

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

West & Central Africa Sub-Zone programmes

MAA61001

31 August 2010

This report covers the period 01/01/2010 to
30/06/2010.



Agricultural kits distributed to benefiting families during the floods recovery phase in Senegal/IFRC

In brief

Programme outcome: The programmes will contribute to the achievement of the strategic aims of the Strategy 2020, whilst guided by the Johannesburg Commitments the local priorities. As outlined in the 2010-2011 plans, the Disaster Management (DM) programme seeks to provide all possible and relevant support to the 24 National Societies (NS) of the West and Central Africa Sub-Zone. The DM programme aims to strengthen their capacities in disaster risk reduction (DRR) including adaptation to climate change; early warning system development; preparation for, response to, and reporting on emergencies in a timely and appropriate manner. The health coordination support NS in West and Central Africa (NS) to have in place sustainable community-based health projects and capacity to response to emergency. The Migration unit is seeking to strengthen NS capacity to address the most urgent situations of migrants, promote social inclusion and culture of non-violence and peace.

Programme(s) summary:

The restructuring process in Africa resulted in the creation of one IFRC Zone Office and six regional representation and several country representation offices. Consequently, the structure in West and Central Africa Zone (WCAZ) has changed to three IFRC Regional representation offices (Sahel, Central Africa and West Coast Regions) reporting directly to the Africa Zone office in Johannesburg. However, the regional programmes in the Sahel Regional Representation in Dakar continue providing technical support to the 24 National Societies¹ in West and Central Africa, whilst developing capacity in the two new regional offices. The DM activities were focused on strengthening NS capacities on projects including prevention, early warning and early action systems, mitigation; community preparedness for recurrent disasters, disaster preparedness and response capacity building, disaster response and recovery operations. The food security

¹ Countries in West and Central Africa: Cameroon, Central Africa Republic, Republic of Congo, Equatorial Guinea, Gabon, Sao Tome and Principe, Benin, Côte d'Ivoire, Ghana, Liberia, Nigeria, Sierra Leone, Togo, Burkina Faso, Cape Verde, Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, Chad and Democratic Republic of Congo.

programmes focused on livelihood enhancement. In order to ensure disaster preparedness, the West and Central Africa Sub-Zone regional Representation's disaster response team database has been reviewed and updated. Three regional disaster response team (RDRT) members (team leader, finance and relief) were deployed to East Cameroon to provide assistance during the refugee operation. Continuously the team provided technical support to the monitoring of disaster situations and the response activities. The team also provided technical support on disaster response operations supported through the IFRC disaster relief emergency fund (DREF) and international emergency appeals including floods, storms, food insecurity and violent winds.

Through the health and care coordination, the IFRC Representation Office in Dakar assisted the NS and the two regional offices covering 24 NS West and Central Africa. The Technical support and coordination have mainly been on community-based health and First Aid (CBHFA), Malaria, HIV and AIDS, human pandemic preparedness, immunization campaigns and health emergencies. Progress has been made in fostering partnerships with the Ministries of Health and other agencies working in the health sector.

The adoption of a Migration Policy by the 17th General Assembly has provided a guiding framework for migration programmes worldwide. The region has already disseminated the Policy to the 24 National Societies of West and Central Africa. Building networks within the Red Cross and Red Crescent Movement and with external partners on migration also been a priority.

Financial situation: The total 2010 budget is CHF 6,490,212 (USD 6,310,980 or EUR 4,944,923), of which CHF 3,224,183 (50 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 3,224,183 (28 per cent) of the budget.

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

No. of people we have reached: The IFRC regional representation supported the NS to reach the following targets; The regional shelter recovery programme reached 2,835 most vulnerable families, and approximately 2,100 households affected by floods (shelter kits) in Burkina Faso. Non-food items were distributed to 250 people affected by fire outbreak in Malabo in Equatorial Guinea. In Mouila, 1,150 people were assisted with non-food items following damage by caused by violent winds. In Senegal, 1,160 families affected by floods were provided with cash, seeds and livestock (cattle), whilst 345 households affected by floods received relief assistance in Mauritania. The Red Cross Society of Niger has assisted 9,937 food insecure families, 722 have received seeds 57 volunteers and 84 rural community organizers trained on relief operation activities.

Our partners: During the reporting period, the DM programmes in West and Central Africa have been supported by DFID, Swedish Rescue Service Agency, African Centre for Meteorological Applications and Development (ACMAD), and Partners National Societies (Danish, Swedish, Spanish Red Cross, etc.). Monthly meetings are held with OCHA, UNICEF and WHO at regional level. Meetings with ICRC, different PNSs, UNAIDS, USAID, ECHO, NGOs and Ministries of Health.

