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Sahel Region Annual Report

 International Federation
of Red Cross and Red Crescent Societies

MAA61004
4 May, 2015

**This report covers
the period
01/January/2014 to
31/December/2014.**



*Demonstration regarding the
hanging LLIN)
Burkinabe Red Cross /IFRC*

Overview

This report covers the period from 1 January to 31 December 2014. The Operational Plan for 2014 has been implemented with some adjustments to some planned activities due to the limited funding available.

The Sahel region of West Africa includes some of the poorest countries in the world, lacking the capacity for minimum service delivery and harbouring very low nutrition, health and livelihoods indicators. The recurrent crises in the region include: slow onset and recurring food crises linked to recurrent droughts, floods affecting fertile and often highly populated areas; encroachment on coastal areas vital for biodiversity and fishing communities; conflicts with population movement crises, with thousands of uprooted people seeking refuge in fragile environments.

Millions of people are facing food insecurity and malnutrition in the Sahel region due to primarily poor rainfall. Food security conditions of people affected by recurrent food crisis during the last years have not improved. Based on Government and UN agencies reports, over 1,000,000 persons in the country are food insecure and still depend on food aid. Ebola came to add on the already heavy toll of affected populations in the region.

Despite the improvement of the security situation in Northern Mali, thousands of people are still refugees in Niger, Burkina Faso and Mauritania. They live in precarious conditions and need lifesaving assistance. In Nigeria, violence continues to displace thousands, both internally and into neighbouring countries. Chad also has been affected by population movements and now harbours over 264,000 Sudanese refugees in the East, 30,000 Central African refugees in the South and 2,000 Nigerian refugees in North-West. In

addition to these refugees, Chad has received 100,000 nationals who fled the conflict in Central Africa Republic (CAR) in late 2013. An assessment mission was undertaken in Chad in four regions. A plan of action has been elaborated and the Federation is working with the National Society to seek for funding to implement it.

The Ebola Virus Disease (EVD) outbreak in West Africa is unprecedented in terms of the number of cases, deaths and its geographical spread. As of 8 December 2014, the total number of cases was over 17,000 with 6,500 confirmed deaths. The EVD Outbreak spread to Senegal, but the country was fortunately declared Ebola free in October 2014. Cases in Mali occurred in November and as of 8 December; Mali had no more new confirmed cases of EVD. While the efforts to stop the ongoing spread and bring the epidemic to an end have gained in commitment and capacity; the risk of further spread, both within the affected countries and more widely beyond the region is also a real threat and still needs to be planned for appropriately. If not contained and eliminated, not only is there a risk that the EVD becomes endemic to the region, it could potentially spread beyond the West part of Africa and threaten peace and stability in the affected countries. There has already been repeated riots and attacks of Red Cross teams and humanitarian teams, and it is feared that the volatile situation in the affected areas e.g. in Liberia and the Guinea Forest Area could be driven into violent conflict if the disease outbreak is not controlled within a foreseeable timeframe.

This is the first time an outbreak of this size has been experienced in West Africa. In the past, outbreaks have been seen in remote forest regions of Africa, which has meant they have been self-limiting and controlled within a contained area. In addition, the current outbreak is no longer just a public health emergency of international concern, but a much broader humanitarian crisis – the Ebola outbreak has resulted in the suspension of other critical humanitarian services in the areas affected, including food security and nutrition programmes, water and sanitation activities, health services, and other community development programmes. There is a looming discontent amongst the affected population, and outbreaks of violence and violent attacks on humanitarians are on the increase. Furthermore, as provided by the September 2014 IASC Gender Alert, women are proportionately more affected by the disease¹. (See the IASC Gender Alert issued by the IASC Reference Group on Gender and Humanitarian Action, of which the IFRC is a co-chair).

Working in partnership

The IFRC Sahel Regional Office, the National Societies in the region and the Partner National Societies (PNS) continue to work together to reach the humanitarian goals in the Region. Additionally, partners from outside the Red Cross Movement collaborate and coordinate their work towards these main objectives.

Table 1: The most salient operational partners in the Sahel Region.

