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# Sahel

## Mid-Year Report

 International Federation  
of Red Cross and Red Crescent Societies

**MAA61004**  
**09 October, 2012**

**This report covers the  
period 1 January 2012 to  
30 June 2012.**

*Distribution of food items in Mali:  
Photo IFRC*



### Overview

Within the Strategy 2020 framework of the International Federation of Red Cross and Red Crescent societies, Sahel National Societies are delivering humanitarian services predominantly in the areas of Disaster Risk Reduction and Health. Sahel Red Cross Societies have been engaged in community needs response while facing growing humanitarian needs at the same time. During the reporting period the focus was mainly in the areas of Public Health Emergency specifically epidemic diseases such as cholera, Sahel food insecurity effects especially malnutrition of children under five and its related consequences and Communicable and Water-Borne diseases such as malaria.

Food Insecurity was one of the biggest challenges during the reporting period. Indeed, more than 18 million people in Niger, Chad, Mali, Mauritania, Burkina Faso, The Gambia and some parts of Senegal have faced severe food shortages in 2012. This situation in the Sahel Region is based on a number of underlying causes which include poverty, poor education levels, lack of access to basic services, political instability and conflicts in the region, poor governance, weak economies dependent on international markets, high population growth, increased urbanisation and rural exodus and the impact of climate change. To address the immediate acute needs as well prolonged underlying causes of food insecurity and to provide long-term food and livelihood security and resilience to future crises, the Sahel Regional Office and the concerned National Societies have been pursuing a twin-track approach of providing immediate food and water and sanitation support alongside building resilience to mitigate effects of future food crises.

The situation has also been aggravated by the insecurity in the Sahel belt, with fighting between Tuaregs and the Government in northern Mali causing population displacement in Mali and neighbouring countries.

In support of the Governments' efforts to reduce the malaria burden, Red Cross Red Crescent malaria activities within the region were focused on scaling up mosquito net distribution to achieve universal coverage in promoting their utilisation, malaria prevention through antenatal care (ANC) for pregnant women and early treatment of malaria cases at health facilities.

During the first six months of 2012, long lasting insecticide-treated nets (LLINs) were distributed by Red Cross volunteers in Nigeria and Senegal to support the National Malaria Control Programmes (NMCPs) in achieving universal coverage. Operational research on the impact of Red Cross volunteers' household visits and hang up by on net utilisation within households was undertaken in Togo. Technical support for developing an Integrated Community Case Management (ICCM) programme was provided to the Burkina Faso Red Cross during the period.

### **Working in partnership**

Considering the Sahel Region was hit by the food crisis early in the year, several joint-assessments including inter-agency planning were conducted. At the country level, coordination platforms have been functioning well, either as formally organized clusters or informal humanitarian agencies meetings. In all the affected countries IFRC staff or representatives attended regular meetings since the Red Cross and Red Crescent operations cover large geographic areas, besides working with other agencies. At the regional level, coordination functioned well and was characterised by several IASC working groups, regular meetings with OCHA and the humanitarian agencies.

The Regional Representation attended the Dakar-based inter-agency food security and nutrition working group as well as the technical nutrition working group. The International Federation participates frequently in these meetings alongside the PNSs and the ICRC. Furthermore, a regional coordination framework from IFRC Dakar Regional Office has ensured consistent information management, analysis, and communication alongside back-up surge capacity as the crisis moves into the rainy season, including increasing humanitarian needs from the conflict in Mali.

There are also a number of bilateral Partner National Societies who have worked in the region for several years with extensive experience of food security, nutrition and health programming. Working with IFRC Sahel Regional Office, these PNS have mapped their capacities in each country including their plans/priorities in relation to the food security crisis. In most instances, the respective PNSs have aimed at developing their existing programming and support to respond to the food crisis. This forms part of Federation's response in the region and has constituted a strong basis from which a coordinated response and longer-term programming has been built.

