

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

West Africa Regional Programmes

Appeal No. MAA61001

Launch Date: 03/04/2008

This report covers the period of 01/01/06 to 31/12/2007
of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Federation food security team visiting a water point in Guinea Bissau.

In brief

Programme summary:

In keeping with its mandate, the Federation regional delegation, now Zone office, in Dakar is coordinating financial and technical assistance to the national societies (NSs) that are responding to disasters and/or carrying out humanitarian actions.

This approach is based on the Federation of the Future (FoF) process, which puts NSs in the forefront and limits the Federations role to facilitation, coordination and creating a framework for interaction with partner national societies (PNSs) in assisting the most vulnerable.

In an effort to strengthen these roles in the West and Central Africa region, particularly in health and care, a regional health coordinator has been recruited to strengthen the internal and external coordination structure in the health sector to ensure the achievement of this priority. The health coordinator will be based in Dakar to enable full functionality. A regional health coordination project has been established to ensure that financial resources related to regional health coordination are consolidated. As a result, this project will lead and give technical support to the ongoing projects in the region. They include HIV and AIDS, integrated management of childhood illnesses (IMCI), malaria, provision of primary health care (PHC) to refugees in Chad as well as water and sanitation (WatSan) activities.

Goal: The Federation Regional Delegation, now Zone office, in Dakar will continue the process towards strengthening and consolidating the present structure to enable it be more efficient, cost effective and accountable to the National Societies in the region by establishing appropriate mechanisms for effective technical coordination, planning, preparedness and response in line with the Algiers Plan of Action and ARCHI 2010.

Needs: Total 2006-2007 budget CHF 19,670,225 (USD 17,594,118.96 or EUR 11,921,348) (out of which 79 per cent covered).

The budget variation of CHF 424K from the last programme update relates to an emergency appeal initially reported under DM annual appeal but has now been subject to separate specific reports. The evolutions noted on OD and CM appeal figures are attributable to budget reallocation between both programme types (OD activities moved from CM programme type to OD programme type. The evolutions noted on 2006 financial reports (i.e. opening balance changing from CHF 308,081 to CHF 16,546) relates to emergency appeal activities initially reported under DM annual appeal but have now been subject to separate specific emergency reports (Sahel operation final report).

Click here to go directly to the attached financial reports:
[report 2006](#) [report 2007](#) [report 2006/2007](#)

No. of people we help: The direct beneficiaries of community integrated management of childhood illnesses programme (IMCI) are women and children from Pout, Yade, Ndey and Malicounda in Senegal. About 6,728 children aged under five years have been regularly weighed in the framework of the community IMCI programme. About 105,070 people benefited from the HIV programme in Burkina Faso and Guinea. About 157,242 children under five have been reached during the Hang up campaign in Niger. A total of 12,012 people were reached through social mobilization In Disaster Management, more than 25 interventions were undertaken to assist more than 3.1 million people. Most operations were carried out by the NDRT and RDRT trained members.

Our partners: Movement partners include the Australian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Hellenic Red Cross, Japanese Red Cross, New Zealand Red Cross, Norwegian Red Cross, Qatar Red Crescent, Spanish Red Cross, Netherland Red Cross, Swiss Red Cross; Belgium Red Cross, French Red Cross and the Swedish Red Cross. Main non-Movement partners include the Department for International Development (DFID), European Commission Humanitarian Aid Department (ECHO), the Irish Government and the Spanish Government.

Current context

In 2006-2007, the security situation in West and Central Africa was marked by prevailing tension in several countries. Floods and various epidemics have also hit many countries. Epidemics ranged from cholera to meningitis, chikungunya and Ebola. Avian Influenza is also of concern in the region; continental coordinator is based in Dakar.

Improving the health of mothers and children is one of the main priorities of the Sahel health programmes contributing to improve living conditions of the most vulnerable people.

The average child in the Sahel countries has a poor start to life. Both infant and under five mortality rates for Sahel children are one of the highest in Africa; breastfeeding rates for the first six months are very low, children suffer from moderate or severe malnutrition, vitamin A deficiency and Acute Respiratory Infection and the EPI does not get full success as well.

Poor experience of parents and caregivers in Health centres disadvantages too for a good status of mothers and child health in Sahel countries.

Access to adequate sanitation facilities becomes a very hard challenge in Sahel countries, causing frequency of diarrhoeal diseases and epidemics such as cholera.

The aim of the organizational development (OD) programme starting from 2004 is to accompany the National Societies of these 09 countries in the implementation of Strategy 2010, ARCHI 2010, Ouagadougou Declaration, Algiers Plan of Action and the various documents resulting from the process "Our Federation of the future." The objective of the OD program is to improve the National Societies' capacities in service delivery to the most vulnerable persons, this in conformity with the Federation new directions. The main challenge was to scale up programmes for more impact

The recent disaster trends in West and Central Africa have prompted the Federation in this region to rethink its way of working as to be more proactive rather than reactive. This implies the anticipation of the needs of vulnerable people in providing them with adequate knowledge in the risk analysis, community vulnerability, and the capacity that could be tapped to allow them to improve their coping mechanisms whenever disaster occurred or undertake risk reduction initiatives to mitigate disasters.

Progress towards objectives

Health and Care

Overview

The purpose of the Sahel health programmes is to improve health, nutrition, and development of mother and child. It contributes to the Goal 2 of the Federation Global Agenda that means to reduce the number of deaths, illnesses and impact from diseases and Public Health Emergencies (PHE).

This Sahel programme intervenes in health and nutrition and aims at reducing infant mortality, under-five mortality and maternal mortality; increasing immunization coverage particularly on polio eradication, measles and neo-natal tetanus control; and promoting malaria prevention and control.

Another objective of the programme is to raise awareness about sexually transmitted infections, HIV/AIDS and Female Genital Mutilation (FGM) through peer education.

Therefore, targeted areas concern the health package including vaccination, promotion of breastfeeding, prevention of malaria with the use of IT Nets, fighting against HIV-Aids, promotion of best practices of nutrition and hygiene through health education.

Within the Sahel IMCI programme practical and adapted solutions are proposed to mothers and children under five who are the most vulnerable.

Objectives:

The objectives in the three main areas of interventions of the 2006-2007 Appeal were:

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

Achievements:

The Strategic Planning process

The Federation supports national societies in the planning process of health and fight against HIV/AIDS. The purpose of this process is to allow each national society to have a strategic plan that guides medium or long term activities.

