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DREF Final Report

Mauritania: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRMR005
GLIDE n° OT-2012-000024-MRT
6 December, 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.

Summary: CHF 157,396 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society to deliver immediate assistance to 600 families (3,000 beneficiaries).

The DREF operation started on 23th February 2012 and ended 25 August 2012, after an extended timeframe of one month.

125 volunteers from the Mauritanian Red Crescent (MRC) distributed non-food items (NFIs) to 600 families, reaching its target population of the emergency intervention.

The MRC volunteers promoted health and hygiene to 4,297 families (30,089 beneficiaries) in the Mbera refugee camps, as well as to 1,537 Mauritanian families (9,819 persons) hosting refugees. Additionally, trained MRC volunteers implemented the first campaign on Polio and Vitamin A supplement in the refugee camp, in cooperation with the government.

The capacity of the MRC volunteers was strengthened in the area of relief distribution, vaccination awareness raising, First Aid, community based health, Epidemic Control for Volunteers (ECV), and WATSAN and hygiene promotion.

This DREF operation was expected to be implemented over four (4) months and completed by June 30th 2012. Due to an initial delay in starting up the operation as well as challenges to implement the activities in a very remote area under difficult circumstances (including lack of local capacity and infrastructure, recurrent sandstorms, limited institutional and emergency response capacity with the national society) - an extension of the time frame with one (1) month was granted.



IFRC/MRC volunteers training on First Aid, June/July 2012. Photo MRC

Contributions from the Canada Government have replenished part of the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

[<click here for final financial report; here for contact details>](#)

The situation

End of January, 2012, violent clashes between the Malian Tuareg rebels and the army in the Northern part of the country led to massive population movements inside the country and into the neighbouring countries such as Niger, Burkina Faso, Gambia, Mauritania and Guinea Conakry. In early April 2012, the situation in Mali was exacerbated by a Coup d'état to overthrow the Malian president followed by the invasion of Northern Mali by Tuaregs and Islamist rebel groups.

In Mauritania, UNHCR gave alert about a significant population movement in Fassala, in Bassiknou County (in Hodh Chargui region), South-East of the country - a region also faced with a serious nutrition crisis due to poor rainfall in 2011. The arrival of the Malian refugees became an additional pressure on the already strained resources, and worsened the situation in the region causing humanitarian concerns for both the refugees and the host communities.

In 16 July 2012, 91,604 Malian refugees (18,463 families) had taken refuge in Mauritania. Out of the total refugee population 41,350 were men (45%) and 50,254 were women (55%), while children made up 63.2%. The refugees were first settled in the Mbera camp (18km far from Bassiknou), and after an agreement between the Government and UNHCR's, camp Aghor was opened (35km from Bassiknou) in order to decongest Mbera Camp.

Apart from the MRC, other actors that were involved in the response have been UN agencies with UNHCR as the lead agency, WFP and UNICEF, as well as non-governmental organisations (NGOS) like MSF, OXFAM, Solidarity, and Intersos. IFRC have provided support to MRC during the operation. From the Mauritanian Government, the Ministry of Health was an important actor.

At the end of the DREF operation there are still over 90,000 refugees in the camps, whose needs are not met, as well as a continued difficult situation for the host community with limited local resources to provide for the local communities and refugee population. (cf. <http://data.unhcr.org/MaliSituation/country.php?id=132>). .

Coordination and partnerships

UNHCR acted as the lead agency during the refugee response, and almost daily coordination meetings were held at the UNHCR office in Bassiknou, in which the MRC field team participated. Additionally, UNHCR were having bi-weekly coordination meeting in Nouakchott, where IFRC and MRC were participating.

Furthermore, WASH cluster meetings were held in both the field and in the capital Nouakchott, coordinating all water, sanitation and hygiene activities performed with the refugee and host population. These meetings were attended by both MRC field and capital teams.