Context

The West and Central Africa comprises of 24 countries supported by the Red Cross and Red Crescent National Societies. The estimated population is 388 million people (2006). The average per capita Gross National Income (GNI) is USD 1,418, and 46 per cent of the population live on less than USD 1.24 a day.

The West and Central Africa is also characterized by high vulnerability to climate related hazards. During the 2009 rainy season 15 countries in the region experienced severe flooding (Liberia, Guinea, Burkina Faso, Niger, Gambia, Gabon, Togo, Mali, Central African Republic, Ghana, Benin, Mauritania, Côte d'Ivoire, Sierra Leone and Senegal. Estimates indicated that more than 200,000 people were affected; thousands of families were displaced from their homes and most of their household material considerably damaged. The disasters diverted the IFRC and NS focus to scaling

up disaster response and recovery activities to floods and food insecurity emergencies that are prominent in the region.

Poverty remains the main underlying cause of disease in West and Central Africa. Many countries in the region are politically unstable and the region is exposed to serious epidemics such as meningitis, measles, dengue fever, yellow fever, cholera and frequent disasters. Other health determinants are the lack of potable water for about 60 percent for the population and limited or no access to sanitation services for about 30 percent. Another health determinant is a low level of infrastructure and inadequate health facilities and services in general.

The West and Central Africa region has a high prevalence of malaria in Africa. Malaria is endemic and the leading cause of morbidity and mortality among pregnant women and children under five, and affects the most poor and vulnerable population. A very small part of the population use long lasting impregnated bed net which has been the most effective preventive measures for malaria. The coordination and cooperation with NS for distribution campaigns increased in 2010 and has been extended to all age groups.

Guinea-Bissau, Côte d'Ivoire, Cameroun, Gabon and Central African Republic have a high prevalence of HIV infection in the region which calls for continued preventive and curative programmes. Burkina-Faso, Central Africa, Guinea, Nigeria and Democratic Republic of Congo (DRC) are part of the Global Alliance on HIV, coordinated by the IFRC. We are also fighting for mainstreaming HIV and AIDS into all programmes.

In terms of IFRC support, the health and care unit coordinated technical support for a number of assessments and activities. For instance, the immunization campaigns for polio eradication. Partnership with the WHO has been enhanced on prevention and vaccination campaign against meningitis. The CBHFA programmes have been strengthening in a number of NS, who are rolling out the new toolkit. Improved coordination mechanism led by the DM led to successes in disaster response operation, monitoring and resource mobilisation. A good example is the Food Insecurity Appeal for Niger ([MDRNE005](#)) where the health and care unit provided technical support on how to address high malnutrition among children. Another example is the support to the assessment conducted in floods prone areas to determine the related health issues.

Progress towards outcomes

Disaster Management

Programme Component 1: Improved disaster response assistance to meet the needs of disaster affected people and to restore or improve pre-disaster living conditions to reduce the risk of future disasters.

Outcome 1: NS have contingency plans for the most recurrent hazards which cover shelter, recovery issues and related capacity building.

Outcome 2: Non-food items are appropriately stored in a coherent sub-zone logistical plan to ensure rapid response to affected communities.

Outcome 3: Community centred Early Warning Systems (EWS) are in place to enable early information and action for timely and appropriate measure to mitigate risks and increase resilience

Outcome 4: Recovery is integrated in disaster response in its early stage.

Achievements

The IFRC regional DM team supported a number of NS in responding to disaster in their countries. After implementing the relief "life saving" activities, the Emergency Appeals for Senegal and Early Warning/Early Action Appeal for the Zone (focus on Niger and Mauritania) have been revised to include recovery activities focusing on restoring livelihoods.

The DM programme in Burkina Faso focused on the provision of shelter and water and sanitation services. After the heavy and persistent rainfall in the third quarter of 2009 that affected an estimated 150,000 people, a shelter recovery programme specifically targeting the 2,835 most

vulnerable families (widows, female-headed households, pregnant and lactating mothers, elderly and disabled people) living in low-lying flood affected parts was set up. The programme aimed to support the flood affected families in re-establishing their traditional shelter with improved safety by March 2010. Each family received a tool kit (see IFRC tool kit - three tarpaulins, two cement bags, 28 pieces of wood, three pieces of timber, two boxes of nails, three rolls of tie wire and two iron sheets). Approximately 2,100 households received the shelter kit (inclusive of tarpaulins) including the local materials to build a transitional shelter. Training sessions were conducted along with the distribution activities and a team of four volunteers were monitoring the construction of the transitional shelters in Yagma. Forty-five (non-full time) volunteers participated in the programme.