Following the Sahel food insecurity crisis and the exit plan of the Federation operation during this crisis,

the Sahel health unit in partnership with the OD department accompanied national societies of Mali, Niger, Mauritania and Burkina Faso in the development of integrated approach of health, nutrition, water and sanitation as well as capacity building through relevant programmes.

In Guinea and Guinea Bissau, the same planning process was conducted on community based health programme and through an integrated approach.

Regarding HIV/AIDS, the Zone office supported by the Global Alliance developed long term plans in Burkina Faso and Guinea to increase impact and scaling up activities.

HIV Global Alliance process

The International Federation of Red Cross and Red Crescent Societies Zone office for West and Central Africa has included in its regional strategy for health and assistance to vulnerable people (2007-2010) the fight against HIV/AIDS as a priority. Indeed, HIV infection and its impact on the community is a challenge for the Federation and national societies to pass on a large scale intervention. Increasingly, the impact of HIV/AIDS is severely felt by families and communities; the issue of care for people living with HIV, stigma and discrimination, the situation of orphans and children living with HIV, the vulnerable situation of women constitute a burden on communities and states. Following the process of the Global Alliance, the Sahel Bureau of International Federation supported Burkina Faso and Guinea on their strategic plan process. The objective of this process is to develop realistic and strategic plans that meet the epidemiological settings. National societies agreed with the technical support of the Federation to plan activities to fight HIV/AIDS by involving their governance and strategic partners in their respective countries.

Workshops were organized in Guinea that aimed to review the relevance and validation of the programmatic framework 2008-2010 triennial projects to fight HIV/AIDS by provincial and national officials, members of governance, the management committee including PNS, the National Aids Committee (NAC) and other financial and technical partners involved.

Guinea and Burkina Faso Red Cross have decided to work with the targets that are most vulnerable to HIV infection: 6,120 sex workers in the two countries; 7,100 pregnant women; 85,000 young people (15-24 years); 3,850 PLWHA; and 3,000 OVC.

The approaches were as follows: peer education; IEC/BCC and social mobilization; fighting stigma and discrimination of people living with HIV/AIDS; and the strengthening of organizational capacities of the national societies' plans to support HIV.

Achievements

Health activities carried out in the Sahel in 2006-2007 contribute to meet the objectives stated above. Indeed, during 2007, public health emergency (PHE) particularly meningitis preparedness and response have been implemented in Burkina Faso where the situation was very serious throughout the Africa Meningitis belt. Activities held in PHE reinforce the assistance of most vulnerable communities particularly children.

Community Integrated Management of Childhood Illnesses programme (Community IMCI)

The Senegalese Red Cross is implementing as part of the appeal 2006-2007 an integrated package of IMCI programme in the villages of Ndey, Malicounda and Pout, in the region of Thiès. The purpose of the programme is to reduce mortality and morbidity among children under-five years by improving family and community practices across monitoring and promotion of child-growth and adoption of good practices on nutrition by pregnant and breast-feeding women.

By the end of 2007, the following results were recorded: 945 beneficiaries in the three zones of the project interventions including 460 children and 63 pregnant women were targeted; 52 focus groups were established among women; 127 home visits made and 24 individual interviews conducted; 27 cooking demonstrations and 15 monthly sessions of child weights organized; 750 Impregnated treated nets (ITNs) distributed; and two sessions for making enriched flour for malnourished children organized.

Impact

The IMCI project has allowed the capacity building of 40 volunteers on the nutrition modules. In addition 3,000 people (community members, including men and women, local authorities, etc.) are sensitized on various topics related to nutrition of children, pregnant and breast-feeding women. There has been a decrease of 5 to 10% of malaria cases through the use of Impregnated treated nets among children under five years and 3 to 4% within pregnant women.

In the long run, IMCI activities will have an impact on the reduction of child malnutrition by adoption of behavioural change for children, caregivers and communities.

It has been recommended to develop a long-term programme (at least three years) which will allow setting expected results and most significant impact on communities.

The Senegalese Red Cross has implemented with the support of the International Federation a project to fight HIV in the region of Diourbel. The purpose of this project was to provide care and support to people living with HIV (PLWHIV) and their families. The Senegalese Red Cross supported to 50 children of PLWHA in school age, and provided nutritional support to 40 families of PLWHA. Following activities were organized: distribution of 40 community meals to 40 PLWHA and organization of six focus groups.

Impact

The community meals are a time for sharing and gathering of PLWHA around consistent food dishes with a healthy diet. The organization of focus groups allowed reaching nearly 60 people living with HIV. With the collaboration and support of the medical authorities, volunteers of the Red Cross accompanied the association of PLWHA. Different themes are raised during the focus groups (adherence to treatment, positive prevention or involvement of people living with HIV in the community, home-based care ...). The organization of focus groups had a positive impact in experience sharing, particularly on psychosocial issues.

Guinea Bissau

Guinea Bissau has implemented in November 2007 activities to fight cholera, particularly in the regions of Quinara and Tombali, with the support of the Federation as part of the Sahel appeal. The objective of this activity was to sensitize people so that they adopt key behaviours conducive to the health of the family and the community and especially to the prevention of diarrhoeal diseases among children.

The following activities have been achieved:

- Training of 50 volunteers from the Red Cross Society of Guinea Bissau in hygiene and sanitation in the region of Quinara and Tombali;
- Sensitization of 107,620 residents of Tombali and 69,170 residents of Quinara through the community radio Lembren/Tombali and Buba/Quinara;
- Sensitization of 15,590 households and 97,028 people by Red Cross volunteers on measures of personal and collective hygiene;
- Provision of hygiene and sanitation equipment to six health centres in the region of Quinara and Tombali.

The IMCI strategy of the Gambia Red Cross Society combines improved case management of childhood illness in first-level health facilities with aspects of nutrition, immunization, disease prevention, promotion of growth and development and Training of Traditional Birth Attendants and Village Health Workers

Constraint

It is difficult to access some areas because of bad state of roads. The main challenge consists in improving environmental sanitation through the construction of family latrines.

Achievements

- 41 GRCS Volunteers and nine Community Health Nurses are trained on IMCI
- 108 PHC villages identified for the implementation of the IMCI project
- 60 non PHC villages also included in the project
- 15 TBAs and 15 VHWS trained on Community IMCI
- Participants indicated that they now know what are the right materials to be used during maternity
- Participants committed themselves in sensitizing the communities on the knowledge gained from the training

The Gambia

In the Gambia, the 2007 measles campaign was organized by the department of state for health in collaboration with the National Nutrition Agency, the Gambia Red Cross Society, WHO, and UNICEF. This year's measles vaccination campaign is incorporated with the administration of Vitamin A and De-worming by administering Mebendazole. The campaign targeted children up to five years. The Expanded Program on Immunization (EPI) of the Department of State for Health provided the measles vaccine while the Vitamin A and the de-worming tablets (Mebendazole) were provided by the National Nutrition Agency (NaNA) and human resources were supplied by Gambia Red Cross Society.