As a major step in addressing the food crisis situation in the Sahel, the International Federation and the African Union (AU) hosted a high level Forum in Dakar on 25 and 26 April 2012. The meeting was attended by Red Cross and Red Crescent National Societies from the affected region and other parts of the world, international organizations, regional economic institutions civil society and donor governments. A 'twin track' approach that focuses on African solutions and a joint advocacy on the worsening Sahel Food Crisis were two of the agreed outcomes from the high level forum. Other outcomes agreed upon included the consistent sharing of regional and global trends on food insecurity and agriculture; shared positions and platforms of the AU and IFRC; a significant role for Red Cross Red Crescent in disseminating early warning information and a leadership role for AU in mobilizing high level support. Calls for action from the Forum also included greater access to vulnerable populations; improved infrastructure for better movement and delivery of agricultural commodities and services and increased resources to cover gaps based on evidence, analysis and needs.

The following table gives some details regarding operational partners and relevant agreements with them

Operational Partners	Agreement
World Food Programme (WFP)	<ul style="list-style-type: none"> <li>Field level agreements in Senegal, Chad, the Gambia, Senegal, Mali.</li> <li>Memorandum of understanding at global level under revision.</li> </ul>
Food and Agricultural Organisation (FAO)	<ul style="list-style-type: none"> <li>Memorandum of understanding at global level under discussion.</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>Field level agreement in Niger and in Chad</li> </ul>
PNS (Belgian Red Cross, Danish Red Cross, French red Cross, Irish Red Cross, Luxembourg Red Cross, Monaco Red Cross, Spanish Red Cross)	<ul style="list-style-type: none"> <li>Bi-lateral or tripartite agreements in Mauritania, Niger, Senegal, The Gambia, Chad, Burkina Faso on food security and nutrition programmes as well as on the Sahel food crisis response.</li> </ul>
National TB program (Senegal, Gambia)	<ul style="list-style-type: none"> <li>Memorandum of Understanding (MoU)</li> </ul>
National Aid program	<ul style="list-style-type: none"> <li>Cooperation Agreement</li> </ul>
Ministry of Health's National Nutrition Programmes (Senegal, Mali, Gambia and Niger)	
Coordination Committee Mechanism (CCM)	
Ministry of Health's National Malaria Control Programmes (Senegal, Nigeria, Togo and Burkina Faso)	
President Malaria Initiative/USAID	
USAID	
UNICEF (Guinea)	
WFP (Senegal)	
WHO (Senegal)	
ACF (Guinea)	
UNICEF (Guinea)	
Networks/USAID (Senegal)	

## Progress towards outcomes

### Business line 2: To grow Red Cross Red Crescent services for vulnerable people

**Outcome:** Supporting the 5 National Societies to develop food security, livelihoods, nutrition community-based projects in targeted countries including EWS and climate adaptation programmes to reduce food insecurity in line with the Africa food security.

#### Comments on progress towards outcomes

In support of the Sahel food crisis, the IFRC Regional Office for the Sahel launched 6 DREFs and 7 Emergency Appeals (Mauritania, Niger, Chad, Burkina Faso, Senegal, The Gambia and Mali). The Red Cross Red Crescent response aims at saving lives and protecting livelihoods through the implementation of a "twin-track" approach to meet emergency as well as longer term needs.

So far, National Societies in the region have been engaged in:

- providing emergency food for the most vulnerable (mostly in partnership with WFP);
- supporting health centres to detect and treat acutely malnourished children (e.g. through the provision of food assistance or blanket feeding alone or in partnership with WFP and/or UNICEF, screening, referral and care of severely and moderately acute malnourished children as well as pregnant and lactating women, hygiene and good nutrition practice promotion);
- helping communities maintain an income through small businesses or farming;
- developing marshlands and wadis;
- supporting livelihoods protection activities, cash for work activities, direct cash transfers;
- distributing seeds, tools and fertilisers for the main planting season;
- supporting women groups with gardening techniques;
- supporting water management activities

These efforts are made to help the most affected people go through the lean season, build community resilience and minimize their vulnerability to future droughts.