As for partnership, the IFRC/MRC team had close collaboration with the following actors: UNICEF (Vaccination campaign awareness training to MRC/IFRC), OCHA, UNHCR, WFP, OXFAM, MSF, Solidarité International (SI), Intersos, Lutheran World Federation (LWF), and governmental institutions such as Ministry of Health (CSA).

In regards to Red Cross/Red Crescent (RCRC) Movement Partners, there were no other RCRC partner organization present in the area except IFRC, ICRC and MRC. IFRC provided support to the MRC DREF operation including deploying a Regional Disaster Response Team (RDRT). ICRC supported an NGO's (Solidarité) for distribution of water (Watsan). The ICRC also distributed NFIs to 6,000 households in the

area. The IFRC provided technical and logistical support to the ICRC Head of Mission assessment visit in May 2012.

Red Cross and Red Crescent action

The MRC together with IFRC and ICRC closely monitored the situation, and deployed 125 volunteers to provide assistance to the affected population.

The IFRC, through its Sahel Regional Representation, deployed an RDRT to support implementation of activities in the camp as well as the neighboring villages. The RDRT ended its mission end of July 2012.

During the DREF operation, MRC carried out relief distribution, emergency health, and water, sanitation and hygiene promotion activities. The IFRC provided support and technical advice to the MRC during the operation, including the above mentioned RDRT. ICRC distributed NFIs and water supplies to affected households in the area.

MRC continued to advocate on behalf of the vulnerable refugee population and host communities, whose needs for relief assistance continued after the end of this DREF operation. (cf. <http://data.unhcr.org/MaliSituation/country.php?id=132>).

Achievements

The MRC provided NFIs to 600 refugee and host families, thus reaching their planned target population with relief distribution. The volunteers that distributed the relief had been trained in how to perform the relief distribution.

The MRC also reached a large part of the affected population (nearly 40,000 persons) with health and hygiene promotion, as well as carried out an important vaccination campaign (Polio and Vitamin A supplement) in the refugee camp, in partnership with the government.

The capacity of the MRC volunteers was strengthened in the area of relief distribution, vaccination awareness raising, First Aid, community based health, Epidemic Control for Volunteers (ECV), and WATSAN and hygiene promotion.

Relief distributions (basic non-food items)	
Outcomes: 600 households are provided with basic NFI	
Outputs	Planned activities
600 identified and registered refugee families have received basic relief items.	<ul style="list-style-type: none"> • Identify refugee families; • 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); • Monitor, evaluate and report on distribution activities.

Achievements:

In collaboration with UNHCR and local authorities, MRC volunteers identified 253 refugee families in Mbera refugee camp, and 347 host families for refugees in the villages of Mbera I and II, in need of emergency assistance. These families were provided with basic household items that would help them cater for their basic needs and improve their living conditions.

The items distributed to the 600 families included mats, blankets, kitchen sets, impregnated bed nets, jerry cans, hygiene kits and buckets.

The NFI distributions for the host families in Mbera I and II villages took place during 11-14 of April 2012, and for the refugee population at Mbera Camp 28-29 April 2012, with a total of 600 families reached. Please find below the distribution table for families.

Location	Families	Total Ben.	Blanket	Bednets	Mats	Buckets	Soap 500g	Bleach	Sleet	Kitchen set	Alluminium Plates	Jerrycans
			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
MBERA 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
TOTAL	600	3333	1200	1200	600	600	3000	1200	600	600	600	600

Challenges:

Since July 31st 2012, the number of refugees in the area has reached 96'484, and despite significant efforts from humanitarian actors there are still gaps in the response towards covering the basic needs of this population. (cf. <http://data.unhcr.org/MaliSituation/country.php?id=132>)

From an operational point of view, the MRC faced a lot of challenges to carry out its distributions in terms of absence of formal roads and frequent sand storm which made transport to and between the sites difficult. This contributed to delay the operation.