Participating National Societies	Other partner organisations
Swedish, Finnish, British, Japanese, Norwegian, Icelandic, Irish, Canadian, Australian and Danish Red Cross Societies, Kuwaiti and Qatar Red Crescent National Societies.	DFID, ECHO, AECID, European Union, WFP, WHO, UNICEF, UNHCR, Irish Government, ECOWAS, ACMAD, and CILSS

¹ <http://www.humanitarianresponse.info/topics/gender/document/grg-gender-alert-west-africa-ebola-sep-2014>

IFRC maintains external coordination with international humanitarian organisations at regional level and National Societies maintain the same relationships with national counterparts. Various working groups, task forces and other collaboration mechanisms exist and are listed as follows:

Technical Committee of the Harmonized Framework in West Africa: is a mechanism to identify and analyse risk areas and vulnerable population regarding food insecurity and is facilitated by CILSS. This framework supports the PREGEC (the mechanism for the prevention and management of food crisis) and the RPCA (the food crisis prevention network) to take decisions at high level (either regional or governmental). IFRC has joined in this technical committee of eight other organizations namely CILSS, FAO, Fewsnet, WFP, UNICEF, OXFAM, Save the Children, and ACF. IFRC, OXFAM, Save the children and ACF constitute the civil society consortium into the PREGEC. This consortium regularly conducts advocacy on food security, nutrition and livelihoods issues and gives recommendations for actions to be taken. IFRC Sahel regional office also encourages its National Societies to take part to the national harmonized framework exercise conducted every 3 months in all countries throughout Sahel and West Coast regions.

Regional Food security and nutrition working group: This group is alternately facilitated by FAO, WFP, UNICEF and ACF. On a monthly basis, the group gives an independent analysis of the main trends on food security in the region (production, markets, nutrition, disasters) and also ensures the coordination of the interventions between the main humanitarian and development actors.

Regional Nutrition Working Group is composed of 20 organizations (NGO's, donors, research institute, and UN agencies) and aims at raising awareness and influencing policies on nutrition and strengthening technical capacities of regional institutions such as WAHO, CILSS, OAS, and ECOWAS. The former President of the Red Cross of Cape Verde is the emissary of the Group. IFRC is particularly active in it and promotes community-based nutrition approaches. Two case studies are ongoing with Belgian Red Cross partnership for evidence-based demonstration in Burkina Faso and Mali.

DRR and Agriculture task-force is a sub-group of the DRR platform. This task-force organized a Disaster Risk Reduction and Agriculture regional workshop from 8 to 10 October 2014 in Dakar. More than 45 participants (Governments, local NGO's, farmers association) from the Sahel and West Coast Regions met to make recommendations regarding DRR policies to reduce the risks related to climate hazards (drought and floods), crop pests, price volatility, and social conflicts. A particular attention was paid on early warning systems and the involvement of disabled persons. IFRC was a member of the technical committee with other 6 organizations (NGO's and UN agencies). The final report including key messages was shared with all National Societies.

Regional Cash transfer working group facilitated by CaLP (institutional partner of IFRC). This working group is committed to bring together humanitarian and development actors to reflect on a better quality, scale up response of households' multisectorial needs through cash transfer programming (CTP). Two technical *ad hoc* sessions were led and resulted on recommendations regarding the implementation of CTP in conflict situation (Mali) and market analysis. A regional Cash Learning event was organized in March 2014 in Dakar which gathered more than 50 humanitarians' actors and governments.

African Food Security Initiative (AFSI): Sahel National Societies were consulted regarding the AFSI 2013-2017. A workshop was first conducted in Addis Ababa with the participation of National Societies. The opportunity of the workshop was seized to better reflect on a Food Security strategy. A draft of the 2013-2017 AFSI was elaborated and shared with all National Societies for comments and feedbacks. Their inputs were integrated in the strategic document. During the food security training conducted in Burkina Faso in September 2013 and which gathered all Sahel National Societies, a SWOT analysis of the capacities in the field of food security in the region was done. This led to the draft of a Sahel food security strategy which fit in this 2013-2017 AFSI.