Ghana was not spared by the flooding. The heavy rains of 20 June, 2010 and continuous downpour in the country caused flooding, which affected more than 12,000 people with 35 lives reportedly lost in Greater Accra, Central and Volta regions of Ghana. Many houses and infrastructural facilities such as bridges were washed away leaving thousands of families homeless. The Ghana Red Cross Society (GRCS) conducted needs assessment, registration of victims and beneficiaries, distribution of the non-food items and sanitation equipment. First Aid service and psychological counselling were included in the assistance provided.

Between January and May 2010, the overpopulated neighbourhoods of Malabo, the capital city of Equatorial Guinea, registered 12 fire disasters. These fire disasters caused several damages and completely ruined already extremely poor populations, leaving them hopeless and with no means of subsistence. In reaction to the series of disasters, the Red Cross of Equatorial Guinea distributed 125 blankets, 125 mats, 100 tarpaulins, 100 mosquito nets, 50 cooking kits, and 250 pieces of soap of 200g to 250 beneficiaries.

Following the violent winds that occurred in Mouila, the chief place of the Ngounie Province in Gabon on 4 May, 2010 the Gabonese Red Cross Society used the DREF 78,418 [MDRGA003](#) allocated to support the relief assistance 1,150 people. The IFRC also deployed RDRT that trained 20 Red Cross volunteers of the Mouila local committee on simple non-food items distribution techniques. The beneficiaries received 460 insecticide-treated mosquito nets, 460 tarpaulins, 230 cooking kits, 575 blankets, 575 mats, and 1,150 pieces of soap of 200g.

Programme Component 3: Reduce the risk of food insecurity and improve the living conditions of vulnerable populations

Outcome 1: Food security community-based projects are developed in targeted countries including EWS and climate change adaptation

Outcome 2: Strengthened NS organisational capacity and community resilience through networks of prevention, knowledge and education in food security.

Outcome 3: A country-based Movement partnership is in place to implement West and Central Africa food security strategy through technical support to NS.

Achievements

As mentioned above most of the activities implemented during the reporting period were more focused on recovery and mainly related to food security. In Senegal, torrential seasonal rains that started in June and intensifying by end of August 2009 caused severe flooding in the suburbs of Dakar (the capital city) and in major towns like Kaolack and Saint-Louis, other regions and villages. As of 25 January 2010 the Senegalese Red Cross Society supported by with the IFRC purchased 520 agricultural tool kits based on the needs' assessment and distributed to 786 affected families in Fatick, Kaolack, and Saint-Louis regions. A total of 400 sheep (200 female and 200 male) was also purchased and distributed to 200 families in the Kolda Region. Ten tons of seeds mainly rice, 30 tons of fertilizers (10 tons of urea and 20 tons of phosphate) were also purchased and distributed to five communities in Saint-Louis Region. Furthermore, each family among the 174 affected families at Camp Richard Toll (in the northern part of the country) benefited each from an unconditional cash distribution of CHF 92 (40,000 CFA).

A similar flooding situation occurred in Mauritania during between 28 and 29 August 2009. A total of 360 Mauritanian families (2,520 people) were forced to leave their homes in the south eastern town of Tintane with water levels reaching two metres in some areas. The floods affected 3,500 families (24,500 people) and the NS response operation rolled into 2010. Using the pair-wise

ranking methodology, a mill grain was purchased for 145 households in Letfetar; and 7,500 meters of wire fencing to enclose the community field. Food commodities were purchased and placed in community stores for 200 affected households in the town of Moudjeria and N'Beïka. The approach used during the operation was exclusively based on the community's desire.

In Niger, the strong precipitations of 1 and 2 September 2009 caused extensive damage (3,000 ha of garden were destroyed; 4,000 head of cattle missing and 1,443 bags of onion lost). About 12,391 households in Dabaga, Tabelot, Tchirozérine and Agadez urban areas were severely affected. In the response programme, ten market-gardening groups (i.e. 750 households for 5,250 direct beneficiaries) working on 75 farms each in Dabaga, Tabelot, Tchirozérine and 25 market-gardening farms in Ingall (175 direct beneficiaries) were supported with truck farming. Under the livestock breeding project, 489 households (i.e. 3,423 beneficiaries) received two cattle as many were destroyed by the floods. The NS reached a total of 1,264 households (8,848 direct beneficiaries) through the livelihood recovery project activities that contribute to improved resilience of the targeted communities.

In early February, humanitarian organizations operating in Chad and the Chadian Agricultural Ministry carried out assessment mission in the northern and central parts of the country. Reports from the missions revealed that the rate of malnutrition among children was very high and people in general were in need of immediate food assistance. This situation was caused by the limited rains in 2009 thus, leading to a cereal production deficit. The Red Cross of Chad (RCC) trained 57 volunteers on distribution techniques such as the use of measurement tools and the ration per person. Furthermore, 84 rural community organizers were trained for food-for-work activities and 43 community organizers were also trained on malnutrition. The distribution activities took place in Zigeye and Ngouri regions. Drought affected families were provided with a month ration of food composed of cereals, beans, cooking oil, sugar and salt. The improved seeds ordered by the National Society with the support of the Sahel Region Logistics department (8.5 tonnes of millet for Ngouri and 7.5 tonnes of millet for Zigueye) were distributed to approximately 722 beneficiaries.