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

Outputs:	Activities planned:
Up to 3,000 people (600 households) are targeted in disease prevention and health promotion activities at district level	<ul style="list-style-type: none"> • Train/refresh 50 MRC volunteers on epidemic control for volunteers (ECV), focusing on malaria, ARI, and diarrhea; • Develop / use appropriate tools for site assessment of the beneficiaries and other information on health needs of 600 families; • Translate and reproduce IEC materials and initiate activities for disease prevention and health messages; • Conduct 6 social mobilization activities to promote immunization of children aged 5 to 59 months; • Collect data on socio-economic status; • Monitor the situation and ensure adequate reporting.

Achievements:

In the area for the intervention, assessments showed that there were gaps in assistance and interventions relating to health, for example there were no awareness campaigns around vaccinations or promotion of breast-feeding. There were also gaps in assistance to persons with disabilities, including mental health. Additionally, there were lack of medicine and equipment for maternity hospitals, medical consumables, and qualified health workers. These needs were raised with other agencies implementing activities, including lead agency. MRC could contribute by including the vaccination campaign into its health messages, after training its volunteers (see below).

The MRC volunteers promoted health and hygiene to more than 4,297 families (30,089 persons) in the Mbera refugee camp, as well as to 1,537 Mauritanian families (9,819 persons) hosting refugees.

30 MRC volunteers active in Mbera camp received Vaccination Campaign Awareness Raising Training from UNICEF on the May 1st 2012. Following this training, the volunteers assisted the authorities to carry out a sensitization campaign for Polio vaccination and Vitamin A supplementation in the camp.

30 MRC volunteers were trained on Epidemic Control for Volunteers (ECV) the 19th 23 June 2012.

Additionally, 30 MRC volunteers were trained in First Aid and Community Based Health interventions.

Challenges: Several NGOs and UN agencies duplicated their training of community networks of volunteers (*relais communautaires*) in the camps, thus some of the volunteers were trained more than one time for the same activity. Coordination between actors could thus have been better in order to avoid these duplications of activities.

Water, sanitation, and hygiene promotion

Outcome: 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	
Outputs: The risk to water bone diseases is reduced thanks to hygiene promotion activities and change of behavior for 3,000 households during 4 months	Activities planned: <ul style="list-style-type: none"> • Elaborate / use the relevant tools to assess beneficiary living conditions and other information related to hygiene needs for 3,000 beneficiaries; • Train 50 volunteers, 5 team leaders and a supervisor on how to sensitize on hygiene practices; and how to perform relief distribution • 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 • Control and report on distribution and activities

Achievements:

Assessments performed identified that the water supply for the affected population did not meet sufficient standard. In addition gaps were identified in items related to health and water and sanitation, such as pits for garbage, bladders (10 m³), health kits, hygiene kits drillings with big debit, latrines, family showers, water testing kits (Delaqua), generators (30 to 40 KVA), immersed pumps of calibre 20 - 30 m³, installation of water supply systems etc. These gaps were raised with the other agencies active in the camps.

The MRC revised its picture boxes (a tool used for information, education and communication) in the thematic of water and sanitation. They were adapted to the situation of the refugees and host families.

60 MRC volunteers and 5 team leaders were trained in April and June 2012, on relief distributions, WATSAN promotion and the use of the picture box. The trained volunteers used their skills acquired when reaching 4,297 refugee families (30,089 beneficiaries) and 1,537 Mauritanian families (9,819 persons) hosting refugees with water, sanitation and hygiene sensitization messages.

Challenges:

The assessment made by MRC identified the needs in terms of water, sanitation and hygiene among the affected population, but also the gaps in services and resources available. These gaps posed a challenge to address for MRC and the other actors, and a large part of the gaps remained during the time of the operation.

Constraints

The operational structures and capacity of MRC remained weak during the implementation of the DREF operations. The MRC did not have no trained volunteers a set up in the area of implementation, and. Also, legal considerations related to the adoption of the new status of NS delayed reactivation of two local MRC Committees in the area of the DREF operation.