### **Business line 3: To Strengthen the specific Red Cross Red Crescent contribution to development**

#### **Outcomes:**

- Epidemics hot spots in the Sahel region are known, surveillance systems in place and National Societies supported to respond.
- Supporting 3 National Societies to scale up actions to reduce vulnerability to HIV and its impact through preventing further infection, expanding care, treatment, and support, and reducing stigma and discrimination.
- Increased capacity of communities and volunteers who are prepared and are able to respond to first-aid needs and identify health priorities in their communities.
- Promoting Voluntary non remunerated blood donation during world blood donation day and other Red Cross events:
- Supporting National Societies to implement psychosocial support services.
- Training and supporting 5 National Societies to implement sustainable access to safe water and sanitation (watsan) services in the target area and epidemic disease preparedness and response have increased in Sub-Saharan Africa.
- Morbidity and mortality from malaria reduced in 5 countries in West and Central Africa through the distribution of Long Lasting Insecticides-treated nets in collaboration with MoH and the National Malaria Control Programme.
- Increased utilisation of Long Lasting Insecticides-treated nets by communities in 5 countries in West and Central Africa.
- Communities have a better understanding of how malaria affects them, pregnant women, children under five and the chronically ill, the best prevention methods and treatment through community based malaria activities implemented by Red Cross national societies, in 5 countries in west and central Africa.

### Comments on progress towards outcomes

Sahel National Societies embarked on service delivery improvements for Public Health Emergencies. The roll-out of training on the Epidemic Control (ECV) manual for Volunteers was carried out during the first part of the year. The ECV manual was elaborated on, printed out and distributed to all National Societies. Training sessions were also organised in Niger, Mali and Guinea where cholera outbreaks were experienced. On tuberculosis prevention, support for both care and treatment activities were carried out through the Home Based Care (HBC) programme. In Senegal and Gambia, volunteers continued to work with individuals, families and health posts/districts after the pilot phase of the TB project, in ensuring that patients were taking their medication as prescribed and attending their appointments. Red Cross volunteers also applied hygiene promotion strategies and identified early signs and symptoms of TB.

In Gambia, the TB activities were combined with HIV/AIDS activities through the (HBC) programme. Trained volunteers provided care, support and treatment adherence monitoring during the home visits. The care givers conducted information sessions with patients and family members working under the guidance of supervisors or coaches. The programme assisted communities in the targeted localities with co-infection prevention messages, DOTS and IEC material distribution.

A total of 120 home visits took place during the reporting period. Health care work started at the health centres to monitor treatment adherence and identify defaulters after which clients' homes were visited to establish the reasons for defaulting. During the home visits, clients received counselling while others were referred to the clinics for further observation. Normally, care givers work with family members, to teach them how to monitor treatment adherence and where necessary, family members are also referred to the clinics for TB testing.

A number of other activities were undertaken in line with the Red Cross mandate, a good example being the Red Cross Day observed as a public event. Indeed, in May of each year, Sahel Red Cross Societies used to celebrate the World Red Cross day by engaging their respective communities in various kinds of activities. In May 2012, focus on Humanity and Voluntary Service was illustrated in the program. Non remunerated blood donation, voluntary counselling and testing for HIV as well as distribution of condoms for HIV prevention were organised during the Red Cross day. Psycho-social support interventions were also provided to individuals in the form of counselling, support groups, food supplements and hygiene packs in the Gambia and Senegal.

Some progress has also been noted in the field of Malaria. The Senegalese Red Cross Society (SRCS) mobilised 103 trained supervisors and 837 trained volunteers in the region of Louga to support the National Programme against Malaria (PNLP) in the distribution of Long Lasting Insecticide Treated Nets (LLINs) towards achieving a universal coverage during the reporting period. A total of 380,980 LLINs were distributed to 59,069 households, representing approximately 629,285 persons. Following the distribution, Red Cross volunteers visited households to disseminate key information on the dangers of malaria and the best methods of prevention and the need for prompt treatment. Where necessary, the volunteers also supported the households to hang the nets. A total of 48,355 HHs were visited by Red Cross volunteers who also observed that 91% of the LLINs distributed the previous night were hanging and being utilised correctly.