Constraints or Challenges

The limited capacities in some National Societies in terms of accountability and reporting disrupted the achievements of the expected results. Due to their lack of food security plans, policies and strategies, it has been difficult to develop a zone strategic plan to support the NS. Both Sub-Zone and NS staff focused on disaster relief operations than developing risk reduction and long-term food security programmes, which affected the implementation of the planned activities.

Health and Care

The regional health team based in Dakar and working through the three regional offices comprises of health coordinator, community health malaria delegate, health assistant and human pandemic preparedness coordinator with funding and technical support from the IFRC Secretariat in Geneva. The coordination and technical support has mainly been carried out through the three regional health managers in Sahel, Abuja and Yaoundé and in collaboration with partners and other health sectors.

Programme Component 1: Community-based health and First Aid

Outcome 1: Increased 'health communities' capable to cope with health and disaster challenges through community-based integrated health and First Aid activities.

Outcome 2: Improved MNCH is achieved through NS community-based activities, including safe motherhood and child health initiatives, vaccination and nutrition activities.

Outcome 3: Increased uptake of immunization services during both mass vaccination campaigns and routine immunization services for measles and polio.

Outcome 4: Vulnerable populations, children under five years, pregnant women, people living with HIV (PLHIV) are protected from malaria

The region has some of the worst indicators for immunization coverage. Efforts to coordinate polio eradication campaigns have been strengthened in 2010. This was the first year the region received funding support from the Global Polio Eradication initiative through the Bill and Melinda Gates Foundation for West and Central Africa. With these funds and an additional IFRC funding the IFRC regional representation managed to assist planning/proposals and field activities for 13 Red Cross/

Red Crescent NS (Benin, Burkina-Faso, Cameroun, Central African Republic, Chad, Côte d'Ivoire, Liberia, Sierra-Leone, Senegal, Togo, Niger, Gambia) in their social mobilization activities in the March/April/May rounds for the polio SIAs. Through these campaigns the cooperation, coordination and technical support have strengthened the partnerships between IFRC/NS, Ministries of Health, UNICEF and WHO.

The post campaign evaluation has shown that in the majority of districts where the NS have conducted social mobilization, the vaccine coverage is significantly higher. The Red Cross/Crescent will play a key role to meet the eradication goal for polio in the future. The IFRC in West and Central Africa are now planning to have an exchange workshop with NS in 2010 for even better future planning and coordination. Meetings and discussions with UNICEF and WHO regarding partnerships in routine vaccination both for polio and meningitis have started at international, regional and country levels. The IFRC has taken an active part at regional level.

Another example of coordination and technical support for immunization campaigns and social mobilization has been on measles, yellow fever and meningitis where IFRC has allocated DREF to support NS in their response activities. From January to June 2010 there had been meningitis epidemic in the sub-Saharan meningitis belt and the affected NS coordinated social mobilization for vaccination campaigns. Since these vaccines have several shortcomings that preclude their incorporation into routine immunization, a new conjugated vaccine against group A will be introduced in 2010 for preventive vaccination. The IFRC will assist the Burkina-Faso and Mali NS in the social mobilisation approach in partnership with WHO for the first trial from September 2010.

The health unit also supports and encourages NS to implement community-based health programmes. Since March 2010 CBHFA funds from the Finnish Red Cross have been used to implement new CBHFA programmes in Ghana and Côte d'Ivoire through the IFRC.

The coordination and technical support for Malaria prevention and control interventions in West and Central Africa have been successful for many NS. In DRC technical support to the Ministry of Health led to a universal coverage LLIN distribution campaign in one district in Bandundu Province. In Togo more than 600 volunteers have been involved in malaria activities in ten districts. In Burkina-Faso a universal distribution of 100,000 LLINs has been carried out. Social mobilization has been conducted in the Do district. In Sierra-Leone 440,000 LLINs with pre- and post-distribution social mobilization have been carried out. There are plans to carry out an operational research in Kono or Kahun districts in Sierra-Leone. In Liberia there is technical support to ongoing Keep-up Malaria activities. A huge universal coverage campaign in Nigeria (Cross River State) will involve 3,200 volunteers in household registration to establish LLIN needs, distribution of LLINs and hang up activities.