The Gambia Red Cross society Home based care (HBC) was formed since 2000 with the assistance of WEC (World-wide Evangelic Mission). The Gambia Red Cross volunteers provide care to People Living With HIV and Aids (PLWHA), very sick people, TB patients and sick and disable persons. The Red Cross volunteers were co-funded within the movement by the Federation and by external partners such as Global fund through Hands on Care and Gambia Family Planning Association. The purpose of the project is to improve the health status of 50 people living with HIV by setting up home based care services. About 67 PLWHA have received regular home care (home visits, counselling, palliative care ...). These activities have contributed for PLWHA to have a better end of life and die with respect of their dignity.

Constraints

- In the Gambia, timely sharing of information at all levels (National Headquarter, Branch Office and Regional Health Team) constrained in the smooth implementation of the training
- The health jargons used at the start of the training was a problem for the volunteers but following recommendations the trainers use language that was understood by all.

Niger Red Cross campaign against Malaria

A sub-national education campaign of mothers in the utilization of mosquito nets, called Hang Up, was conducted in the regions of Dosso, Maradi, Niamey and Tillabery in Niger in May 2007. A second Hang Up education campaign has been organized. The regions were selected based on the lowest regional rates of utilization of LLINs and highest incidence of malaria.

Initial planning selected the number of villages that should be covered at district level. It was the responsibility of each regional Red Cross branch to select which villages would be covered within each district, to ensure that villages were representatively sampled and to undertake the appropriate selection and recruitment of volunteers.

A three-tier system of training was used to train a total of 1,027 local Red Cross volunteers. Each volunteer worked for four days in two villages. A total of 2,079 villages were reached during the Hang Up campaign. Volunteers passed on education messages about how malaria is transmitted, the importance of using a LLIN, and how to correctly hang and use a LLIN. About 41,418 concessions were visited and 87,667 mothers with a child under 5 (U5) interviewed; 157,224 children U5 were reached during the education campaign.

Despite the low coverage of Hang Up, comprehensive education campaigns were conducted in villages visited by a volunteer. About 78.8% of mothers with a child U5 reported that a LLIN was hanging in their household. About 80.8% of children U5 were reported to have slept under a LLIN the previous night. In villages and households that received a Red Cross visit during the 2006 Hang Up, the proportion of children U5 sleeping under an ITN the previous night increased to 60.5% and 64.3%, compared to 54.1% and 54.5% in villages and households who did not receive a visit.

Constraints

- Activities started with 03 months delay in certain areas because of rainy season and Ramadan period;
- In areas where latrines do not exist, it is difficult to distribute 2,500 latrines slabs and to have 2,500 latrines constructed and well used in the given project timeframe;
- The distances between villages are very long which made follow-up more difficult than foreseen skilled enterprises are not sufficient to cope with the construction/rehabilitation of 256 water points and the construction of 60 latrines in schools in the given period;
- There are many enterprises in the field that pretend to work in water and sanitation area but most of them do not have the necessary technical skills.
- In Zinder, among the 58 remaining boreholes, only 35 can be rehabilitated. Some existing boreholes can not be rehabilitated because they are full of sand or every thing is broken down or because other partners had made the rehabilitation without sensitization activities.

Regional Activities

The regional health strategy 2007-2010 has been finalized and an electronic copy was sent to the national societies (NS) in the region in early January 2007. But before this finalization, several meetings were held in Dakar (January 2006) and Geneva with different participant from NSs in the region, Federation staff in the field and in Geneva as well as representatives of PNSs. The document was edited and printed in Geneva and the final version with a foreword from the HoRD and a second foreword on the collaboration between Health, DM and Food Security have been included. The document has been distributed in hard copy and electronic version to all Sahel NS after the process finalized by Geneva.

Regional Coordination Meetings on Health and HIV in Sahel

During its Health and HIV/AIDS Coordination meetings held in 2006 and 2007, the different Health and HIV issues in the Sahel region were addressed and the different actors have committed to more scale up the activities in order to have a greater impact. These important coordination meetings were funded by the Irish Government contribution through the 2006-2007 Sahel appeal.

Constraints:

- The short duration of the projects do not facilitate good monitoring of nutritional status for children.
- The deficit in skilled human resources in some national societies like Senegal to manage and monitor health programmes
- On HIV, stigma and the auto stigmatization of people living with HIV prevent them to participate actively in the creation of community activities
- During epidemics such as cholera, good behaviours are difficult to sustain

Health and care coordination

Overview

During the year 2007 organizational changes took place and the Regional Delegation, now Zone office, for West and Central Africa became the West and Central Africa Zone Office. The health coordination unit comprised of a Health & Care Coordinator (HCC) and a watsan manager (WM) continued to consolidate the coordination work started with the establishment of the unit in the second half of 2006.

Clear results of the unit are the enhanced coordination with the Disaster Management (DM) team leading to joint planning to improve the regional response capacity and disaster preparedness of National Societies in the health sector and the networking/coordination with National Societies through sub-regional networks. In addition the integration of watsan into health programmes has taken shape and a large number of proposals for future programmes were developed.

Though the improvement of the functioning of the zonal health team is notable in the overall performance of the team, a major constraint to ensure full support to National Societies in the health sector is still the insufficient number of qualified technical staff in both the different secretariat offices (e.g. in the HIV/AIDS, Watsan and Public health Emergency (PHE) sectors) and in the National Societies. Some positive developments are seen in the HIV sector where this shortfall was being addressed through recruitments of 3 HIV officers at the regional representation level and for community based health/malaria, where a zonal delegate was recruited to start in early 2008.

Objectives, Achievements, and Constraints

Health and care

Goal: To establish appropriate mechanisms in the region for effective technical coordination, planning, preparedness and response in the health sector as to assist National Societies in developing and establishing sustainable community based health projects in line with the Algiers Plan of Action and ARCHI 2010.

Programme Objective 1: To establish an effective coordination, cooperation and technical support role in the health sector for the region.

Programme Objective 2: To develop and maintain effective health sector advocacy, communications and external relations at regional level.

