The Sahel programmes work in health and nutrition and aim to reduce infant mortality, under-five mortality and maternal mortality by increasing immunization coverage particularly on polio eradication, measles and neo-natal tetanus control as well as to promote malaria prevention and control. Malnutrition among children under five, pregnant and breastfeeding women are considered as the consequences of worsening food and sanitation conditions. Interventions will be carried out as health sector initiatives (Global Agenda goal 2). 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.

The organisational development programme aims to build the capacity of the local communities, the civil society and the Red Cross/Red Crescent staff to address the most urgent vulnerabilities. This is in line with Goal no. 3 of the global agenda

Programmes summary:

Four main areas of activities were agreed as framework for Organisational development programmes in the Sahel sub region. These are: National Societies professionalization, capacity building in programming and planning, volunteering management, strong legal base for national societies, capacity building in Finance development. The Federation has adopted a country-focused approach and the priority in 2009 was on two main countries where HR/governance and leadership problems raised with an expressed will to change (Mauritania and Guinea-Conakry. The Senegalese Red Cross was also supported with its statutes review issue.

- **National Societies professionalization**

A particular attention was given to Guinea RC that renewed its governance board in February, leading to a complete change of mind and vision. The NS started a restructuring process with the support of the Federation. A restructuring plan was proposed and adopted by NS governance and staff and partners during the coordination meeting held in June. Mauritania is also a particular case as the NS was facing some problems related to finances management liability and human resources (lack of technical management staff). Some measures were taken to reinforce the headquarters specially the management technical staff. A Finance and administrative officer, a Health coordinator and a Food security focal point were recruited with federation support through funding from DFID, Spanish RC and Irish Government.

- **Gouvernance and leadership**

The Gambia Red Cross was supported with the organisation of a governance training aiming to ensure a clear understanding of the separation of roles and responsibilities between governance and management. This workshop was held from 11 to 13th December and facilitated by the Federation.

- **Capacity building in programming and planning**

Three National societies were on the agenda for strategic plans review in 2009. These are namely Mauritania, Mali and Burkina Faso. While the processes are almost completed in the first two countries, Burkina Faso is still at the evaluation phase. Mali and Mauritania planning workshop are scheduled for March 2010.

- **Capacity building in Finance management**

During the implementation of the IDWARC project, clear advances have been done in the achievement of most of the activities: Evaluation of the finance and administrative systems (Seven out of Eight NS), elaboration of new manuals on procedures (Seven out of Eight NS), identification of providers for the financial software (Five out of Eight) and evaluation on the human resources of the National Societies (Six out of Eight NS). Moreover, the vacancies for several positions of Responsible of finance and administration of some National Societies have been covered and Finance Development Consultants have been deployed to support them.

The exception among the objectives planned to be achieved is the implementation of the activity "SGS international audit", which proved to be nearly impossible to be achieved during the implementation period of the project. As the SGS international audit is reflected as indicator for the results, alternative activity and indicators have been therefore proposed. This concerns a sensitizing session on the SGS Audit to prepare the National Societies. A workshop was organized gathering all Presidents, Vice-Presidents et Secretary General of Sahel National Societies which was facilitated by a NEPARC resource person from Geneva.

Due to political instability in some countries like Guinea and institutional crisis in some others like Guinea, Senegal and Mali, some of the activities planned have not been completed on due time and a delay was recorded in the implementation which is negatively impacting in the implementation rate and the level of expenditure of the project.

According to NS capacities, different levels of implementation were reached. Guinea Bissau, Mauritania and Gambia have completed the whole process with the HR audit, while Senegal and Guinea have completed the training sessions on the manual of procedures. Guinea is already involved in an HR restructuration process so the NS will need external audit to confirm the progress made by the institution and give orientation for its development.

The IDWARC programme was completed with country-based evaluations of the level of implementation by the managing team in six concerned countries (Guinea, Guinea-Bissau, Gambia, Senegal, Mauritania, and Mali). The project has ended on the 31 December 2009 and a pledge based report was produced.

Financial situation: The total 2009 budget is **CHF 1,338,512 (USD 1,066,706 or EUR 824,681)** of which 80 per cent covered. Expenditure overall was 28 per cent of the budget.

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

[Click here to go to the Programme update no. 1](#)

No. of people we have reached: Two National Societies of Guinea and Mauritania were supported in their staffing/restructuring process. Three National Societies also started their process of strategic planning. Regarding legal base, the Senegalese RC started its statutes review process with the support of the Federation and ICRC. A General Assembly is planned for 16 March, 2010. The National Societies of Cape-Verde, Guinea, Guinea-Bissau, Niger, Gambia, Senegal, Mauritania, and Mali were supported for reliable finance systems development through the IDWARC project.

Our partners: The partners involved in this process are: Danish, Canadian, Icelandic, Spanish RC and Government, Irish RC, Japanese RC, Swedish RC, ICRC offices in Dakar, Guinea and Mauritania.

Context

In 2009, Health programmes implemented by the West Africa, Sahel plus National Societies have been focused, primarily on mother and child health, community-based health and public health emergency. Indeed, the results obtained in the fight against morbidity and mortality is still very precarious. The persistence of food insecurity in most countries, floods and resurgence of epidemics such as meningitis or poliomyelitis have also been noted.

Malaria is Africa Sub-Saharan's leading cause of under-five mortality and constitutes 10 percent of the continent's overall disease burden. According to the WHO estimates, there are at least 300 million acute cases of malaria each year globally, resulting in more than a million deaths in Africa. Around 90 percent of these deaths occur in Africa, mostly among young children. Malaria accounts for 40 percent of public health expenditure, 30-50 percent of inpatient admissions, and up to 50 percent of outpatient visits in areas with high malaria transmission (*WHO report, 2007*)

Despite significant achievements in polio eradication initiative, there was outbreak in most of Sahel plus NS who have developed programs supported by the Dakar Federation office. Therefore, the social mobilisation during synchronized immunization campaigns against polio has been organized by National Societies of Burkina Faso, Niger and Mali. The NS of Senegal and Burkina have been involved during Long Lasting Impregnated treated nets (LLINs) distribution and post distribution activities such as Hang Up while Keep Up projects are being developed.

All these programmes have contributed very largely through the mobilization of volunteers to provide greater coverage of health indicators in the target areas of Sahel countries.

The nine countries the Sahel sub region covers are among the poorest of the world. Most of them have been subjected to violent conflict, persistent corruption and serious political crises which resulted in instability, insecurity and social economic crisis (Guinea-Bissau, Guinea, and Niger). The consequences of climate change with recurrent droughts or floods coupled with the limited resources make their already poor populations highly vulnerable people. The Sahel National Red Cross and Red Crescent Societies as auxiliaries to the states have sometimes to face the vulnerability of their own institutions (governance and leadership issues, lack of human and financial resources, and lack of partners). The organizational development programme aims to build stronger National Societies that can provide efficient assistance to the most vulnerable people. Since 2007 and in 2009, the department efforts were directed to develop National Societies human resources and strategic plans to empower them to develop efficient and sustainable programmes. Governance problems arising here and there have also been addressed.