In 2010 the health coordination has in collaboration with DM participated to improve curative and health services in target areas for emergency health. This approach aims to strengthen the capacity in disaster preparedness and to provide rapid response in disaster prone areas. In collaboration with DM department the health unit has provided technical support (DREF) to Burkina-Faso to plan for emergency health activities due to floods. We have also contributed with technical support to the Cameroun NS for floods and cholera preventive measures. The Niger food insecurity situation was supported through revision of the emergency appeal to enhance the activities for health support to malnourished children.

The human pandemic preparedness programme was continued to coordination and technical support to the following six NS: Benin, Ghana, Liberia, Mali, Nigeria and Senegal. In Senegal technical support was provided for the establishment of an integrated communication plan with WHO, OCHA and the Ministry of Health. Simulation training has been carried out in Benin with coordination support from the IFRC to the NS.

Partnerships with Ministries of Health, WHO, UNICEF and other stakeholders have been improved, developed and sustained in 2010 within the framework of IFRC health initiatives in West and Central Africa at both regional and zone level.

Constraints

It has been highlighted by stability and consistency in funding support is critical to effective coordination and technical support for the long-term health and care programmes. Human resources is also another critical factor and for this reporting period, the lack of a water and sanitation delegate has been of concern give the recurrent epidemics of waterborne diseases and with very little sustainable access to safe water and sanitation.

Migration

Following the review of the operational plans, work on response to migration was agreed as a priority programme.

Programme Component 1: Understand the vulnerabilities and needs of the region's migrants, and map the activities and capacities of the NS.

Outcome 1: The main vulnerabilities resulting from migration in the region are identified and analyzed.

Outcome 2: The NS' current activities to assist migrants have been mapped.

Outcome 3: Gaps in assisting vulnerable migrants that can be covered by NS are identified.

Outcome 4: Common issues among NS are identified.

Achievements

Information on migrants collected in Senegal, Mali, Mauritania and Gambia has been consolidated and NS country sheets shared with stakeholders. The NS activities in response to migration have also been profiled particularly for Senegal, Mali, and Mauritania, whilst profiles for Ivory Coast, Guinea, and Niger are near completion. Mapping of organizations/associations working with migrants were completed for Senegal, Mauritania, Mali and Gambia. The common issues identified will be discussed among RC/RC stakeholders from Senegal, Mali and Mauritania to advise the development of a strategy on response to migration.

Programme Component 2: Strengthen the commitment of the NS to address migrants' needs.

Outcome 1: The Migration Policy has been disseminated, explained and reinforced among the NS.

Outcome 2: The NS have integrated migration related activities in their plans.

Outcome 3: NS sharing the same migration issues are encouraged and coordinated to help them design joint strategies.

Achievements

Focal points have been identified in 12 out of 24 NS of the former West and Central Africa Zone. Mali Red Cross has integrated response to migration as one of the areas of intervention in its 2009-2014 strategic plans. The last workshop to disseminate the Migration Policy took place in Freetown, Sierra Leone for the West Coast group, attended by NS management and governing board members. An orientation session for Senegalese Red Cross governing board was organized and it was agreed to conduct a 'training of trainers' for volunteers. To-date, three regions out of eleven has been covered, reaching 270 volunteers, the Senegalese Red Cross' local partners and local authorities.

Programme Component 3: Facilitate cooperation and coordination between National Societies within and outside the Sub-zone.

Outcome 1: Cross-regional issues are identified and collaboration established with the global migration team and regional offices to develop cross-regional initiatives.

Outcome 2: Peer-to-peer capacity building between NS is facilitated and coordinated.

Outcome 3: Projects of cooperation between NS are identified and proposed in collaboration with other regional offices.

Outcome 4: Potential sources of funding on migration activities are mapped and made available to the NS.

Achievements

The regional migration unit organised a cross-regional meeting held in Dakar in June and attended by Red Cross and Red Crescent Movement components present in Mali, Senegal and Mauritania projects. The NS Maghreb and Europe Zone were also invited to meeting to facilitate sharing of experiences and knowledge on response to migration. There has been continuous discussions with the Europe Zone to identify cross-regional issues and arrange for inter zonal exchange visits. However, due to lack of funding support, the initiative was put on hold. So far two separate appeals for have been issues and technical guidance provided to interested NS (mainly in Senegal with

Spanish RC support). An electronic bulletin is being shared among the stakeholders to share information of migration work

Programme Component 4: Build partnership between NS/IFRC Regional Representation Office and other organizations.

Outcome 1: Coordination among the Red Cross and Red Crescent Movement members on migration related activities is achieved

Outcome 2: Communication and cooperation with external partners are established.

Achievements

Through formal/informal meetings and regular email communication, information has been shared with ICRC and Spanish Red Cross who are supported activities on response to migration.