Programme Objective 3: To build up preparedness capacity within national societies and on regional level related to public health emergencies.

Programme Objective 4: To respond in an effective and timely manner to rapid and slow-onset public health emergencies.

Programme Objective 5: To improve and maintain the regional delegation's structure and processes in the health sector to support the implementation of ongoing and new community based projects funded through appeal and regional programs (HIV/AIDS).

Activities and Achievements related to Objective 1

In the area of coordination, cooperation and technical support the zonal health coordination unit carried out a number of activities and achieved several positive results.

During the second regional health team meeting in March – which brought together the regional health officers, the HCC, the WM, the Dakar based Continental Avian and Human Influenza (AHI) Coordinator and the Regional DM Director – ways to improve the work of the health team were discussed with a special focus on watsan integration into health, increased cooperation between DM and health and the Global HIV Alliance.

The watsan – Health link was further strengthened during the first Africa Continental watsan meeting in which the HCC participated and where this link was discussed with watsan technical staff from Geneva, three regional delegations and country delegates.

Participation of the HCC in the Bangkok Global HIV Alliance meeting and the Health Forum in Geneva were important activities in line with the coordination and therewith representation role. Especially the former was significant as a first step for the region/zone to start work within the Global Alliance framework

and follow-up and planning is underway in this sense. Five countries from throughout the zone participated in a first planning exercise in September and are currently developing three year country plans (2008-2010) for HIV activities.

As a specific result in the Watsan sector a large number of proposals were prepared to different donors (e.g. DFID, ECHO, Nestle and Qatar Red Crescent) by the Watsan Manager with a total sum of over 30 million US dollars. Some of those proposals have already been approved: Nestle has approved funds for Cote d'Ivoire, Shell will be providing funds for Cote d'Ivoire and Nigeria and ECHO is funding a project in Guinea. The Qatar RC funded Watsan project in Niger has received two agreements for short extensions and is closing at the end of the year. Other proposals have received a positive feedback but final confirmation is still outstanding (mainly QRC).

Other activities and results where the WM took a lead were the establishment of a functioning information sharing network of Watsan delegates and National Society Watsan officers, a regional data base with information on National Societies and an organigram representing the Watsan HR and project structure in the region.

Activities and Achievements related to Objectives 2

A large part of this work is continuous and can not be stated in terms of clear results. Nonetheless the regular participation in the different regional working groups and meetings over the last year has fostered relationships with other regional partners that are now leading to the first results.

Specifically the participation in the WHO lead regional Health working group and the OCHA lead Regional AHI platform, which was shared until Mai by the HCC, have through increased information sharing and advocacy for partnership enabled the partaking of staff from National Societies throughout the region in a number of meetings organized by these and other organisations. Especially the regional AHI Pandemic preparedness workshops in Ghana, Mali and Niger where 18 National Societies participated have to be highlighted in this sense.

But as well the involvement in the regional working groups with HIV focus, "HIV in Emergencies" working group and Orphans and vulnerable children (OVC) working group, is positive in the sense of partnership building and will lead to better cooperation with other organisations. In this light the participation of the regional HIV officers from the West Coast and the Sahel Plus office in the "Community Market" workshop, organized by GNP+ needs to be mentioned. Another positive development is the newly founded Watsan working group on regional level, led by UNICEF (cluster lead) with active participation both during the creation of the group and the continuous participation of the Watsan Manager.

Activities and Achievements related to Objectives 3

2007 has seen some key activities for future capacity building in PHE within the zone. The HCC and the three regional health officers were jointly invited to participate in a PHE workshop organized by the Geneva PHE unit in Berlin. In addition one health officer from the regional team was invited to participate in the pilot training for the new PHE Field School Programme and the HCC participated in the first day to better understand the new type of programme for possible future trainings within the region. In addition a Watsan delegate from a NS in the zone participated in FACT induction training.

Though this are trainings targeted mainly towards Secretariat staff it increases the capacity of the zonal health team and will therewith benefit the NS in the region in the future. In addition certain NS staff received specific trainings which will both benefit the concerned NS as well as the Regional Disaster Response Teams (RDRT). One NS member participated in the above mentioned PHE Field School whereas another was sent to the Emergency Response Unit (ERU) Hygiene Promotion training.

The new acquired knowledge in PHE in the zone was therefore used and transmitted to the NS in the first RDRT training in PHE in West and Central Africa where some of the trained staff participated as co-facilitators. This training is part of the DFID IS3 programme which is directed towards Disaster Preparedness (DP) with a strong inclusion of PHE. As well Watsan RDRT training was implemented during 2007 from the same programme funds with a focus this time on refreshing and

upgrading/increasing the knowledge of the participants who had all already participated in the basic training in 2006. Again NS staff who had received certain trainings before was invited to co-facilitate the training and the focus of the training was on emergency situations under sahelian/desert climate conditions. Due to the large experiences of all training participants it was possible to integrate hygiene promotion in the training.

Activities focused even more on National Societies preparedness capacity in 2007 were the Finish RC financed PHE project for 5 Central African Republic, Cote d'Ivoire, Ghana, Mali and Sierra Leone. Because of a reduction of funding objectives had to be set with a new geographic focus within each country which had delayed implementation of activities at the beginning of the year, but all countries managed to implement planned activities in the second half of 2007.

Given the importance of AHI preparedness for both secretariat structures and NS the further above described participation of 18 NS in the OCHA organized AHI Pandemic preparedness workshops was certainly an important results. In line with the AI human pandemic threat the zone office embarked on the process of service continuity planning and other preparedness measures related to AHI with the installation of the AHI taskforce within the zonal office and the recruitment of a consultant to assist in the exercise.

Given the threat of meningitis in Africa announced by WHO for 2008, a preparedness plan and concept was developed and some activities are being implemented during December with the arrival of the first funds for the project from different sources (DFID, Finish RC, Norwegian RC, Swedish RC).

Activities and Achievements related to Objectives 4

The year 2007 has seen a number of crisis in the health sector or with a health component, the most important certainly being the meningitis outbreaks in several countries in the region and the floods in a serious of countries. Burkina Faso was the hardest hit country this year concerning meningitis and DREF support was provided early in the outbreak. Because of the start of cases as well in other countries and a worsening situation in Burkina Faso regional DREF support, for the first time in the health sector in the region, was provided to 7 countries to carry out activities in March and April. The floods started during the summer and continued until September/October on an unprecedented scale throughout the zone and all of Africa.