Progress towards outcomes

Disaster Management

Programme component 2: Disaster Response including recovery

Outcomes:

- National societies have a contingency plan for the most recurrent hazards.
- At least three trained Regional Disaster Response Team (RDRT) members are deployed within a defined framework for assessment, immediate response and recovery.
- National societies supported in response strategy based on National Disaster Response Team (NDRT) and Branch Disaster Response teams (BDRT).
- NFI are strategically pre-positioned closer to targeted beneficiaries in a coherent zonal logistic approach.

Achievements:

Contingency plans have been revised for floods in Senegal, the Gambia, Mauritania, and Burkina Faso. The National Societies of Guinea Conakry, Senegal and Mali have been supported to ensure their implication in inter agency contingency planning at country level. Floods prone countries like Mali, Senegal, Gambia, and Burkina Faso have been provided support in revising their Early warning system (EWS), whereas the Red Cross Society of Guinea was supported to put in place a EWS in the framework of inter agency forum.

One RDRT logistics training has been conducted by the zone in collaboration with the Dubai Regional Logistics Unit (RLU) with 12 participants trained including two participants coming from Guinea and the Gambia.

The zone has supported the Sahel Red Cross National Societies with NDRT and CDRT training sessions.

In collaboration with local authorities and communities CDRT members were trained to be prepared to better respond to disasters and to acquire knowledge on risks management within their respective community. Therefore, basic equipments and small emergency stocks for about 300 families have been made available for them to be operational within their communities.

In 2009, two more CDRT and two more NDRT training sessions have been organized for 80 trainees in the Gambia, Guinea and Senegal that were focused on shelter. These sessions were conducted in close collaboration with the Federation Shelter Department in Geneva. The participants were selected from the persons who had been trained and who have showed good team leader capacity during the basic training or who are now supporting disaster mitigation

programmes in terms of risk reduction and contributing to the Early Warning System in their communities. Due to some unforeseeable circumstances and particular situations in Guinea Conakry, the training sessions at community level planned for 2009 has been delayed but at least the specialized NDRT training has been completed jointly with the training conducted in Senegal.

The evaluation made on the 2009 flooding season showed the importance of the NDRT and CDRT in disaster response management and how the capacity of NS has improved during the last two years.

The Emergency stock in place in Dakar in the regional warehouse was deployed in the affected countries. From the IDWARC programme remaining stock, the NSs are receiving small stock of non-food items to be prepositioned at country level to ensure early action for 300 families. Mali, Niger, Mauritania, Senegal and the Gambia have received their stocks. The stock per country is composed as follows: 600 blankets, 600 plastic mats of 1.9x0.8 m, 600 mosquito nets, 300 jerry cans of 20 liters, 300 buckets of 15 liters and 1,050 bars of soap.

After a first period of "life saving" activities the Emergency appeals for Senegal, and Early Warning/Early Action Appeal for the Zone (Niger and Mauritania) have been re oriented to cover recovery activities focusing on restoring livelihoods. In Burkina Faso the main programme focused on shelter and watsan. The disaster risk reduction programme like building houses resistant to floods resources have been used in Burkina Faso to train local masons from affected communities; livelihood approach in restoring livelihoods of affected communities have been developed to link recovery intervention with regular programmes in Senegal, Mauritania and Niger. Orientations have been provided to all National Societies that principles and values of the movement should be promoted during relief and recovery activities using significant community "contact".

Constraints or challenges

The big challenge showed by the evaluation of the 2009 flooding season is the low coverage of the at risk areas by the trained groups and their quick and appropriate deployment during emergency, since most of them are volunteers and it is difficult to move them from their village to other places for assessment and emergency operation implementation. Therefore, it is important to continue to reinforce and sustain the NDRT and CDRT training sessions within the Sahel region as recommended by all NS during the 2009 evaluation conducted by the zone with the support of regional resource person.

During emergency, crossing the border between most of Sahel region countries take a long time (one week and more) for the trucks of deployed stock, delaying the rapid response and sometimes making the transport of the goods very costly. The Zone is in the process of signing MoU with NSs to replace used stock and to ensure that the stock is used as first line response.

Health and Care

The achievements in the implementation of health programmes of Sahel plus National Societies are varied. Increasingly, the NS did a large scale up of their interventions by mobilizing more volunteers and financial resources thanks to the support of the Federation and bilateral partners. Promoting the health status of mother and child, Malaria prevention and control activities, fighting against epidemics, preparing for human pandemic, fighting against HIV and promoting hygiene and basic sanitation are the areas where the NS have mainly been involved in 2009.

Programme component 1: Maternal, Newborn and Child Health (MNCH)

Outcomes

- Improved knowledge of proper nutrition and childhood immunization through increased national society Maternal Newborn and Child Health activities.

- Intensified involvement of national societies in promotion of proper nutrition and immunization services.
- Promoting antenatal attendance through women’s groups.

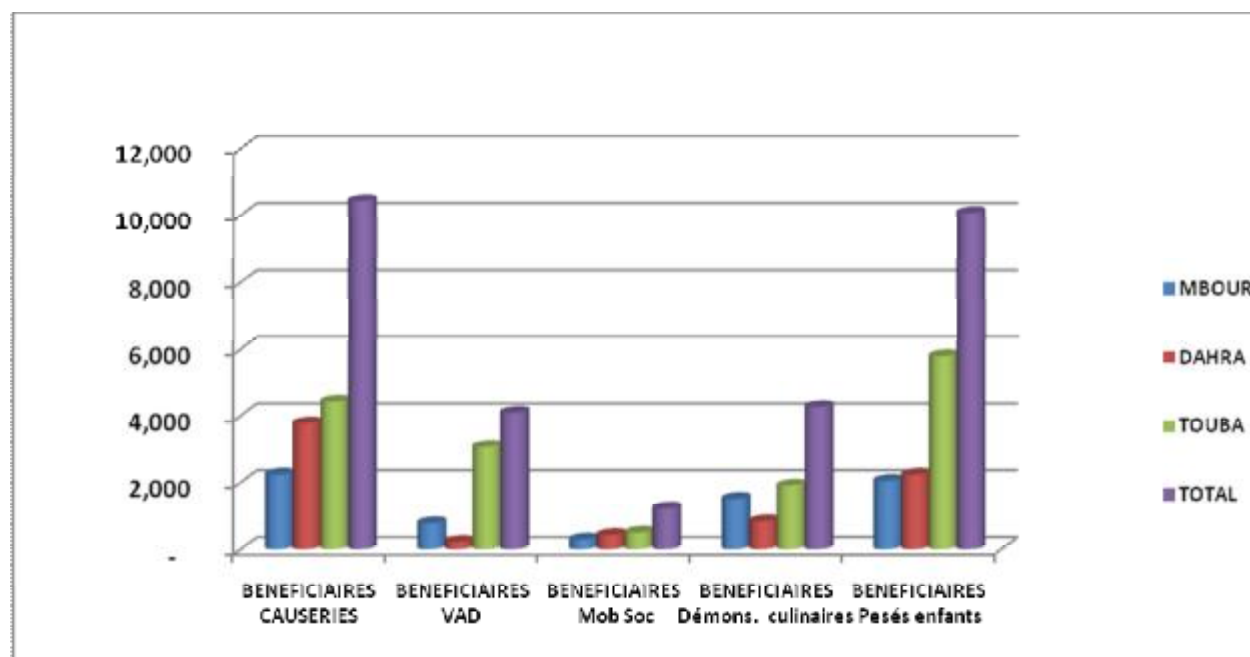
Achievements

The Senegalese Red Cross MNCH project

The Senegalese Red Cross has received technical and financial support from the International Federation to develop scaled interventions on IMCI at the health districts of Touba, Dahra and Mbour. The overall objective of this project is to contribute to the reduction of child and maternal mortality and morbidity rates. Project activities include raising awareness and promoting good practice in child health. During year 2009, the SRC project did achieve the following:

- Retraining of 90 volunteers on key good behaviours of mothers and babysitters;
- Advocacy before 195 community and religious leaders, women and health personnel;
- Organization of 372 educational talks with 7,625 target participants;
- Establishment of 25 sites of weighing and organization of 228 monthly weighed sessions for 7,477 children followed by nutritional advice;
- Organization of 929 home visits to 1,355 mothers and babysitters for disappeared target, for growth monitoring of children and raising immunization coverage;
- Organization of 83 sessions of cooking demonstrations by volunteers and leaders of women's groups with 2,939 children on the promotion of rich food and local products.