In Cross River State, Nigeria, the Calabar branch of the Nigerian Red Cross Society mobilised 414 trained volunteers, supported by 35 supervisors, 112 store clerks, 2 Red Cross focal persons, 2 Roll Back Malaria (RBM) focal persons and 2 State Coordinators, distributed vouchers to 98,587 households (representing 90% of all households in Calabar Municipal and Calabar South) over a ten-day period with support from the National Malaria Control Programmes (NMCP), the Cross River State Government and USAID. A total of 164,341 LLINs were distributed at fixed distribution points over the 5 days planned for distribution of the LLIN and in the 5 additional days of "mop up" from the Nigerian Red Cross Society office for people who missed the distribution in the first round. While distribution during phases 1 and 2 of this campaign in 16 rural Local Government Authorities (LGA) was completed by volunteers going door to door, a fixed distribution strategy was adopted for

distribution and hanging of nets in urban areas due to the difficulty of accessing households during the third and final phase of the Fill In Campaign.

Research on the impact of net utilisation by households through door to door visits and hang up of bed nets by Red Cross volunteers is on-going in Togo. Both quantitative and qualitative researches, with control areas, are being conducted in partnership with the Government, Health Bridge and the Demography Research Unit (URD). Preliminary results were presented at the Alliance for Malaria Prevention (AMP) meetings held at the Secretariat offices in Geneva in February 2012. The operational research project was completed on 31 July 2012.

Following discussions with the PNLP in Burkina Faso, the National Society with support from IFRC, is designing an Integrated Community Case Management (ICCM) project. Red Cross volunteers working in close partnership with the State's health workers will be trained to diagnose malaria and other common diseases and provide the necessary treatment to all children under 5 years old in their communities. Although Home Management of Malaria (HMM) is already being conducted by the Ministry of Health as well as Africare, the PNLP has requested the support of the National Society in filling the existing gaps and increase the reach in malaria diagnosis and treatment.

In the Water and Sanitation sector, some key activities were implemented in response to the population movement and food crisis situations. In Burkina Faso, the National Society achieved the installation of 100 latrines in Soum and Oudalan, provided portable water and treated drinking water in Soum.

The Mauritanian Red Crescent with support from its partners and the regional watsan officer carried out the watsan component of the Food Security Emergency Appeal. Sixty four (64) volunteers were trained on capacity building and communication for hygiene promotion. In addition, the National Society revised its image boxes in the water and sanitation thematic area, to update them accordingly in response to the Mauritania's population movement situation of both the refugees and host families. Sixty (60) volunteers (120%) and 5 team leaders were trained on relief distributions, watsan promotion and the use of the image boxes during 4 days, in two different sessions. The trained volunteers surpassed their objectives (143%) by reaching 4,297 families (30,089 beneficiaries) with water, sanitation and hygiene promotion messages.

#### **Business line 4: To improve National Societies' capacities in service delivery to the most vulnerable populations**

##### **Outcomes:**

- Sahel National Societies leadership capacities are improved for a better functioning, and collaboration between governance trained on their respective roles and responsibilities.
- Adequate and trained staff is available for NS in compliance with HR best practices and regulations and National Societies professional capacities improved.
- National Societies supported in programming and planning and Strategic Plans are reviewed.
- Improving National Societies legal base with updated statutes available and adopted.
- Improving NS volunteers' management systems with updated volunteering policy and functioning data base available in the NS.
- NS financial sustainable and effective procedures and management tools operational.