Thanks to the different trainings established in the zone (Watsan RDRT, PHE Field School, etc.) in the past year and in 2007, it was possible to sent resource persons competent in PHE and Water and Sanitation for the floods in Mauritania, Togo and Ghana to support the affected countries/National Societies. The development and standard deployment of PHAST (Participatory Hygiene and Sanitation Transformation) images has shown their functionality for emergencies and facilitated the work in the Watsan sector.

In addition to these two specific crises the zonal health coordination team followed up and provided information on different health issues within the region and used the fora of the health working group and other regional contacts to advocate for NS participation in fighting these problems.

Other specific outbreaks where technical advice from the zonal team was provided were e.g. the Yellow fever outbreak in Togo, the Cholera outbreak in Congo Brazzaville, Guinea Bissau and Senegal and the Chikungunya outbreak in Gabon.

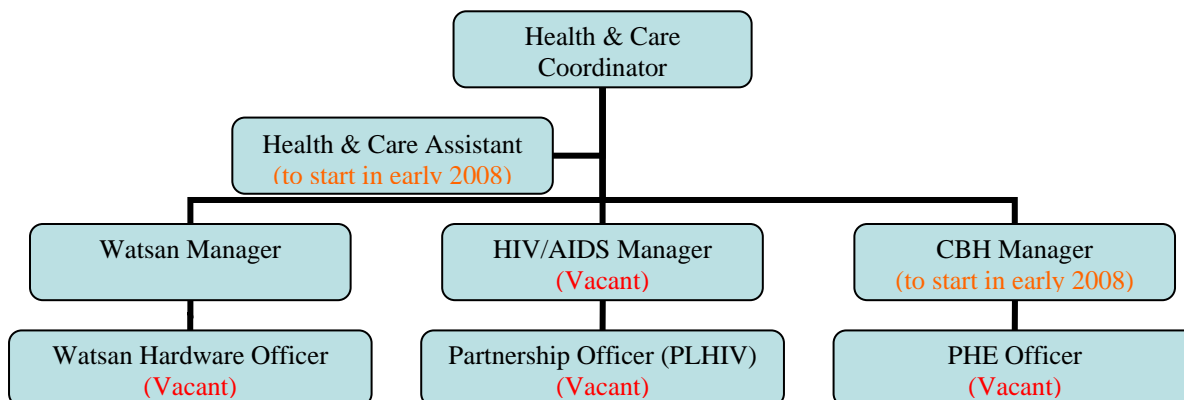
Activities and Achievements related to Objectives 5

The transition process from region to zone was certainly the most important aspect during 2007 as this will be the future basis for all activities once the transition is finalized at the end of the year. Planning aspects were therefore taken into account during the appeal 2008/2009 process as well as in all other considerations.

For a fully functional zonal health coordination unit a number of positions is needed at zonal and regional level and only some of those have been filled to date. 2007 saw some improvement in this sense as a follow-up on the installation of the regional health team in 2006. During 2007 the team was reinforced with the recruitment of 3 regional HIV officers and the recruitment for the zonal community based

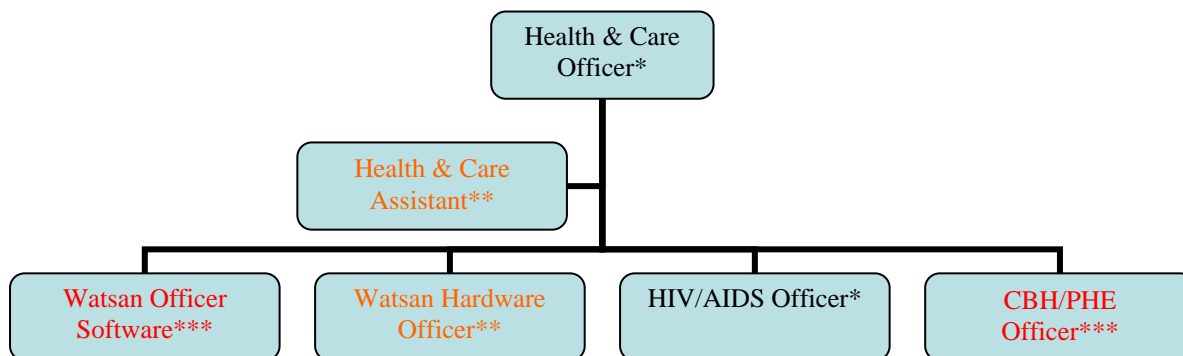
health/malaria delegate was finalized. This position and that of the zonal health assistant will commence in early 2008. Unfortunately the position of the zonal HIV delegate is still going un-recruited because of problems in securing the outstanding 50% of funding (Swedish RC has agreed to finance 50%). The organigram of the zonal office and the proposed structure of the regional offices below indicate the positions still to be filled to make the zonal health team for West and Central Africa fully functional.

Zonal Office organigram



Regional Office organigram

* filled in all three regional



offices

** partially filled (Assistant in Yaoundé, Watsan delegate in Sahel until end of 2007)

*** not filled in any of the three offices

Disaster Management

The DM programme in the last two years has built on the previous appeal 2005 which mostly focused on Contingency planning concept in the region starting from population movement. With the decentralisation and different changes that have occurred within the house, the programme has been refocusing to be in line with the Federation Global Agenda Goals by doing so contribute towards the Millennium Development Goals (MDG) and in accordance to the Hyogo Framework for Action (HFA). This had led to incorporating aspects of Food Security, Climate Change and reinforcing Risk Reduction at

community level within the appeal for a better performance of the Red Cross as a whole in the region.

Objective 1 (Capacity building): The regional delegation (now Zone Office) has contributed to strengthening the capacities of the national societies for efficient disaster management (DM).