The following chart reproduces the main achievements of the project and their accumulation in 2009 in three health districts:



The IMCI project has greatly contributed in the development of health indicators including child immunization, antenatal care and diminution of infant malnutrition at targeted health centres (See table below):

Table 1: Impact of IMCI project on the evolution of health indicators at district level

Health indicator	PENTA 3	Reduction of Malnutrition
Health district		
Mbour	99%	1%
Touba	172%	1.9%
Dahra	76%	5%

Constraints

- The slowdown of activities due to heavy rains and flooding;
- The delay in the transmission of reports due to lack of logistics in Touba and Dahra health districts;
- The rupture of scales for weighing children at six months.
- Lack of sufficient budget line for the cooking demonstration due to inflation in food prices.

The Gambian Red Cross MNCH Project

The Gambia Red Cross has received technical and financial support of the Federation to implement activities of the Integrated Management of Childhood Illness in the Western and Central River Regions. The project aimed at contributing to reducing infant mortality and morbidity through capacity building of volunteers, mothers and community health agents. In 2009, one hundred villages of the Western and Central Regions were targeted by the Gambia Red Cross. The following results were achieved:

- 50 training materials and handouts were provided to volunteers and Community Health Nurses (CHNs);
- The IMCI key practices are being implemented in 108 Primary Health Care (PHC) villages;
- 109 non Primary Health Care villages also implemented the IMCI key practices;
- 41 GRCS Volunteers were trained on IMCI key practices;
- 9 Community Health Nurses were trained on Community IMCI key practices;
- 15 Traditional Birth Attendance (TBAs) and 15 Village Health Workers (VHWs) have been trained on Community IMCI key practices;
- More than 10,000 households were reached and sensitized with IMCI key practices messages;
- Mothers groups committed themselves in sensitizing the communities on the knowledge gained from the training.

MNCH project of the Malian Red Cross Society

The Mali Red Cross is implementing a project for child survival in the circles of Djénne and Mopti, with the support of the Danish Red Cross. The following activities and outputs have been achieved in 2009:

- 126 volunteers were identified and recruited in 23 villages for the project;
- Four municipal committees were established and trained on the principles and values of Red Cross/Red Crescent movement;
- 126 volunteers have been trained on PHAST methodology/SARAR in water and sanitation;
- 44 builders were trained in 22 villages;
- 100 latrines and 40 washing/drains were constructed in 20 villages;
- 126 volunteers have been trained in family practices and detection of malnourished children;

- 500 impregnated mosquito nets were distributed in three health centres;
- 16 local government officials (mayors) were trained in the principles and values of the Red Cross/Red Crescent Movement.

Programme component 2: Measles and Polio

Outcomes

- National Society involvement in social mobilization during national initiatives to eradicate polio and reduce measles morbidity and mortality is ensured by the mobilization of volunteers at community level;
- Red Cross distribution of ITNs in emergency situation is ensured.

Achievements

Polio activities In Burkina Faso National Society

Burkina Faso recorded in 2009 six polio cases (including five wild poliovirus and one vaccine-associated case). The National Society, as auxiliary of the government, supports the activities of the Ministry of Health for polio eradication through its participation in the polio JNV. The National Society purpose during the campaign is to support seven health regions (out of the 13 in the country), i.e. 28 districts with a total population of about 7 million inhabitants. Children under 5 years in the seven regions are estimated in 2009 at 1,358,353 children (19% of the total population).

The following activities have been carried out: 50 supervisors and 500 volunteers are mobilized and trained; Supervisors and volunteers have sensitized the population of involved districts on the need to immunize their children aged 0 to 59 months against polio through door-to-door and focus group strategies. In total, 67,258 households have been visited and 7,185 focus groups were organized. About 861,983 parents of under 5 children have been reached by volunteers.

Impact:

- strengthening of human capacity building of branches by training 50 supervisors and 500 volunteers on polio in 24 provincial committees;
- enhancement of the visibility of Red Cross;
- Establish and maintain functional departmental committees and village committees of Red Cross;
- All health zones where the National Society intervened during campaign have been able to achieve a coverage rate of 100%.

Constraints

The lack of trained volunteers at department level requires the deployment of volunteers to very long distances without adequate means of transport because the volunteers are concentrated in the headquarters of the provincial committees.

Polio activities in Mali Red Cross Society: social mobilization campaign during polio immunization

The Mali Red Cross, as auxiliary to the government supported the Ministry of Health in implementing the campaign through social mobilization of its volunteers. This was made possible through funding from the Federation. The social mobilization campaign for vaccination against polio has contributed to the strengthening of the local committees of the Mali Red Cross and ensured awareness by proximity that led to an effective participation of mothers of 0-5 children during the national immunization days against polio. The intervention concerned the regions of Sikasso and Mopti for a target population of 1,409,849 divided into 13 health zones. The activities were conducted in 13 health districts. The key activities and achievements are the following: training of 600 volunteers and 61 supervisors; home visits to 20,139 households and sensitization of 51,451 persons by volunteers.

Impact

At the national level it has been noticed a good collaboration with health services; an increase of the credibility of the Mali Red Cross; information sharing on the epidemics situation with the Ministry of Health; the improvement of the visibility of the Mali Red Cross. At local committees level, there is a the strong mobilization of mothers of children between 0-5years and their effective participation in the vaccination campaign; the rate of vaccination coverage achieved up to 100% in the target urban areas; a greater visibility of the local committees; the cooperation of Red Cross branches with local health centres, which is reinforced.

Lessons learned

The success of the social mobilization campaign for immunization against polio was linked to the strong involvement of Red Cross committees, the commitment of volunteers and the good collaboration with the management team of health centres.

Niger Polio campaign

Poliomyelitis is an endemic epidemic disease that contributes to morbidity of children in Niger. In 2009, 13 cases were recorded. The Ministry of Health and its partners, including the Niger Red Cross, worked together to achieve the Millennium Development Goals (MDGs). It is in this context that the Niger Red Cross has actively participated alongside with the Ministry of Health in the social mobilization that was held from 24 to 27 May, 2009 as a prelude to the synchronized "journées nationales de vaccinations" (JNV), 3rd round. The Niger Red Cross implemented the activities of this project in the regions of Maradi and Zinder. The key activities and achievements are as follows: mobilization of 250 volunteers and 25 regional supervisors; more than 29,800 concessions are visited allowing reaching 252,000 persons; dissemination of messages on community radio stations that helped reach vulnerable communities.