### Comments on progress towards outcomes

The Sahel regional context and environment have contributed towards achieving strategically tailored support provided to the NSs through the Regional Representation, within the framework of the new concept of "Working Closer to NS". It was not easy to install trust and confidence between the Sahel Regional Office and NS leaders, but good results were achieved and a very cooperative working framework created. This tailored support allowed for the assessment of NS capacities in the Sahel region by using the different traditional assessment tools developed by the IFRC to specifically support NSs relevant programmes according to priorities.

The Sahel region will continue to work closely by using the results of ongoing OCAC evaluation. A clear separation of roles is now set in seven out of the ten identified NS Governance issues in the region. The achievements were a result of IFRC support through training sessions provided to Sahel NSs on good governance and transparency to improve collaboration between governance and management. Three NSs will be supported to attend the next leadership training course to be held in Geneva (Gambia and Burkina Faso) in early 2013.

Sahel National Societies have been supported in staffing:

- Guinea RC recruited an Executive Secretary in December 2011 and received support in terms of HR and management tools including revision of staff job description and appraisal process. The appraisal process for the rest of staff is still ongoing.
- Gambia RC hired a new SG and will also benefit from financial support to reinforce its finance department with a finance manager supported by the IFRC for one year.
- Sahel NS logistics focal points were also trained and equipped to improve performance.

Exchange visits for governance support were initiated among the Sahel NSs through peer-to-peer support mostly when a new board was elected or in case of institutional crisis (Mali SG supported Senegalese RC, Liberia RC supported the management of Gambia RC and Senegal and Niger supported Mauritania Red Crescent). This peer to peer support allowed Sahel Office to overcome crises in the region and assist fragile NS to tackle specific issues.

The Senegalese Red Cross has completed its Strategic Plan while Gambia, Guinea and Mauritania NSs are reviewing theirs, supported by the Sahel team. This exercise has contributed to promoting the active roll-out of Strategy 2020 as a reference document in their planning and budgeting. An integrated approach was developed to create synergy between health and DRR programmes while NS partners in the field contributed to the planning process which helped reinforce the joint planning of activities for better collaboration and impact. The IFRC has provided crucial support in the transformation of many NSs in the region. All Sahel NSs now have a standardized manual for administration, logistics, HR and financial procedures that have been implemented. However, the manual has to be revised accordingly in response to gaps highlighted by the NSs. Two Sahel NSs have been targeted as pilot NSs to bridge the digital divide (Mali, Cape Verde) and the 2<sup>nd</sup> round will involve three National Societies (Gambia, Niger and Mauritania).

Statutes for Sahel National Societies have been reviewed according to the IFRC guidelines and all new changes submitted to the joint commission.

The Sahel region continues to support the volunteering development process and facilitate the implementation of youth declarations by NSs leadership including encouragement of youth exchange and meeting initiatives through networking.

### Stakeholder participation and feedback

Sahel Red Cross Societies remain the leading humanitarian organizations in their respective countries, with good working relationships involving national, regional and international partners. In fact, the key role played by the Red Cross is highlighted in all the feedback received from the stakeholders involved in all development activities and emergency operations.

The Health and Care programme continues to engage with national health facilities and other stakeholders in delivering services to the vulnerable communities. National Societies are members of the Inter Coordination Committee (ICC), the Country Coordinating Mechanism (CCM) and the Committee for Management of Crisis.

A significant number of malaria prevention and treatment activities within the regional countries are led by the respective Ministries of Health through their National Malaria Control Programmes (NMCP). Feedback from the NMCPs reveal that National Red Cross Societies are a key partner in the fight against the malaria pandemic in Senegal, Nigeria, Togo and Burkina Faso. The health coordinators of these latter National Societies are active members of the NMCPs working groups, and have been called upon in all four countries to support the respective governments in LLIN distribution and community sensitisation. National Societies' vast networks of volunteers at the community level are able to support their respective NMCP in ensuring that malaria interventions reach all households and communities. As one of the key donors of malaria activities, USAID has shown interest in expanding the work carried out by Red Cross volunteers in Nigeria and other states.