Though this challenge has been tackled starting with little resources, the second year of the Appeal provided the record of lots of improvements through;

- **Establishment and training of CDRT (Community Disaster Response Team).** This concept which focuses on starting the disaster management from communities at risk has helped local communities to improve their preparedness, organizing their response, starting risk reduction initiatives that mitigate disasters, It has also been supported with the launching of CDRT process (Community Disaster Response Team) in eight countries i.e. Chad, Côte d'Ivoire, Congo, DRC, Gambia, Mali, Mauritania and Senegal to work on community disaster resilience as pilot projects waiting for replication within the region in the coming months.
- **Establishment and training of NDRT (National Disaster Response Team).** At least five national societies, that of Burkina Faso, Côte d'Ivoire, Liberia, Mali and Mauritania, have undertaken the process by forming their NDRT making a total number of 116 members trained. This has also been supported with the launching of CDRT process (Community Disaster Response Team) in eight countries i.e. Chad, Côte d'Ivoire, Congo, DRC, Gambia, Mali, Mauritania and Senegal to work on community disaster resilience as pilot projects waiting for replication within the region in the coming months.
- **Increased disaster management expertise in national societies.** As more than 14 NS have been implementing contingency planning in different hazards in their respective countries, 19 NS are able to do risk mapping, the early warning system has increased through trans-border coordination, experience sharing and exchange and five RDRT members have been trained as FACT members. At least 18 NS DM coordinators have undertaken the basic Disaster Management course that helps to learn from hazards, vulnerability, risk mapping and evaluation as well as reduction to relief, mitigation and recovery.
- **Development of food security and nutrition curricula** with a regional strategy which reflects on the context and realities of the region based on the available resources in order to be proactive. It provides a concept of longer-term programming whereby some five pilot projects have been launched in Burkina Faso and Mauritania. Meanwhile 15 NS have got training of specialists in food security assessment and nutritional food baskets. Focus on few countries will allow a better positioning of FS and nutrition work of the RC in the region to foster synergy with other organizations working in this field.
- **Provision of basic equipment for disaster response to the national societies in high risk countries** through the contingency planning process supported by the ECHO thematic funds. About 16 Red Cross local branches along the Ivory Coast borders with Mali, Guinea, Burkina Faso, Ghana and Liberia have been especially equipped with first-aid materials and increased capacity response with a network communication and a fleet of bicycles but other partners are needed to support this process to render the most vulnerable communities resilient to disasters.
- **Introduction of the well-prepared national society (WPNS) process.** As 21 out of 24 national societies have been able to start the process within their societies for the purpose of assessing where they do stand in terms of disaster management. New methodology has been introduced to accompany this process with the NS in order to collect baseline information on their performance instead of having it as a questionnaire filling exercise.
- **Promotion and facilitation of the Vulnerability and Capacity Assessments (VCA) process** in partnership with European Union and the Canadian Red Cross under the 8 Initiative respectively in Sierra Leone and Liberia.

Objective 2: (Emergency Response): The Regional Delegation (now Zone Office) is assisting vulnerable people and national societies in responding efficiently to emergencies.

Most of the challenges in the region were successfully responded to with the support of the Federation's Disaster Response Emergency Funds (DREF) as well as assistance from ECHO under the contingency planning process. Nevertheless, one separate Emergency appeal was launched.

The Regional Disaster Response Team (RDRT) tool was reinforced by training 112 members in total i.e. 28 on the basic training, 12 members in IT/telecom, 30 specialists in watsan, 21 in Relief and Shelter, 30 in Public Health in Emergency, two members in team leadership and five as FACT members.

In partnership with ECHO, 12 National Societies have developed contingency plans in terms of population movements. Guinea-Bissau, Gambia, Senegal, Cape Verde, Mauritania and Mali have also worked on the irregular migration issues. Their plan of action has been supported by the Agency for International Cooperation (AECI) until 2007 with a holistic approach in capacity building as a response to the situation.

Emergency stock for about 10,000 families has been pre-positioned in the region. This stock has allowed the intervention of the Federation within 48 hours of the disaster (West Africa floods) with the deployment of emergency materials mainly NFIs accompanied with technical teams from the RDRT pool.

Organizational Development

Objective: The capacity of the national societies of the Sahel sub-region to assist the most vulnerable is improved.

Achievements:

Strategic Planning:

- Two (02) more National Societies (Guinea-Conakry and Cape Verde) developed each one a new strategic plan. The process in Guinea was supported by Swedish RC funding through the Federation.
- Four (04) National Societies (Mali, Niger, Mauritania and Burkina-Faso Red Cross) were supported in developing long term projects in the framework of the exit strategy of the Sahel food security operation. These new long term projects following the Logical Framework methodology with an integrated approach (hygiene and nutrition, water and sanitation, vaccination, malaria prevention, income generating activities for women, capacity building for National Society and branch development) become the framework for new partnerships between the four National Societies and their partners: Danish, Swiss, Canadian and Spanish Red Cross with Mali; Irish and Qatar RC with Niger; French, Spanish and Canadian Red Cross with Mauritania.
- Two (02) National Societies (Guinea Conakry and Guinea-Bissau Red Cross) were also supported in developing long term community health projects with the same integrated approach. Based on the results of these draft documents, there are ongoing discussions for partnership between Guinea Red Cross, UNICEF and Danish Red Cross. The same discussions started between Guinea-Bissau Red Cross and Plan-Guinea-Bissau.
- All the planning process jointly conducted by the Organizational Development and the Health/Water and Sanitation team for the Sahel is supported by the Irish government allocations for Organizational Development and for Health, the Swedish RC OD funding for Sahel, and the Australian RC funding for Niger health activities.

Recruitment

Mali Red Cross with support of Danish RC through Federation recruited a first Programme Coordinator and a Volunteer's and Human Resources management officer. With this additional staff the national society was able to improve its planning, implementation, monitoring and evaluation tools. They really started coordinating the activities of the various

partners supporting the national society. They started being on the driving seat though this is not easy because there are still some partners with agenda different from the national society directions. This was highlighted in the national society annual report for 2007. Mali Red Cross on this aspect is really a success story. Among the changes that happened we can list: a new organization chart for the Executive Secretariat, new system and tools for planning, monitoring and evaluation, a new reporting format. The projects implemented in 2007 are: a Water and sanitation project in the region of Kayes, funded by the Spanish Red Cross for 2 years: 2006 – 2007, a project against female genital mutilation-Phase III in Kayes and Segou, funded by the Spanish Red Cross (for 2 years: 2007 - 2008), a Community Health Project in Goundam and Tombouctou, funded by the Swiss Red Cross (for 3 years: 2006 - 2008), an Income Generating project for women in the region of Kayes, funded by the Spanish Red Cross for one year, an Institutional/capacity building project in Bamako, Segou and Kayes, funded by the Spanish Red Cross for two years (2007-2008), a big campaign of mosquito nets distribution supported by Canadian Red Cross. Other many proposals have been also drafted mainly: a watercraft rescue and road safety project submitted to Japanese Cooperation, ARIANE project (first and second call for proposals) submitted to the European Union, Food Security in Mali with Spanish Red Cross to the European Union, a Water and sanitation project in Ségou supported by Danish Red Cross, a draft proposal for support to women income generating activities to be submitted to Spanish Red Cross, Health/nutrition project to be submitted to Spanish and Danish Red Cross. All this progress makes Mali Red Cross an interesting field where can be formalised a successful Cooperation Agreement Strategy or Operational Alliances as it is encouraged in the framework of the Federation global agenda and framework for action.

