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# DREF Operation Update n°1

## Mauritania: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

### DREF operation n° MDRMR005 GLIDE n° OT-2012-000024-MRT UPDATE 01: May 31<sup>st</sup> 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Period covered by this update:** February 23<sup>rd</sup> to May 15<sup>th</sup> 2012

**CHF 157,396 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 3,000 beneficiaries (600 families). Unearmarked funds to repay DREF are encouraged.**

**Summary:** After one month of delay due to the institutional transition in the National Society (preparation and holding of a General Assembly), the IFRC Regional Disaster Response Team (RDRT) member and Mauritanian Red Crescent (MRC) team arrived in the field on March 25<sup>th</sup> 2012. Since then, the DREF operation has been a success and 2/3 of the outcomes have been reached. Sixty-five Mauritanian Red Crescent volunteers were selected and trained on relief distribution, vaccination awareness as well as health, hygiene and Watsan promotion activities. The newly trained volunteers have distributed NFI to the 600 targeted families (100%) and promoted health and hygiene to more than 6'000 households (36'000 beneficiaries) in the Mbéra refugee camps as well as Mauritanian families receiving refugees. The volunteers also received vaccination awareness training by UNICEF and contributed to running of the first polio + Vitamin A campaign.

This operation was expected to be implemented in 3 months, and completed by June 30<sup>th</sup> 2012. However, a number of factors have made it necessary to extend the timeframe for the implementation of the remainder of activities by one month:

First the context of institutional transition within the National Society at the time generated delay in the starting up of the operation. Furthermore, it was necessary to solve the logistical challenges posed by an intervention in an area located 1,500 km distance from the National Society's headquarters, knowing that no local capacity existed before the DREF. Finally, there were neither trained volunteers, nor even a Local Committee in the region. It has therefore been necessary to reactivate the Local Committee and train a first group of 65 volunteers before launching the field activities in earnest.

The one month extension will also allow the training on Epidemic Control for Volunteers (ECV) to take place in mid-June 2012. The former Head of the Mauritanian Red Crescent Society Health Department currently Director of the National Health School in NEMA Region (Region of our intervention) has accepted to be the lead trainer for this activity.



**MRC IFRC volunteer training /April 2012**  
Photo A. Mogueya

## The situation

Since end of January, 2012, violent clashes between the Malian Tuareg rebels and the army in the Northern part of the country have led to massive population movements inside the country and the neighboring countries such as Niger, Burkina Faso, Gambia, Mauritania and Guinea Conakry. In Mauritania, the Representative of UNHCR highlighted significant population movement in the department of Bassiknou, 1'500km far in South-East of the country. In early April the situation was exacerbated by a Coup d'état that overthrow the Malian president followed by the invasion of Northern Mali by Tuaregs and Islamist rebel groups. The flow of refugees increased drastically to stagnate in early May.

Refugees have been moved from the Fassala camp to the Mbera camp in Bassiknou department. Today Fassala is only a transition camp where refugees stay for no more than 2 days before being transferred to the Mbera camp. As of May 14<sup>th</sup> 2012, 61, 287 individuals (13,305 families) have been registered in the Mbera camp.<sup>1</sup>

## Coordination and partnerships

The field team is meeting almost daily at HCR office in Bassiknou where they have daily coordination meetings. Both field and capital teams have also attended WASH cluster meetings in the field and in the capital Nouakchott. Other than this the HCR is having a weekly coordination meeting in Nouakchott where IFRC and MRC are participating.

The IFRC/MRC team works in close coordination with the following actors: OXFAM, UNICEF, SI, HCR, Intersos, LWF (Lutherian World Federation), MSF (Cluster), CSA (MOH), WFP. UNICEF provided vaccination campaign awareness training to the CRM/IFRC volunteers. Volunteers have done awareness campaign for vaccination on the first week of May for the MOH and UNICEF vaccination activities for the Malian refugees.

As for movement coordination, there is no other PNS in the area. ICRC has worked with NGO's. MRC/IFRC team has provided logistic support to ICRC head of mission assessment visit on the first week of May.

## Red Cross and Red Crescent action

### Relief distributions (basic non-food items)

Outcomes: 600 households are provided with basic NFI	
<b>Outputs</b>	<b>Planned activities</b>
600 identified and registered refugee families have received basic relief items.	<ul style="list-style-type: none"><li>• Identify refugee families;</li><li>• Distribute non food items to selected beneficiaries (1,200 mats, 1,200 blankets, 600 kitchen sets, 600 jerry cans, 600 hygiene kits and 600 buckets);</li><li>• Monitor, evaluate and report on distribution activities.</li></ul>

**Progress:** The Mauritanian Red Crescent volunteers have identified, with the support of local authorities, 347 families hosting refugees in the villages of Mbera I and II. With the assistance of UNHCR, they have identified 253 more families inside the refugee camp in Mbera. The distributions of NFI's (1,200 mats, 1,200 blankets, 600 kitchen sets, 1200 impregnated bed nets, 600 jerry cans, 600 hygiene kits and 600 buckets) were held from April 11 to 14 in the village Mbera and 28 and April 29 at Camp Mbera for refugee population to cover the 600 (100%) targeted families.