Concerning Food Security, beneficiaries have been receiving either food or cash vouchers to take them through the lean season, as well as seeds, tools and fertilisers to prepare for the planting season. The appeals have been designed in full participation of the National Societies, their volunteers based on needs assessments. WFP, the main partner of the IFRC Sahel Regional Office in this operation, is happy with the capacity of Red Cross to deliver food to the most vulnerable through their volunteers' network efficiently and effectively.

## Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
Appeal coverage is not optimal and therefore some activities such as seeds, tools and fertilizer distribution have not been delivered everywhere.	H	Where possible, go for off-season distribution
Impact of the rainy season on the food security in the region. Unmitigated or bad season will have disastrous impact on the already affected population	H	This risk needs to be linked to the protection and/or restoration of people livelihoods.
Delay of development activities as National societies are focusing on emergency issues in the Sahel crisis and others humanitarian challenges.	H	Strengthening of capacities of National society and IFRC by recruiting more technical people to deal with the situation
Insufficient funding to develop and implement malaria prevention and treatment activities, to capitalise on gains made to date.	H	Continue to develop IFRCs network of national and international partners in the malaria sector to increase resource mobilisation. Investment in operational research to guide the Federation on the most effective and efficient malaria activities.

## Lessons learned and looking ahead

There have been comparisons between the response to the Sahel and the Horn of Africa food security crisis, with specific focus on the late action by many humanitarian agencies. While Sahel National Societies had taken early steps to launch appeals and take action in support of those affected, difficulty to mobilize support and raise the required resources for a substantial intervention was clear. Looking at the experience of the National Societies in the region there are certain lessons learnt from the Sahel operation:

- The importance of early warning and action to ensure good analysis of needs well in advance of the situation worsening and taking the necessary interventions to tackle it.
- The need for strong communication and advocacy to identify and share evidence of the situation, needs and Red Cross and Red Crescent action while ensuring that the information is used to convince donors, media and the public.
- The need for good coordination and information sharing within the Movement and among other actors, to ensure and build a clear and cooperative Red Cross and Red Crescent role and optimize the cumulative response to the large-scale of needs and geographical area.
- The importance of investing in national structures, including National Societies who have the capacity and outreach in the most affected rural areas and in others where security may be challenging.
- The need to balance targeted and resourced scale up through serious investment and commitment to longer-term programming to build local resilience.
- Explore opportunities for local or regional fundraising.

There has also been important learning from previous food security operations in the Sahel and the wider Africa Zone, from the IFRC's "Historical Review of Food Security Programmes" carried out by the International Public Nutrition Resource Group. Some of the key lessons identified included:

- The importance of good needs assessment and baseline data.
- The need for strong advocacy both within and outside the Red Cross Movement.
- The importance of community mobilization and the strengthening of local structures including the Red Cross.
- Strong monitoring and flexibility in the response.
- The inclusion of interventions to tackle the other underlying causes. This is informing the framework for the response outlined by the IFRC in the region.

Some relevant lessons have also been drawn in the field of malaria. Indeed, this pandemic is a complex and multi faceted problem which requires high technical expertise, resources and infrastructure as well as intensive implementation. While the Red Cross and Red Crescent Movement prefers a horizontal approach to programme implementation (in the case of malaria intervention, through the CBHFA approach), vertical programmes are more appropriate in the current malaria activities, as focus is on reducing the immediate and long term impacts of the disease on people's lives. Many ministries of health incorporate malaria prevention, diagnosis and treatment as part of the services offered at their health centres, but because malaria is multi-faceted, other health components such as maternal and child health are integrated. Following the successful piloting of the Home Management of Malaria programme in Kenya, the IFRC malaria team will be supporting National Societies (starting with the Burkina Faso Red Cross) in designing Integrated Community Case Management (ICCM) projects to ensure greater spectrum of health interventions at the community level in the years to come.

## Financial situation

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

## 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 nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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