Mauritanian Red Crescent within the frame of the Irish government OD allocation for Sahel recruited a first new Health Coordinator for the National Society. The support to the position of Secretary General of the National Society has been continued by the Federation. The national society has recruited a new finance manager with the support of Spanish Red Cross. The support to these key positions at the headquarters (the only staff available) has improved the programme basis of the National Society. So they were able to implement a nutrition project with French Red Cross through ECHO funding in Gorgol and Guidimaka regions in 2007. They could also implement other food security projects and trainings for Community Disaster Response Team supported by the DFID funding through the Federation. They could continue with French Red Cross, the National Secretariat for HIV/AIDS and WFP a project of assistance and care to people living with HIV / AIDS. They were also able to provide assistance to underground immigrants in Nouadhibou with the support of Spanish Red Cross.

Niger Red Cross recruited a Volunteers management and Human Resources officer and the Federation continued its support to the positions of Executive Secretary and Resources Development officer. Due to poor achievement in the area of resource development, the position related to this area was converted to a position of Programs and partnership Coordinator in 2007. The support to these positions enabled the National Society's to continue its planning activities and start playing a significant role in other Red Cross partners' activities in the country. Unfortunately they are on the way to loose all these advantages due to some internal leadership problems. Still with Niger Red Cross, a process of recruitment and equipment of staff at branch level is also ongoing. These new staffs are seconded by government while Federation provided the basic office equipments. The whole process in Niger is supported by the Irish allocation, DFID (British government) funding and completed by the Swedish OD funding for Sahel in 2007.

As for Senegalese Red Cross an agreement with the Federation to conduct a human resources audit has been arranged. At the same time the National Society expresses the need to have a support from the Federation to recruit a new health Coordinator and a Program Coordinator in order to improve the overall coordination of programs in various

areas of intervention. Parallel to these actions a general audit of the National Society initiated by the Government was completed. Its recommendations will be analysed before the specific audit on Human Resources will be conducted with the Federation support if necessary. Already a volunteers' management officer has been recruited, a former staff on the National Society's community health project supported by the Danish Red Cross which had ended in December 2006. She assumed duty on 1st July 2007. This officer is now the technical focal person for the National Society's partners.

In Guinea-Bissau also a cooperation agreement was signed between the National Society and the Federation for the hiring of a health coordinator and a volunteering and Human Resources management Officer. The Health Coordinator assumed duty in October and the process is under way to recruit a volunteer and human resources management officer. In addition to the lack of human resources the National Society had no Internet or telephone service. The Federation IT service through funding for Organizational Development made a mission to Bissau in July 2007 to assess the situation and make the necessary arrangements. Since then communication with Guinea-Bissau Red Cross is improved. The cooperation agreement signed with the Federation also provides fuel for a generator only energy source for the National Society as it is the case for all operators in Bissau. This support provided the National Society with energy for four other hours each day, which changed the effective working time from 4 hours per day to eight. The new professional health coordinator and the improved working conditions facilitated the implementation of various projects like: malaria prevention (participation of the volunteers in the impregnation and distribution of mosquito nets campaign); Epidemiological surveillance (awareness campaign on the prevention of cholera epidemic in the region of Quinara and Tombali); Fight against vaccine-preventable diseases (participation of the volunteers in the vaccinations campaigns); Preventing the transmission of STD / HIV / AIDS (implementation of the Project for the prevention in three regions of the country) Promotion of hygiene and sanitation (achieving awareness campaign and promotion of hygiene in the region of Oio and distribution of hygiene and sanitation materials in health centres); Access to safe water and sanitation activities promotion (construction of wells and latrines in the region of Oio, Cacheu and Bijagos).

The Guinean Red Cross was supported by the ICRC to build a headquarters after 20 years in rented premises by the Federation in the framework of emergency operations. The building was equipped with radio communication system with the support of ICRC and the National Society was working since 2007 without an Internet connection, with no phone and no water. Electricity is provided solely from a generator. To improve the situation and facilitate communication with the outside world, the Federation IT department made a visit to Conakry in August to assess needs and install the necessary equipment for the Internet connection. It was not easy because of the remoteness of the new headquarters downtown. The system is operational from October. A process is underway to connect to the national water and electricity network. This support was provided through the Spanish Government grant for Institutional Development as for Guinea-Bissau Red Cross.

Out of the Sahel sub-region, a technical support was provided in 2006 to the restructuring process in Ghana, Benin and DR of Congo and to the OD process in Côte d'Ivoire.

Volunteering development process:

- A regional workshop on volunteering has been organized with the technical support of the focal person for volunteering in Geneva. Twelve (12) National Societies participated in this workshop (the 09 of the Sahel sub-region plus Côte d'Ivoire, Togo and DR of Congo). The objective of this workshop was to support these National societies in understanding the issues related to volunteering development and the support from the Federation in National Society volunteers' policy development and the establishment of volunteers' data base.

- Five (05) National Societies (Burkina-Faso, Gambia, Mali, Niger and Senegal) developed a draft volunteering policy. The process will continue with workshops on these draft policies for validation.
- Two (02) National Societies (Mali and Niger) worked on the establishment of a data base. In Mali this covered all the regions while in Niger it has started with the Niamey branch. What is interesting with Niger is that a first report showing different figures on Niamey branch volunteers is available. This kind of report more elaborated is expected every year from all National Societies engaged in the process.
- A process is under way to organize a specific training on Human Resources in order to enable the volunteering management officers to adapt Human Resources management tools to the volunteering context. This will be followed with a workshop where the different National Societies will share their experiences in volunteering policy development and data base establishment. A sort of guidelines will come out from this exercise and will help National Societies to improve the content of the current draft policies and data bases. It will also provide guidelines on the annual reports on paid staff and volunteers expected from National Societies every year.

Dissemination of national societies' activities and image development:

- With the technical support of the information and communication service, a TV documentary on Cape Verde Red Cross activities was produced and disseminated on TV 5 in 2006.
- In the framework of the water and sanitation project supported by the Qatari Red Crescent, a TV documentary was produced with Al Jazeera and the UN information service IRIN for West Africa in 2007. This initiative was supported by Geneva Secretariat team and the Federation communication department in Dakar.
- A media tour was also organized by the Federation communication department in Mali during the mosquito nets distribution campaign in December 2007.