The IFRC/NS actively participated during the two PERCO (Platform for European Red Cross Cooperation on refugees, asylum seekers and migrants) meetings. The Bamako follow-up meeting took place as planned. In addition coordination meetings were held with organizations/associations working with migrants and governmental authorities through multilateral agreements. Internally, the issues on migration have been discussed at the Movement coordination meetings held in Dakar. Since November 2009, the migration unit generally participates in the monthly working group meeting on mixed migratory flows that aims at preparing a project proposal on assistance mechanisms for stranded migrants in West Africa. The regional migration unit continued to be part of the Follow-up Group on Mixed Migratory Flows involving UNHCR, OHCHR, IOM and ILO. The cooperation between the regional migration unit, NS, ICRC, as well as a number of European NS was strengthened.

Constraints

The plans to have NS sharing the same issues design joint strategies on response to migration which met some constraints related to internal challenges within some NS. A good is lack of NS focal persons to coordinate the activities on response to migration issues.

Although cross-regional issues were to be identified but the migration team was faced with challenges in consolidating a regional strategy. For instance, Maghreb NS - in the middle of the migratory trails between Africa and Europe - has challenging political environments therefore with different priorities when it comes to the migration topic. As for West Africa, challenges remain in the actual commitment of NS to respond to the humanitarians needs of migrants at the different stages of their movement.

Working in partnership

The DFID/British Red Cross is engaged in a four-year strategic partnership for institutional support for DM, including health in emergencies. Four NS have developed and implemented food security projects funded through the DFID partnership with the IFRC.

The Swedish Red Cross has also provided regular resources support to DM programmes in West and Central Africa in collaboration with the Swedish Civil Contingencies Agency for capacity development in a programme called West Africa Disaster Management Capacity Building. This regular and longer term funding has allowed the IFRC to embark in DM strategic and long-term planning. NS of Sierra Leone, Nigeria and Liberia have started implementing a DM capacity building project aimed at building cross-border DM skills and links between the three NS, as part of the partnership between the IFRC Regional Representation office, Swedish Red Cross and Swedish Rescue Service Agency. This is a multi-year pilot project that will be replicated in other countries if found feasible.

Collaboration and partnership with climate institutions like ACMAD has enhanced the preparedness through the Early Warning-Early Action concept that has improved the disaster response capacity. Climate risks are becoming more and more manageable with due to accurate climatic change information shared.

The health unit in Dakar has monthly regional meetings at OCHA together with UNICEF, ECHO, WHO, other UN organizations and non-governmental organisations (NGO). These partnership meetings are mainly in the capacity of a monthly update on the epidemic and emergency situation in

the Sahel and West Coast region. It is also a platform for strategic discussions and sharing information of response operation by UN agencies and other.NGO.

Through the ICRC office in Dakar, collaboration and cooperation partnerships have been established for discussions and technical support to health programmes in many NS. An example is the development of a health and HIV and AIDS programme for the NS of Guinea-Bissau.

The IFRC and NS have collaborated Health Department in Geneva, UNICEF, WHO, Ministries of Health and the PNS on immunization strategy planning and social mobilization activities. On regional and country levels coordination meetings have been held with PNS such as French, Spanish, Danish, and Canadian Red Cross on health programmes and emergency health issues. For Food Security in Niger we have collaborated and coordinated the NS' activities with USAID.

Contributing to longer-term impact

It is essential to build safer and more resilient communities through Vulnerability and Capacity Assessment (VCA) processes. Regular assessment of the NS capacities' through the Well-Prepared National Society (WPNS) tool with baselines to measure progress made towards managing risks in the community were carried. Such activities will be integrated in a country DM Policy framework and NS will be supported to have a complementary DM strategy. These NS should promote risk reduction at community level to fight the dominant culture of disaster fatalism and encourage the younger generation to engage in disaster risk management so as to reduce the impact of potential disasters.

Since most of the natural hazards in the West and Central Africa are climate related, drought, flood, locust invasion and epidemics, partnerships have been established with climate institutions to facilitate information sharing and technical support. This information is analysed by DM unit, disseminated to NS staff and volunteers and translated into messages for community actions related to disaster risk reduction, contingency planning and food security programmes. The DM Departments in West and Central Africa sub-zone will keep on working in collaboration with the Communications Department and National Societies' communications staff to promote Red Cross Societies volunteers whenever possible based on community experience/assets and experience from other regions or zones.

An independent evaluation report of the role of the Red Cross NS during the polio campaigns has been issued by the Ministry of Health, WHO and UNICEF in all countries in West and Central Africa. The evaluation report is based at district level to assess the perceived added value of social mobilization by Red Cross and Red Crescent volunteers. Even the Red Cross can participate in these independent evaluation teams, which also measures the impact of social mobilization during immunization campaigns.