Programme component 3: Malaria

Outcome

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

Achievements

Malaria activities in Mali turned around Keep Up in 2009. Malaria is the leading cause of morbidity and mortality among children under five years. As auxiliary to the national authorities, the Mali Red Cross, contributed to the fight against malaria. In collaboration with the Federation, the Mali Red Cross participated in the integrated campaign of vaccination and ITN distribution in 2007. Following this campaign they initiated the Keep Up activities to monitor the use of ITNs in households and develop a community health project. This report summarizes the activities of phase II of the project for the year 2009 in Kayes and Koulikoro. The following activities have been implemented:

- Retraining of 345 volunteers in the fight against malaria;
- visiting 26,765 households
- 223,230 people affected by the activities of volunteers' sensitisation.

However, the implementation of the project keep-up in 2009 has met a major constraint, namely the lack of product impregnation of nets on the market.

In Senegalese Red Cross (SRC)

Senegal has organized in 2009 a national countrywide campaign to distribute free impregnated mosquito nets combined to supplemental local vitamin A and mebendazole administration to children aged from 6 to 59 months with the support of all national and international partners. The Red Cross was one of the actors of the partnership that has developed to support and accompany this first national LLINs campaign. The objectives of the SRC were to ensure capacity building of

the Red Cross on the mass distribution of nets and monitoring/evaluation activities of the campaign. At the end of the campaign, the following was achieved:

- The SRC has trained and mobilized 1,850 volunteers in 23 health districts;
- The social mobilization during pre campaign was effective: volunteers were mobilized and involved on community visits to leaders in the mosques and churches, particularly in areas where the risk of non-participation of the population was high like in the region of Ziguinchor (conflict area).
- The Red Cross Volunteers have also participated in the national distribution of LLINs and Information Education communication/Behavioural Communication for Change (IEC/ BCC) to beneficiaries throughout the country.
- The post-campaign phase: Hang-Up and sensitization on the use of nets and its particular importance in the campaign was done. This phase consisted of organizing home visits to inquire about the monitoring of the use of the nets. The objective was to verify and if necessary assist in the hanging on of LLIN received and to advise on hooking, use and maintenance of the nets. A total of 139,802 home visits were conducted by volunteers and beneficiaries of 330,753 ITNs have been reached in relevant health districts;
- The national campaign in which the SRC has participated included the following highlights: the RC volunteers have integrated teams established by the health districts and closely worked with health authorities. The RC volunteers know the key messages and perform the correct tools. There is a strong mobilization of the Red Cross regional supervisors and local governance. The work of RC volunteers was appreciated by the supervisors of health districts.

LLIN distribution with Burkina Faso Red Cross

The Burkina Faso Red Cross in cooperation with the Ministry of Health through the national Malaria Control programme (NMCP) conducted in 2009 the first campaign of universal distribution of LLINs in the district of Diébougou. The aim of this project was to contribute to achieving the goal set by the Ministry of Health, which is to achieve by 2010 80% of the population sleeping under bed nets. Activities and outputs are as follow: training and mobilization of 336 volunteers and 37 supervisors; 23,927 households identified and informed about issues relating to malaria, the organization of the campaign, and the need for proper use of LLINs; 67,700 LLINs distributed to 23,690 households with a coverage rate of 99%; 23,000 households LLINs recipients were followed for the Hang-Up and the use of the nets.

Guinea Bissau Red Cross malaria activities

The Red Cross of Guinea Bissau is implementing a project to fight against malaria in the areas of Quinara, San Domingos and Bissau capital. Pregnant women, breast feeding women and children under 5 years are the main targets of the project. The key achievements were the training of 50 volunteers; and awareness of 3,819 pregnant and breast feeding women on the prevention of malaria; and the distribution of 775 mosquito nets to pregnant women.

Constraints

The following constraints were identified during the malaria campaign in Burkina Faso and Senegal:

- The slowdown of activity due to heavy rains and flooding;
- Lack of logistics for distribution of LLINs and monitoring activities;
- Inadequate mosquito nets;
- The absence of some heads of households because of fieldwork;
- Delay in supplying LLINs to the district and inaccessibility of some villages.

Programme component 4: HIV programme

Outcomes

- Further infections have been prevented for target people through peer education activities, information education communication/behavioural change communication among

vulnerable groups, voluntary counselling & testing, and prevention of mother to child transmission with HIV (PLWHIV) and orphan vulnerable children.

- HIV stigma and discrimination have been reduced through advocacy activities, Information Education and Communication (IEC) programme and HIV workplace policy.

Achievements

Gambia Red Cross HIV project

The main objectives of the Gambia Red Cross Society were: to improve the knowledge, attitude and practice of the target population in relation to preventive behaviours (behavioural change communication); to mainstream HIV prevention across all sectors within the community by involving religious leaders and traditional communicators in the targeted areas; to encourage the uptake of Voluntary Counselling and Testing (VCT) in the targeted communities to facilitate an entry point that allows access to effective care and preventive interventions for HIV /AIDS.

The different strategies used were: participatory production of HIV prevention and stigma reduction materials; training; sensitization; voluntary counselling and testing; home based care; participatory monitoring; reproduction of posters on stigma and discrimination; participatory development of audio materials with traditional communicators (100 audio cassettes were produced).

Participatory production of HIV prevention and stigma reduction materials

- Reproduction of posters on stigma and discrimination
- Participatory development of audio materials with Traditional Communicators (100 audio cassettes produced)

Training

- 90 traditional communicators were trained on message dissemination;
- 436 people have received VCT training;
- 25 volunteers were trained on home-based care;
- 40 community leaders from ten communities have been trained on stigma and discrimination;
- 40 home-based care volunteers were trained on counselling;
- 42 traditional communicators were trained;
- Four songs were created on stigma and discrimination;
- Four role plays were developed on stigma and discrimination;
- Refresher training held for 25 volunteers on care and support for days to enhance their capacity to care for clients.

Sensitization

- 100 religious leaders were sensitized on the issues of prevention, VCT, care and support with special focus on stigma and discrimination. These Leaders are expected to give weekly sermons on HIV issues;
- 50 community leaders were sensitized from ten communities;
- The leading chief took the lead in organising the sensitization;
- All community leaders held weekly meetings or gave sermons in their communities;
- The community members will continue sensitization of their communities on stigma and discrimination.

Voluntary counselling and testing

- Ten VCT campaigns were done within the ten communities the GRCS where working in.
- Four hundred and sixty-two people were tested
- Only two people were positive but their identity not disclosed.