For this DREF operation the Local MRC Committee of Bassiknou was able to be temporarily set up, while waiting for the election of the new governance structures following the adoption of the new statutes. These internal issues had a negative effect on the startup of the operation and caused unfortunate delays. Eventually, the new elected governance was put in place and could start looking into the MRC project and programme activities and their implementation.

Another challenge for the operation was the low capacity in emergency management within MRC, with a new team set up for the emergency intervention, requiring extensive support from IFRC to carry out the operation. The low capacity and new set up of the MRC team, created a situation where many actions required discussions and orientations before any decision could be taken, thus causing some delay.

The logistical set up for the operation also turned out to be a considerable challenge, with the area of implementation located at 1,500 km distance from the NS Headquarters and no local capacity available at the site for implementation. Additionally, the lack of infrastructure and recurrent sandstorms in the area of implementation posed great challenges for the operational team.

There was also weak management of communication which posed further challenges to the operation, as communication lines did not work efficiently and caused occasional delay. The MRC has been looking into these areas for improvement.

Contact information

For further information specifically related to this operation please contact:

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For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org
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DREF history:

- This DREF was initially allocated 23 February 2012, with a budget of CHF 157,396, and implementing timeframe for 4 months to assist 3,000 beneficiaries (600 families).
 - DREF Operation Update 01, 4 June 2012
 - Extension of time frame by one month until 25 August 2012.
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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 (NGOs) 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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MDRMR005 - Mauritana - Population Movement

Appeal Launch Date: 21 feb 12

Appeal Timeframe: 21 feb 12 to 31 jul 12

Final Report

I. Funding

Selected Parameters	
Reporting Timeframe	2012/2-2012/11
Budget Timeframe	2012/2-2012/7
Appeal	MDRMR005
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	157,396					157,396	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	135,967					135,967	
C4. Other Income	135,967					135,967	
C. Total Income = SUM(C1..C4)	135,967					135,967	
D. Total Funding = B +C	135,967					135,967	
Coverage = D/A	86%					86%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	135,967					135,967	
E. Expenditure	-135,967					-135,967	
F. Closing Balance = (B + C + E)	0					0	

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Selected Parameters	
Reporting Timeframe	2012/2-2012/11
Budget Timeframe	2012/2-2012/7
Appeal	MDRMR005
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. 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)	157,396					157,396		
Relief items, Construction, Supplies								
Clothing & Textiles	30,000	27,754				27,754	2,246	
Water, Sanitation & Hygiene	21,000	4,335				4,335	16,665	
Utensils & Tools	17,700	19,770				19,770	-2,070	
Total Relief items, Construction, Supplies	68,700	51,859				51,859	16,841	
Logistics, Transport & Storage								
Distribution & Monitoring	36,600	34,207				34,207	2,393	
Transport & Vehicles Costs	970	770				770	200	
Total Logistics, Transport & Storage	37,570	34,977				34,977	2,593	
Personnel								
International Staff	17,620	14,785				14,785	2,835	
National Society Staff	4,850	7,960				7,960	-3,110	
Volunteers	7,200	6,638				6,638	562	
Total Personnel	29,670	29,383				29,383	287	
Workshops & Training								
Workshops & Training	3,600	2,793				2,793	808	
Total Workshops & Training	3,600	2,793				2,793	808	
General Expenditure								
Travel	2,500	805				805	1,695	
Information & Public Relations	500	47				47	453	
Office Costs	3,000	5,723				5,723	-2,723	
Communications	750	645				645	105	
Financial Charges	1,500	1,437				1,437	63	
Total General Expenditure	8,250	8,658				8,658	-408	
Indirect Costs								
Programme & Services Support Recov	9,606	8,298				8,298	1,308	
Total Indirect Costs	9,606	8,298				8,298	1,308	
TOTAL EXPENDITURE (D)	157,396	135,967				135,967	21,429	
VARIANCE (C - D)		21,429				21,429		