One of the main gender issues has been to incorporate gender values into the NS HIV and AIDS programmes. This is also an important issue when we have implemented the food security programme in Niger in 2010. In general gender issues have been taken into consideration and mainstreamed both at regional level and NS health programming and human resource structure.

In 2010 two CBHFA programmes have been started and implemented in the NS of Ghana and Côte d'Ivoire. These two harmonized programmes will make a baseline evaluation and later be compared to shared lessons learned and best practices. Cholera prevention activities in Guinea-Bissau and Guinea in the last two years seem to have an impact since there have been no recent outbreaks.

Principles and values are stressed in all community-based programmes supported by the IFRC. One of the main challenges for 2010 is to disseminate the strategic aims of the new Strategy 2020 to the NS in the region.

Looking ahead

Disaster management is a multi-sectoral field in need of proper and effective coordination and partnerships to ensure successful programme implementation. Risk reduction and disaster response

require the involvement of various departments and collaboration with PNS and other agencies to ensure resource mobilisation, transparency, accountability, avoid duplication and competition. Partnership with meteorological institutions will help the IFRC improve the quality and focus on disaster prepared and response programmes. Early warning system to be developed will be based on the information and forecasts from ACMAD, the International Research Institute for Climate and Society, Columbia University (IRI), and other meteorological organizations. The DM unit has developed a pilot project with ACMAD (IFRC-Desk) to ensure effective flow of information. The river over flow seven day forecast is being tested in collaboration with AGRHYMET.

The health and care unit has planned to foster and not limited to the following;

- More integrated approach with the DM department;
- Continuous coordination and technical support to West and Central Africa through the three regional offices in Sahel, Abuja and Yaoundé in order to ensure sustainability of health programmes and effectiveness in response to health emergencies;
- A better and continuous development of the planning, coordination and implementation of social mobilization during immunization campaigns.

How we work	
<p>All Federation 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 is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</p>	
<p>The IFRC's vision is to:</p> <p>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.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
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International Federation of Red Cross and Red Crescent Societies

MAA61001 - West and Central Africa

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAA61001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,331,551	3,026,049	816,045	459,893	856,674	6,490,212
B. Opening Balance	331,578	179,830	31,795	114,508	220,543	878,255
Income						
Cash contributions						
<i>British Red Cross (from British Government)</i>			-4,808			-4,808
<i>Capacity Building Fund</i>			-479			-479
<i>Danish Red Cross</i>			-253			-253
<i>DFID - British Government</i>	60,000	48,269				108,269
<i>DFID Partnership grant</i>	155,911		-16,150			139,761
<i>Finnish Red Cross</i>		0				0
<i>Finnish Red Cross (from Finnish Government)</i>		0				0
<i>Netherlands Red Cross (from Netherlands Government)</i>		920,000				920,000
<i>Norwegian Red Cross</i>	89,618			50,497		140,115
<i>Norwegian Red Cross (from Norwegian Government)</i>	86,964					86,964
<i>Swedish Red Cross (from Swedish Government)</i>	109,328	90,830				200,158
<i>United States Government - USAID</i>		428,204				428,204
C1. Cash contributions	501,821	1,487,303	-21,690	50,497		2,017,932
Outstanding pledges (Revalued)						
<i>DFID Partnership grant</i>	153,304					153,304
<i>Netherlands Red Cross (from Netherlands Government)</i>	-2,195					-2,195
<i>Norwegian Red Cross (from Norwegian Government)</i>	-55,988					-55,988
<i>Swedish Red Cross (from Swedish Government)</i>	-109,328	37,425		40,788		-31,115
<i>United States Government - USAID</i>		147,924				147,924
C2. Outstanding pledges (Revalued)	-14,206	185,349		40,788		211,931
Income reserved for future periods						
<i>DFID - British Government</i>		-3,682				-3,682
<i>Norwegian Red Cross (from Norwegian Government)</i>	51,099					51,099
<i>Spanish Government</i>	5,174					5,174
<i>United States Government - USAID</i>		-144,036				-144,036
C3. Income reserved for future periods	56,273	-147,718				-91,445
Inkind Personnel						
<i>Finnish Red Cross</i>					22,000	22,000
<i>Norwegian Government</i>	24,800					24,800
<i>Norwegian Red Cross</i>				112,633	-75,433	37,200
<i>Swedish Red Cross</i>		51,000				51,000
C5. Inkind Personnel	24,800	51,000		112,633	-75,433	135,000
Other Income						
<i>Miscellaneous Income</i>	3,155				22,691	25,846
<i>Services</i>					46,666	46,666
C6. Other Income	3,155				69,357	72,511
C. Total Income = SUM(C1..C6)	571,842	1,575,934	-21,690	203,918	15,924	2,345,928
D. Total Funding = B + C	903,421	1,755,765	10,106	318,426	236,466	3,224,183
Appeal Coverage	68%	58%	1%	69%	28%	50%