Home based care

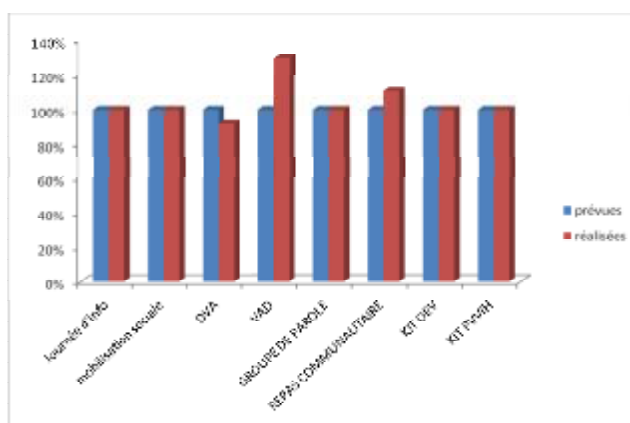
- Retrain 50 volunteers to give support to PLHIV and chronically ill people;
- 97 volunteers caring for 104 patients;
- 24 volunteers caring for 67 mentally ill patients;
- 25 Volunteers given refresher training.

At the end of the project, all the volunteers had patients to care.

Senegalese Red Cross (SRC) HIV project

In 2009, the Senegalese Red Cross implemented HIV project and has achieved the following:

- Three-day information to the intention of health staff, leaders of associations and the youth movement;
- 12 social mobilization sessions that have been organized in the three municipalities of Kolda, Kaolack and Diourbel have created a great popularity with an audience estimated at 3,940 people;
- 11 VCT sessions have been organized by the laboratories of health centres and advocacy was provided by SRC volunteers;
- 836 persons have undergone the screening with nine tested positive;
- 124 home visits were organized in the three municipalities;
- Nine talking groups were conducted for the people living with HIV (PLHIV) in the presence of social workers and/or attending of medical doctors or nurses;
- Ten community meals were organized;
- The distribution of 135 food kits and 135 school kits were respectively distributed to PLHIV and OVC in Kolda, Kaolack and Diourbel.



Level of implementation of HIV activities in the 3 regions

Programme component 5: Health in Emergencies

Outcomes

- Outbreak surveillance, disease prevention and epidemic preparedness have improved;
- Red Cross effective response to epidemics has been improved.

Achievements

Campaign against meningitis and measles in Burkina Faso

Burkinabe Red Cross Society (BRCS) has prioritised the epidemic and the response in an appropriate manner. This has been possible through the strengthening of community interventions by volunteers. During the epidemics, the purpose of BRCS was to contribute to the reduction of meningitis and measles associated morbidity and mortality through 3 specific objectives:

- Organizing the sensitization and social mobilization campaign via local Red Cross committees in 35 districts at risk from meningitis and measles targeting at least 3 million direct and indirect beneficiaries;
- Ensuring effective capacity building within the Red Cross National Society;
- Ensuring relationship building between RC, the key partners and the Ministry of Health (MoH).

The main activities and achievements are as follow: recycling of 57 supervisors and 835 volunteers; sensitizing communities by 75,730 door-to-door visits and 8,997 focus groups. In total 759,939 persons are reached by volunteers; broadcasting through community radios reached a number of listeners estimated to 2,700,000 persons in six provinces

Lessons learned and recommendations

- Strengthen the capacities of the branches by the recruitment and training of volunteers at department level;
- Strengthen the logistical capacities of the branches (bicycles, motorcycles);
- Strengthen the technical skills of volunteers by providing training on epidemic-prone diseases (meningitis, cholera, yellow fever, etc.);
- Intensify the dissemination of fundamental principles and mandate of the Red Cross Movement;
- Provincial committees should strengthen their collaboration with local health authorities;
- Provide vaccine for all staff and for the volunteers who will be mobilized in case of an outbreak;
- Burkina Faso has been selected as pilot country for testing the new conjugate vaccine against meningitis A in the first half of 2010 and it will be interesting that BRCS could support this great campaign.

Mali Public Health Emergency (PHE) Project including human pandemic influenza, meningitis and cholera

The pilot project of public health emergency funded by the Federation aimed to better prepare the Mali Red Cross to respond to epidemics and other health emergency issues. The project has been implemented in five health districts located in the Koulikoro region. At the end of 2009, the following results were obtained: 29 supervisors and 288 volunteers were trained. They have been distributed in the five districts with a target population of 100 000 people. Volunteers visited 7,336 households and have reached 65,163 people including 36,178 women. Each of the five local branches received a kit of hygiene and sanitation that allowed them to organize clean up campaigns.

Impact

Improved attendance at health centres; the reduction of severe malaria cases; reduced expenditure on health for the households; improving health within households; good collaboration with administrative, political and health authorities; increased visibility of MRC; improved knowledge of the principles of the International Red Cross/Red Crescent Movement.

In Niger Red Cross: Social mobilization during the campaign against meningitis epidemic

The epidemic of meningitis is raging in Niger at the 10th week in 2009. About 3,440 cases were recorded with 139 deaths, i.e. a lethality rate of 4%. To support the efforts of government, the Red Cross Society of Niger (RCSN) has proposed to conduct awareness and health education activities to the people, to help find cases and then report them to health facilities. Thus, it helped the Ministry of Health to organize the immunization campaign in areas of high epidemic. This intervention is conducted through the support of the Federation. The general objective of RCSN was to contribute to the reduction of mortality and morbidity due to meningitis by the sensitization of communities and the early identification and referral cases:

- 660 volunteers and 66 supervisors were trained and mobilized for the operation.
- Over 5,450 villages and hamlets were visited and 562,196 people directly sensitized by the volunteers with the door-to-door strategy.
- Awareness raising in more than 106,145 concessions.
- A total of 3,961,554 people were sensitized by community radio stations in the four regions out of eight in the country.

Humanitarian Pandemic Preparedness (H2P) project of Mali Red Cross

The Mali Red Cross has received technical and financial support of the International Federation to conduct a project for community preparedness for Human pandemic. The project aims to strengthen the response capacity of the National Society and communities for preparedness to human pandemic. The Mali Red Cross has implemented this project in the region of Ségou, Kouthiala and Bamako. At the end of 2009, the following results were recorded:

- Training of trainers with 30 participants;
- Training of 68 staff members of MRC branches and 30 from the municipality; 15 community leaders; four agents of the Civil Protection service; 220 volunteers
- Organization of 590 sessions of sensitization activities;
- Organization of 8 sessions of advocacy.

Impact: The IEC activities have affected over 23,000 direct beneficiaries of which 69% are women.

Programme component 6: Water and Sanitation

Outcome

- The access of the vulnerable communities to safe water and basic sanitation has improved.

Achievements

In the Red Cross Society of Guinea Bissau (RCSGB)

The RCSGB conducted activities to promote hygiene and sanitation in the regions of Bissau, Gabu and Bafata Biombo. In 2009, the following activities were undertaken:

- More than 2,000 students are aware of hygiene and sanitation practices;
- Over 9000 and 87,000 people are aware of the rules of individual and collective preventive measures against cholera in Bissau, San Domingos and Biombo;
- 20 water points are constructed in Biombo, Bafata and Gabu and 80 latrines built Bafata and Gabu.

In Mali Red Cross

The Mali Red Cross is implementing a water and sanitation project in Ségou in the villages of Datounwèrè, Fafawèrè and N'bana. At the end of 2009, the achievements were as follows:

- 12 Volunteers trained in the villages for the management of water points and awareness raising;
- Three wells are drilled and equipped and 15 family latrines are constructed in the villages of Datounwèrè, Fafawèrè and N'bana;
- 179 sensitization sessions were held on water and sanitation issues;
- 214 Households visited; 1,908 people reached of which 74% are women.