<sup>1</sup> <http://data.unhcr.org/MaliSituation/settlement.php?id=86&country=132&region=37>

Location	Families	Total Ben.	Blanket	Bednets	Mats	Buckets	Soap 500g	Bleach 2l	Bleach 1l	Kitchen set	Alluminium Plates	Jerry cans
			2/fam	2/fam	1/fam	1/fam	5/fam	2L/fam	1L/fam	1/fam	1/fam	1/fam
MBERA II	250	1253	500	500	250	250	1250	500	250	250	250	250
MBERRA I	97	562	194	194	97	97	485	194	97	97	97	97
CAMP	253	1518	506	506	253	253	1265	506	253	253	253	253
	600	3333	1200	1200	600	600	3000	1200	600	600	600	600

**Challenges:** The absence of formal roads and frequent sand storm makes travelling between the sites difficult.

### Emergency health

**Outcome: Reduce the immediate health risk of 3,000 people (600 households) by providing district health services during 4 months in the district of Bassiknou**

<p><b>Outputs:</b></p> <p>Up to 3,000 people (600 households) are targeted in disease prevention and health promotion activities at district level</p>	<p><b>Activities planned:</b></p> <p>Train / refresh 50 MRC volunteers on epidemic control for volunteers (ECV), focusing on malaria, ARI, and diarrhea;</p> <ul style="list-style-type: none"> <li>• Develop / use appropriate tools for site assessment of the beneficiaries and other information on health needs of 600 families;</li> <li>• Translate and reproduce IEC materials and initiate activities for disease prevention and health messages;</li> <li>• Conduct 6 social mobilization activities to promote immunization of children aged 5 to 59 months;</li> <li>• Collect data on socio-economic status;</li> <li>• Monitor the situation and ensure adequate reporting.</li> </ul>
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**Progress:** 30 volunteers from Mbera camp have received training from UNICEF on May 1st 2012. On the same week, the volunteers assist the authorities with sensitization campaign for Polio and Vitamin A supplementation.

**Gaps:** ECV training not done yet. To be done in Mid June.

**Challenges:** Several NGOs and UN agencies have trained community networks of volunteers (*relais communautaires*) for the same activities. Good coordination between actors has to be maintained in order to avoid duplication of activities.

### Water, sanitation, and hygiene promotion

<p><b>Outcome: text (bold) The risk of water borne diseases is reduced through improved drainage and hygiene promotion for 600 households (refugees, host communities) during 4 months at Fassala for 3,000 beneficiaries</b></p>	
<p><b>Outputs:</b></p> <p>The risk to water bone diseases is reduced thanks to hygiene promotion activities and change of behavior for 3,000 households during 4 months</p>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Elaborate / use the relevant tools to assess beneficiary living conditions and other information related to hygiene needs for 3,000 beneficiaries;</li> <li>• Train 50 volunteers, 5 team leaders and a supervisor on how to sensitize on hygiene practices (training session to explain to the volunteers the key messages to circulate);</li> </ul>

	<p>and relief distribution</p> <ul style="list-style-type: none"> <li>• Organize local sensitization sessions on how to treat, store and use water and good hygiene. Conduct Social mobilization /monitor the use of sanitation facilities and the level of acceptability within the communities</li> <li>• Control and report on distribution and activities</li> </ul>
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**Progress:** The Mauritanian Red Crescent has revised its picture boxes in the thematic of water and sanitation. They were adapted to the situation of the refugees and host families. 60 volunteers (120%) and 5 team leaders have been trained on relief distributions, WATSAN promotion and the use of the picture box during 4 days, in two different sessions.

Those volunteers have already surpassed their objectives (143%) by reaching 4,297 families (30,089 beneficiaries) with water, sanitation and hygiene sensitization messages.

**Challenges:** The number of recipients exceeds the number of NFI's distributed which leads to a strict selection.

## Contact information

### For further information specifically related to this operation please contact:

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## DREF history:

- This DREF was initially allocated on February 2nd 2012 for CHF 157,396 for 3 months to assist 3,000 beneficiaries.
- 1 DREF operation update issued.

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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