International Federation of Red Cross and Red Crescent Societies

MAA61001 - West and Central Africa

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAA61001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	331,578	179,830	31,795	114,508	220,543	878,255
C. Income	571,842	1,575,934	-21,690	203,918	15,924	2,345,928
E. Expenditure	-665,531	-771,044	-6,208	-231,215	-140,274	-1,814,273
F. Closing Balance = (B + C + E)	237,889	984,720	3,898	87,210	96,192	1,409,910

International Federation of Red Cross and Red Crescent Societies

MAA61001 - West and Central Africa

Mid-year Report 2010

Selected Parameters	
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Budget Timeframe	2010/1-2010/12
Appeal	MAA61001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		1,331,551	3,026,049	816,045	459,893	856,674	6,490,212	
Supplies								
Shelter - Relief		1,844					1,844	-1,844
Construction Materials	60,000		9				9	59,991
Clothing & textiles	31,000							31,000
Food			127	135			262	-262
Seeds,Plants	30,000	6,444					6,444	23,556
Water & Sanitation	90,000	614					614	89,386
Medical & First Aid			20,459				20,459	-20,459
Teaching Materials	62,000	11	494			1,183	1,687	60,313
Utensils & Tools	100,000	8					8	99,992
Other Supplies & Services	50,000							50,000
Total Supplies	423,000	8,922	21,089	135		1,183	31,328	391,672
Land, vehicles & equipment								
Vehicles	27,000		6,937				6,937	20,063
Computers & Telecom	65,618	6,078	6,410		30		12,518	53,100
Office/Household Furniture & Equipm.		5,106					5,106	-5,106
Others Machinery & Equipment	35,400							35,400
Total Land, vehicles & equipment	128,018	11,184	13,348		30		24,561	103,457
Transport & Storage								
Storage	94,000	-4,785					-4,785	98,785
Distribution & Monitoring	42,000	3,802	1,158			968	5,928	36,072
Transport & Vehicle Costs	135,726	27,075	35,586		4,207	19,989	86,856	48,869
Total Transport & Storage	271,726	26,092	36,744		4,207	20,956	87,999	183,727
Personnel								
International Staff	1,844,400	194,209	152,590		132,622	10,536	489,957	1,354,443
Regionally Deployed Staff	40,000							40,000
National Staff	509,002	24,226	81,358		26,840	-4,734	127,690	381,312
National Society Staff	322,008	36,049	160,363		3,789	46	200,246	121,762
Consultants	59,981	18,347	2,207				20,554	39,427
Total Personnel	2,775,391	272,831	396,517		163,251	5,848	838,447	1,936,944
Workshops & Training								
Workshops & Training	971,928	49,590	168,166		18,352	1,593	237,701	734,226
Total Workshops & Training	971,928	49,590	168,166		18,352	1,593	237,701	734,226
General Expenditure								
Travel	544,876	85,503	56,369		14,899	8,844	165,615	379,261
Information & Public Relation	200,821	5,476	32,368		90	2,442	40,376	160,445
Office Costs	340,200	21,806	8,607		353	1,067	31,833	308,367
Communications	73,800	18,125	12,051		1,178	4,335	35,689	38,111
Professional Fees		5,623				110	5,733	-5,733
Financial Charges	504	-997	10,400			7,238	16,642	-16,138
Other General Expenses	342,516	634	12,078	16	177	1,087	13,992	328,524
Total General Expenditure	1,502,717	136,171	131,874	16	16,697	25,122	309,880	1,192,836
Programme Support								
Program Support	417,433	41,348	44,386	379	7,520	12,001	105,633	311,799
Total Programme Support	417,433	41,348	44,386	379	7,520	12,001	105,633	311,799
Services								
Shared Services		69,302	74,405	5,678	21,686	73,988	245,059	-245,059
Total Services		69,302	74,405	5,678	21,686	73,988	245,059	-245,059
Operational Provisions								
Operational Provisions		50,092	-115,484		-527	-417	-66,336	66,336
Total Operational Provisions		50,092	-115,484		-527	-417	-66,336	66,336

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MAA61001 - West and Central Africa

Mid-year Report 2010

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Budget Timeframe	2010/1-2010/12
Appeal	MAA61001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A						B	A - B
BUDGET (C)		1,331,551	3,026,049	816,045	459,893	856,674	6,490,212	
TOTAL EXPENDITURE (D)	6,490,212	665,531	771,044	6,208	231,215	140,274	1,814,273	4,675,939
VARIANCE (C - D)		666,019	2,255,004	809,837	228,678	716,400	4,675,939	