Community-based first-aid activities in the Red Cross Society of Niger

In 2009 the Red Cross Society of Niger has conducted several training sessions in first-aid combined with the blood donation to the Hospital of Niamey. These activities were held during the celebration of the Red Cross Day. The following activities have been conducted: training of 125 volunteers in first aid in Niamey, Loga, Konni and Guidan-Roundji; organization of blood collecting sessions, and advocacy for road safety.

Sahel Health activities at regional level

The National Societies of the Sahel plus Region organized their annual meeting from 29 September to 1 October, 2009 in Bamako with the participation of all health and HIV coordinators. The objectives of the meeting were: to assess the health activities implemented by the NS during 2008-mid 2009; strengthen capacity for resource mobilization and leadership for health and HIV programmes; share and exchange information on the health challenges of the region; and share the priorities of the strategy 2020 linked with the challenges of the region. Several partners like UNICEF, USAID, WHO, National Aid programme, the Ministry of Health and different PNS (Danish RC, Canadian RC, and Spanish RC) participated in the meeting.

The following recommendations were adopted by the participants: strengthening the resource mobilization capacity of NS; advocacy before PNS to support health and HIV programmes; support personnel management of health and HIV programmes; support the organization of annual meeting for each NS; support for training and/or refresher training of health staff on monitoring and evaluation; support of NS in the development of strategic plans and HIV health plans; strengthening the process of information on administrative and financial procedures of the Federation.

The Dakar Sahel office was involved in the polio evaluation operation in Burkina Faso together with an external consultant from Geneva. The expected outcomes were to: evaluate the positive added value of the Federation and Red Cross/Red Crescent National Society involvement in outbreak response measures; use the learning to support future outbreak response guidelines involving the NS; find out if the activities did raise the NS visibility as an immunization and how did activities build the capacity of the NS from the volunteer management perspectives, reporting and monitoring capacities.

The results of the polio evaluation in Burkina Faso were successful and it is mentioned in the report that the “Burkinabé Red Cross Society branch offices at district level are known to stakeholders as an implementing agency with particular talent in social mobilization). The National Society is well respected for its performance in polio, meningitis and measles rounds, as well as in other health activities. Virtually all partners, including governmental (at district level) and non-governmental, believed that the Burkinabé Red Cross Society (BRCS) interventions were effective and made a difference in the districts where they were performed. At community level, in almost all places visited, the BRCS was perceived to be trusted by the community, especially when the volunteers were wearing some form of Red Cross ID, and people were always willing to allow these volunteers into their homes and listen to their explanations about polio campaigns, often more than the government health workers, who are mostly unknown to the local population and therefore less trusted”. The recommendations from the evaluation are to continue supporting the BRCS on its involvement during social mobilization activities.

Constraints

The difficulty in maintaining qualified staff for health programmes within the National Societies became more and more challenging. This was the case in Guinea Bissau and in Guinea.

Organizational Development and Capacity Building

Restructuring/Staffing plan: Guinea, Mauritania

Guinea

In February 2009, as a result to an internal crisis (staff strike, resignation of key management staff...) within the Guinean RC, the Federation supported the NS for the organisation of an extraordinary General Assembly that elected a new governance team. This new team expressed a strong and insistent will to bring change and to take things forwards within the NS. It is important to recall that the Guinean RC was created in a disaster context (the earthquake of 1883) and has been experiencing disaster situations till recently in 2004. Now the big challenge for this National

Society is to move from emergency to long term development with professional recruited staff and sustainable activities. The Federation then committed to support this change process. A governance training was first given to the new governance and management team and orientations set up for collaboration with the Federation, then the OD coordinator conducted an institutional analysis that pointed out concrete the HR/ management issues:

These statements led to the elaboration of a restructuring plan with a new organization chart and job descriptions for the key management positions. This restructuring plan was adopted in a coordination meeting in July 2009 that gathered all the stakeholders (IFRC, ICRC, Danish RC, government, NS). At the end of the process, 11 positions were conserved, three were changed and only two positions had to be cancelled because of lack of funding. Concerning funding, Danish RC committed in supporting eight positions (four at the headquarters and four in the branches), ICRC committed to support five positions and IFRC provided equipments (computer equipment, internet, telephone and installation of communication system) with the support of the IFRC IT department in Dakar. Regular follow up meetings are organised twice a year to insure the right implementation of the plan.

Mauritania

In 2004, The Mauritanian Red crescent was supported by the IFRC in elaborating its first strategic plan that came to end in 2008. In 2009 Mauritania RC expressed its will to be supported for a new strategic plan but was facing problems related to finances management liability and lack of human resources which was a real challenge for the IFRC and partners in the field. In that purpose a partnership meeting was held in Nouakchott in February 2009 that led to a joint plan of action involving all the partners including IFRC, ICRC, Spanish RC, French RC, Canadian RC and Italian RC in the field. To come over the lack of technical management staff, the Federation proposed in collaboration and coordination with the partners (especially Canadian RC, ICRC, and the IDWARC programme) to proceed to the recruitments of following positions: a Finance manager, a health manager and a food security manager. All these positions were filled.

Long term and strategic planning: Mauritania, Mali, and Burkina Faso

Mauritania

After the partnership meeting in February 2009 and once human resources gaps were filled, a joint mission FICR-Canadian RC was sent to Mauritania in April to: carry out an institutional analysis and update the action plan agreed during the partnership meeting and eventually make adjustments to this action plan; evaluate the NS level of preparedness for the elaboration of its strategic plan with NS team.

Another OD mission was conducted in November 2009 that came out with an adjusted action plan and an evaluated budget for the strategic plan review process. The process then started with the VCA and SWOT analysis and data collection. In February 2010, a restitution workshop will be held by the NS to synthesize and analyse the data for the production of an evaluation report that will be shared with the stakeholders before the planning workshop planned for end of March 2010.

Mali

Like Mauritania, Mali RC was supported in elaborating its strategic plan in 2004. This plan has expired by the end of 2008. In coordination with Red Cross partners in the field, it was agreed that the NS conduct an evaluation of the former strategic plan with analysis and comments. At the end of this evaluation, a report was produced and shared with the other Federation's departments (DM, Health and Migration) for inputs. In particular, discussions are on going with the migration department to include migration in the priorities of the National Society. The strategic planning workshop will be held 09-13 March 2010.

Burkina Faso

The Burkinabe Red Cross Society has expressed the will to draw a new strategic plan supported by the IFRC and preliminary evaluations are still on going in the National Society. It is important to note here that floods operations (July 2009-January 2010) have considerably slowed the National Society in this programme evaluation as it had to first overcome this emergency situation before dealing with long term development issues.

Legal base: Senegal, Gambia

In December 2008, a General Assembly was held at the Senegalese RC that decided a statutes review in order to establish clear legal bases and separation between governance and management positions. Youth representation in the governance team is also an issue to be addressed through this process. A national commission for statutes review was appointed by the last NS's General assembly held in December 2008. This commission is made of a representative of the Presidency of the republic, a representative of the Ministry of Health and medical prevention, a representative of the Ministry of Justice, five members of the Senegalese RC who had already worked on the revision of the Statutes and Rules of Procedure, two representatives of the Red Cross Youth. It was agreed that Federation and ICRC will follow the whole process as advisors. The following was agreed: redaction of ToR (IFRC, ICRC and NS); adoption of the ToR by the Governance; appointment of a restricted redaction committee; statutes review workshop one (redaction committee); statutes review workshop two (national commission appointed by the general Assembly); approval of the draft revised statutes by the Governance; Geneva joint commission IFRC/ICRC comments on the draft revised statutes; General Assembly for adoption of the revised statutes by March 2010.