National societies finance management systems' development:

A process of evaluation of National Societies finance management system with provision of regional guidelines in finance management was initiated and terms of reference were developed, a consultation process undertaken. These guidelines will include minimum standards in human resources required for finance services, control tools to be used and reports to be published on a regular basis. A process of recruitment of Finance development delegate as a member of the Organizational development team is underway to support this specific task. All these activities are supported by the grant from Spanish government.

Constraints:

In Niger there is no more Executive Secretary or Program Coordinator at the end of 2007. The Federation will watch the situation and intervene to provide again support later when the National Society will be ready to show more commitment as Niger is one of the countries of the Region with a lot of humanitarian challenges.

Guinea-Bissau Red Cross is one of the NS which also urgently needed human resources. It should be noted that, apart from the Secretary General and very few staff in the administration and finance unit they had no permanent professional staff for programs.

Working in partnership

The implementation of IMCI activities is the result of collaboration between the International Federation of Red Cross Societies and the Irish Government. The Sahel HIV programme was funded by the Japanese Red Cross supported by the Swedish partner in the planning process of HIV Global Alliance.

In 2007, the Gambia measles campaign was supported by a consortium of donors like Norwegian DOSH, WHO, UNICEF.

The planning process in health and nutrition was supported by the Australian Red Cross in Niger, Swedish Red Cross in Mali, Burkina Faso and Mauritania. Community health projects in Guinea and Guinea Bissau were elaborated thanks to Irish funds.

The implementation of field activities is provided by the national society volunteers with technical support from the Federation and financial support from the Irish partners, Japanese, and Swedish Red Cross.

Activities against meningitis, PHE and other epidemics have been supported by the Federation through Finnish and Swedish funding and DFID. Cholera in Senegal was supported by the IFRC through DREF and also, the Senegalese Red Cross has received support from Colgate Palmolive, a private company specialized in hygiene products. In Guinea Bissau, cholera operation was funded internally from the Appeal as it helped to achieve the objectives of the Appeal.

Concerning activities on malaria in Niger, there were several partners working together in joint efforts, CDC Atlanta, Canadian Red Cross, WHO, UNICEF, the private sector like Shell, the national authorities MoH/Programme national de lutte contre le paludisme (PNLP), community leaders and members. With this project, the biggest one in the Africa region, an effective cooperation between the national society and the MoH has been developed.

The Regional health strategy has been funded through the Sahel Appeal mostly covered by the Irish Government. Watsan activities are mainly funded by the Irish Government and the Japanese Red Cross. We would mention also the support of the OD programme which enables the planning and implementation of many joint health and OD activities in the National Societies of Sahel.

Cooperation between Partners and Coordination Rule

The main support to this programme came from Danish RC, Swedish RC, Irish government and DFID (British government) allocations for Sahel and Spanish government grant for Institutional Development. Many thanks to these donors. The team spirit and the cooperation with colleagues from other departments specially the improving integration of organization development and health activities increased the finance basis of the programme as some activities under organizational development but related to health were supported through funding for health. This improved the impact of the Federation support to national societies of the Sahel. The integration of health and organizational development activities provides a better framework for multilateral and bilateral partnership development. Working with this spirit will facilitate the implementation of the Federation global agenda and the Algiers Plan of Action. Together we can!

Contributing to longer-term impact

- High level of knowledge and a strong involvement of local authorities (traditional authorities, local elected officials ...) in community care in the epidemic of meningitis and on meningitis prevention at community level;
- Mortality and morbidity reduction of PHE due to Red Cross better preparedness and rapid and effective response to outbreaks. In the long term, the strengthening of collective and individual prevention will reduce the risk of PHE.
- Regarding Health and HIV activities, Sahel Red Cross societies played a significant role in reducing morbidity and mortality, especially that of children less than five years and people made vulnerable by HIV. At community level, they further strengthen the capacities of National Societies' staff and volunteers in assisting vulnerable populations.
- Four (04) National Societies (Mali, Niger, Mauritania and Burkina-Faso Red Cross) were

supported in developing long term projects in the framework of the exit strategy of the Sahel food security operation. These new long term projects following the Logical Framework methodology with an integrated approach (hygiene and nutrition, water and sanitation, vaccination, malaria prevention, income generating activities for women, capacity building for National Society and branch development) become the framework for new partnerships between the four National Societies and their partners: Danish, Swiss, Canadian and Spanish Red Cross with Mali; Irish and Qatar RC with Niger; French, Spanish and Canadian Red Cross with Mauritania.

- Two (02) National Societies (Guinea Conakry and Guinea-Bissau Red Cross) were also supported in developing long term community health projects with the same integrated approach. Based on the results of these draft documents, there are ongoing discussions for partnership between Guinea Red Cross, UNICEF and Danish Red Cross. The same discussions started between Guinea-Bissau Red Cross and Plan-Guinea-Bissau

Looking ahead (title in Arial 20/grey colour) (1 paragraph/150 words maximum)

The year 2008 will be the last year for the four-year strategic plans developed in 2004 in National Societies. So it is time to evaluate and undertake a review process that will lead to revised strategic plans for 2009-2012. This process will be conducted mainly in Guinea-Bissau, Burkina-Faso, Mali, Niger, Mauritania, Gambia and Senegal.

For Senegalese and Gambia Red Cross societies specifically, they will be supported in developing long term community health process with the same integrated approach following the logical framework methodology. There is also the need to support Mali Red Cross in this exercise as required by some of their partners.

2008-2009 will also find some National Societies developing and formalising Cooperation Agreement Strategy/operational alliances for the implementation of the programmes developed previously. Two (02) National Societies (Mali and Guinea) are enough prepared to show notable progress in 2008. In Mali it becomes urgent because of the increased number of partners committed to work with the National Society. It is also urgent in Guinea in order to find another operating model after the closure of Federation representation in Conakry planned for December 2007. In Guinea-Bissau, there is ongoing discussion in order to start a local partnership between the National Society and Plan-Guinea-Bissau in addition to the Spanish Red Cross, Federation and ICRC support to the National Society.

Support for recruitment and salary to key staff will decrease as it will be time to have an exit strategy regarding this aspect in some National Societies. The progress accomplished in programs and partnership will make available funds to sustain the positions supported through the Federation.

2008 and 2009 will also put emphasis on volunteering development and management systems. The recruitment of a Finance Development Delegate will boost the activities under the improvement of National Societies' finance management systems.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

<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.
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