The draft statutes were shared with the joint commission for NS statutes review in Geneva which has already sent its comments. A working session was held on 02 March, 2010 to discuss these comments and take them into account in the final draft that will be adopted by the General Assembly planned to be held on the 16 March.

Gambia

A training session on governance was held in the Gambia Red Cross Society to ensure better understanding of the roles and responsibilities of the governance and management bodies. This meeting was facilitated by the Federation and took place from 11th to 13th December in Banjul.

Finance development: Cape-Verde, Guinea, Guinea-Bissau, Mali, Niger, Mauritania, Gambia, and Senegal

Since the beginning of the IDWARC project implemented by the Federation in the Sahel region and funded by the Spanish Government (AECID), five National Societies have been evaluated. Based on the evaluations and the weaknesses found in the respective NS management systems, a standard manual of procedures has been developed and proposed to the Ns for adaptation. The process led national Societies to the adoption of a manual of procedures. Mauritania and Guinea-Bissau were also supported for the recruitment, the equipment and the salary support of a finance management staff. National Societies of Cape-Verde, Gambia, Mauritania, and Guinea-Bissau, were supported with the acquisition of finance management software. The IDWARC project supported also HR audits in Mauritania, Gambia and Guinea Bissau. This Audit was also conducted in Senegal, Guinea and Niger during their restructuring process supported by the IFRC.

Other support

Apart from the above priorities, an IT mission was sent to Guinea in December 2009 to give technical support by servicing the computers and communication equipments. As part of this mission, 12 computers have been restored; communications equipment (telephone and Internet) has been acquired. This mission has helped to make more operational the National Society's headquarters, which main handicap is distance to Conakry town and the lack of logistics and communications material. Support was also provided to the Sahel Regional Working Group for its meeting in Gambia thanks to Japanese RC and Irish RC funding.

The SGS sensitizing session as part of the IDWARC programme objectives and organised in the fringe of this gathering and funded through AECID resulted to positive discussions on the adhesion of the Sahel National Societies to the NEPARC. This session was facilitated by a NEPARC resource person coming from Geneva.

Outcomes

Programme components and objectives	NS beneficiaries
<p>NS professionalization process</p> <p>Expected results</p> <ol style="list-style-type: none"> 1. Adequate and trained staff available for NS 2. Compliance with HR best practices and regulations 3. Better functioning and collaboration between governance and management 	<ul style="list-style-type: none"> • A restructuring plan has been elaborated and adopted in coordination meeting with partners in July in Guinea • An HR audit has been initiated in Mauritania, Guinea-Bissau, and the Gambia National Societies through the IDWARC project. • Two National Societies have been supported in recruiting a Finance and administration manager (Mauritania and Guinea) • Management staff was recruited in Mauritania (health coordinator, food security focal point, administration and finance officer). The recruitment was made through a local HR cabinet. • The two finance & admin managers for Guinea and Mauritania have been provided with computer equipment • Finance staff in Guinea, Guinea-Bissau, Senegal, Mali, Mauritania and Gambia has been trained on their procedure manual through IDWARC project. • A technical support was provided to Guinea RC to restore their equipment and install communication material at the headquarters (telephone and internet). Twelve computers were restored. • Governance training was conducted in Banjul to establish a clear understanding of the roles and responsibilities of governance and management bodies.
<p>Capacity building in programming and planning</p> <p>Expected results</p> <ol style="list-style-type: none"> 1. Updated strategic plans available in Sahel National Societies) 2. Long term health projects being implemented by NS 	<ul style="list-style-type: none"> • Three strategic planning processes were started. Planning workshops are planned for early 2010 for Mali and Mauritania. Burkina Faso still needs to be supported for the evaluation step.
<p>Legal base</p> <p>Expected results</p> <ol style="list-style-type: none"> 1. Updated statutes are available in NS 	<ul style="list-style-type: none"> • The process of statutes review in the Senegalese RC is almost through as comments were collected from the joint commission for statutes review in Geneva. A General Assembly is planned for 16 March, 2010 for the adoption of the revised statutes.

<p>Capacity building in Finance development</p> <p>Expected results</p> <ol style="list-style-type: none"> 2. Guidelines for finance management exist and are followed by NS Regular performance evaluation and financial audit report showing progress 3. NS financial sustainability increased 	<ul style="list-style-type: none"> • National Societies of Guinea, Guinea-Bissau, Niger, Senegal, Mali, Mauritania and Gambia have been evaluated regarding their finance management systems. • These National Societies were supported in developing a manual of procedures that was adopted by the governance and have their finance staff trained on the manual. • Five National Societies were supported with the acquisition of finance management software
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Working in partnership

The success of the activities held by West Africa Sahel plus societies have been made possible thanks to the strong partnership with key partners at local, regional, national and international level. The involvement of volunteers from the Burkinabe Red Cross in response to epidemics has certainly helped in achieving the objectives set by the Ministry of Health. The intervention was only made possible through technical and financial support of the Federation, the Belgium Red Cross as PNS in country and a local Association, ALSADEV in Burkina Faso.

For programmes to fight against malaria, the partners of the Senegalese Red Cross are the PMI/USAID through the Federation, Against Malaria Foundation (AMF), Shell Company and the Canadian Red Cross. In Burkina, the universal coverage campaign to distribute free LLINs has been supported by AMF, PMI/USAID through the Federation, the Alliance of Malaria Partners (AMP), Shell company, the Canadian Red Cross and UNICEF, WHO, Plan Burkina and JICA at country level. In Mali, the National Society received financial and technical support from the Swedish RC through the Federation in its project Malaria Keep Up while the Finnish RC funded Mali PHE project. As for maternal and child health programmes and HIV prevention, care, and support the Japanese Red Cross and the Irish Government are the main partners of the Federation in The Gambia, Senegal and Mali. Australian RC and Irish Government supported Niger RC in Community based-Health and Emergencies health activities. In Senegal, a strong partnership has been built with UNICEF in Kolda, Sida Service, Caritas and Ademas in the target areas of the HIV project. In Guinea Bissau, the Spanish Red Cross supported Watsan activities. In Niger, the ICRC supported the National Society activities in first aid while the French Red Cross and the Global Fund are partners in projects to support people living with HIV and nutrition component.

All OD activities are initiated in coordination with partners at the regional office level but also at country level. Activities, discussions, reports and plans are shared with regular partners in a Movement team spirit, namely ICRC, Danish RC, Canadian RC, Spanish Government through Spanish RC, Japanese RC, Irish RC, Swedish RC, and Icelandic RC. ICRC through its Tunis and Nouakchott offices is supporting the capacity building process in Mauritania and the review of the Senegalese RC statutes via its office in Dakar. The Canadian RC provided technical support to projects evaluation process in Mali; the Danish RC helped pay the salary for eight positions in Guinea: four at branch level and four in the headquarters as part of the overall support to the restructuration process in Guinea. The Irish RC funded capacity building, salary support, computer equipment and training sessions in Niger, Mali, Senegal, and Mauritania. The Spanish Government assisted in finance development and the organization of training.

Contributing to longer-term impact

The monitoring and evaluation mechanism between National Societies of the Sahel region and the Federation Office in Dakar is based on a framework of performance of health programmes

supported by the Federation. However, this mechanism should be improved to better reflect the impact of interventions among populations. Health programmes are targeting diverse groups (youth, women, persons living with HIV, OVC ...) and are strengthening women's capacities to take more responsibility for sick children in the community. Community empowerment and commitment is also one main strategy to get them into and ensure success of the projects. On the other hand, the fight against stigma and discrimination for PLHIV and equity in access to care for vulnerable groups is one of the main guidelines for Sahel NS projects to fight against HIV.

With this support the zone was capable to assist the NSs as appropriate during emergency through the deployment of trained RDRT members. These trained RDRT members have also been used by their NS to lead or coordinate the emergency operation and training for volunteers.

The zone and NS' DM capacity for early action has been improved through emergency stock. Close monitoring of stock keeping has ensured the exit strategy of the programme and appropriate utilization of the available items.

Looking ahead

For the year 2010, the OD Sahel efforts will remain focused on the development of human resources with a monitoring process of restructuring/staffing plans. The support to strategic plans review will continue until 2012. A framework for volunteering policies development and for the installation of volunteers' dynamic databases was provided in 2008. The Federation will continue to support National Societies in this field to enhance the greatest asset of the Movement, volunteers at community level. Communication and reporting will also be encouraged for better management of relationships with partners. The development of financial systems remains a priority with support for adherence to NEPARC (New Partnership for African Red Cross and Red Crescent Societies). External audits are also recommended for Sahel National Societies for more transparency and accountability.

It remains a big need to continue reinforcing and sustain the NDRT and CDRT training sessions within the zone as recommended by all NSs during the IDWARC programme evaluation conducted by the zone with the support of regional resource person. This will be done in 2010. The monitoring of the emergency stock put in place at the country level and the replenishment will all be a key point of the next plan of action.

How we work	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from 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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<final financial report below; click here to return to title page>

International Federation of Red Cross and Red Crescent Societies

MAA61004 - Sahel Region

Annual Report 2009

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

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	313,488	265,392	759,632		0	1,338,512
B. Opening Balance	0	0	0		0	0
Income						
<u>Cash contributions</u>						
Australian Red Cross		7,136				7,136
Czech Red Cross	2,286					2,286
Danish Red Cross (from Danish Government)			17,496			17,496
DFID Partnership grant	275,840					275,840
Irish Government	30,843	138,289	85,666			254,799
Japanese Red Cross		134,430	93,306			227,736
Netherlands Red Cross (from Netherlands Government)	14,908					14,908
Other	413	4,037				4,450
Spanish Government			530,079			530,079
Spanish Red Cross			207			207
Sweden Red Cross (from Gambia Red Cross)			9,721			9,721
Sweden Red Cross (from Swedish Government)			1,921			1,921
UNHCR (UN Agency)	348					348
Unidentified donor	4,014	-2,267	-449			1,298
C1. Cash contributions	328,653	281,625	737,946			1,348,224
<u>Outstanding pledges (Revalued)</u>						
Canadian Red Cross		46,746				46,746
Netherlands Red Cross (from Netherlands Government)	14,879					14,879
Spanish Red Cross			17,854			17,854
C2. Outstanding pledges (Revalued)	14,879	46,746	17,854			79,479
<u>Income reserved for future periods</u>						
Spanish Government			-378,446			-378,446
C3. Income reserved for future periods			-378,446			-378,446
<u>Inkind Personnel</u>						
Spanish Red Cross			37,200			37,200
C5. Inkind Personnel			37,200			37,200
<u>Other Income</u>						
Miscellaneous Income			-17,854			-17,854
C6. Other Income			-17,854			-17,854
C. Total Income = SUM(C1..C6)	343,531	328,371	396,701		0	1,068,603
D. Total Funding = B + C	343,531	328,371	396,701		0	1,068,603
Appeal Coverage	110%	124%	52%		#DIV/0	80%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0	0		0	0
C. Income	343,531	328,371	396,701		0	1,068,603
E. Expenditure	-308,576	-261,810	-386,394			-956,780
F. Closing Balance = (B + C + E)	34,956	66,561	10,307		0	111,823

International Federation of Red Cross and Red Crescent Societies

MAA61004 - Sahel Region

Annual Report 2009

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

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		313,488	265,392	759,632		0	1,338,512	
Supplies								
Construction Materials		3,826					3,826	-3,826
Food	145,833							145,833
Water & Sanitation		52,770					52,770	-52,770
Other Supplies & Services	97,000							97,000
Total Supplies	242,833	56,596					56,596	186,238
Land, vehicles & equipment								
Computers & Telecom		7,074		9,151			16,225	-16,225
Others Machinery & Equipment				1,041			1,041	-1,041
Total Land, vehicles & equipment		7,074		10,192			17,266	-17,266
Transport & Storage								
Storage	13,000	7,309					7,309	5,691
Distribution & Monitoring				-252			-252	252
Transport & Vehicle Costs	38,595	19,247	789	5,757			25,794	12,801
Total Transport & Storage	51,595	26,556	789	5,505			32,851	18,744
Personnel								
International Staff	192,096	8,345		82,105			90,449	101,647
National Staff	137,904	7,199	92,204	40,098			139,501	-1,597
National Society Staff	115,500	5,584	12,543	19,539			37,666	77,834
Consultants	6,239	12,705	3,885	27,265			43,855	-37,616
Total Personnel	451,739	33,833	108,631	169,006			311,470	140,269
Workshops & Training								
Workshops & Training	342,331	22,585	158,831	102,476			283,892	58,439
Total Workshops & Training	342,331	22,585	158,831	102,476			283,892	58,439
General Expenditure								
Travel	36,538	14,037	27,119	37,389			78,546	-42,008
Information & Public Relation	50,543		5,680	1,955			7,634	42,909
Office Costs	57,002	9,143	3,051	2,311			14,505	42,497
Communications	9,697	7,088	2,845	4,928			14,862	-5,164
Professional Fees	5,383		1,777	930			2,707	2,676
Financial Charges	2,102	12,322	2,323	1,394			16,039	-13,936
Other General Expenses	1,747	6,641	353	16			7,009	-5,263
Total General Expenditure	163,011	49,231	43,148	48,923			141,302	21,709
Depreciation								
Depreciation		407					407	-407
Total Depreciation		407					407	-407
Programme Support								
Program Support	87,003	20,148	18,200	23,395			61,742	25,261
Total Programme Support	87,003	20,148	18,200	23,395			61,742	25,261
Services								
Shared Services		8,504	21,385	6,110			35,998	-35,998
Total Services		8,504	21,385	6,110			35,998	-35,998
Operational Provisions								
Operational Provisions		83,643	-89,174	20,788			15,257	-15,257
Total Operational Provisions		83,643	-89,174	20,788			15,257	-15,257
TOTAL EXPENDITURE (D)	1,338,512	308,576	261,810	386,394			956,780	381,732
VARIANCE (C - D)		4,912	3,581	373,238		0	381,732	