Progress towards outcomes

Indicators	Annual Target
Business Line 1 – “To raise humanitarian standards”	
Outcome 1: Regional trends on key humanitarian issues are analyzed and shared by the Sahel Regional Representation.	
Output 1.1: Disaster trends collated, analyzed and shared with Africa Zone	<ul style="list-style-type: none"> Quarterly update on disaster statistics sent to Africa Zone.
Output 1.2: Disaster risk management programme stories, activities, best practices, communication tools, and achievements published on IFRC website	<ul style="list-style-type: none"> Produce and publish least three communication pieces
Outcome 2: Sahel Region ensures the participation of National Societies in the Red Cross Red Crescent Academic Network.	
Output 2.1: RDRT members trained in WORC and Stay Safe courses	<ul style="list-style-type: none"> 80% of RDRT members trained in WORC and Stay Safe courses
Output 2.2: NS disaster management departments trained in Cash Transfer, Livelihood programming, WORC, Stay Safe and Programme / Project Planning courses through the Learning Platform	<ul style="list-style-type: none"> 50% of NS disaster management department complete Cash Transfer, Livelihood programming, WORC, Stay Safe and Programme / Project Planning courses
Business Line 2 – “To grow Red Cross Red Crescent services for vulnerable people”	
Outcome 1: As a regional hub, provide the required support to NS in the provision of emergency water and sanitation, health, relief, logistics, warehousing, HR, IT, finance to the Sahel, West Coast and Central Africa regions.	
Output 1.1: Effective procedures, tools and resources are in place to respond to disasters	<ul style="list-style-type: none"> Two NS have updated disaster response SOP Three pre-disaster meetings organized with three NS Regional pre-flood meeting organized Regional disaster preparedness mapping undertaken After action review conducted following each Emergency Appeal DREF and Emergency Appeal evaluations undertaken following each emergency
Output 1.2: NS have appropriate resources to respond to disasters	<ul style="list-style-type: none"> NS developed domestic resource mobilization strategies in 40% of disasters occurring.
Outcome 2: The representation will support fully the Africa Zone to review the effectiveness, and operationalization of the disaster response teams (RDRT and NDRT).	
Output 2.1: NDRT system and capacity improved	<ul style="list-style-type: none"> Sahel contribution to standardized NDRT curriculum Three NDRT training sessions organized Six CDRT training sessions organized Sahel contribution to standardized NDRT food security curriculum Database of regional food security resource persons

Output 2.2: RDRT system and capacity updated	<ul style="list-style-type: none"> • Sahel contribution to Africa RDRT Strategy • Updated statistics on RDRT deployments • Sahel contribution to Africa RDRT training plan • Sahel contribution to Africa RDRT induction curriculum • Sahel contribution to Africa RDRT TOT curriculum
Outcome 3: Seven NS assisted to develop contingency plans for the most recurrent hazards which cover shelter, recovery issues and related capacity building at both NS and regional levels.	
Output 3.1: Contingency plans developed and implemented	<ul style="list-style-type: none"> • Contingency plans disseminated • Training three NS on process to conduct contingency plans • Four NS updated contingency plans • Monitoring and reporting on utilization of contingency plans during disasters
Output 3.2: At least three NS have integrated cash transfer programme component in preparedness activities	<ul style="list-style-type: none"> • Regional ToT on cash transfer programming • Senegalese Red Cross cash transfer programming scaled up • Senegalese Red Cross cash transfer programming disseminated to three NS • Three NS integrated cash transfer programming into contingency plans and SOPs
Outcome 4: Seven NS are provided with adequate logistics, financial management and HR procedures in preparing for, reducing risks and recovering from disasters and crises.	
Output 4.1: Assessment of General Logistic Procedures and Capacity on: Procurement, Warehousing, Response capacities, Fleet Management and the Introduction/review of Vehicle Pooling System, Freight and Human resource.	<ul style="list-style-type: none"> • Two NS procurement trainings • Three internships for NS logistics officers at regional office • Three internships for RDRT members at regional office • Regional logistics training
Outcome 5: Non-food items are prepositioned in a coherent logistical plan to ensure rapid response to affected areas.	
Output 5.1: National and Regional logistics mapping finalized.	<ul style="list-style-type: none"> • National and regional logistics mapping undertaken
NFIs pre-positioned for 300 families in each NS and an additional 8,000 in regional warehouse	<ul style="list-style-type: none"> • NFIs procured and pre-positioned and NS and regional warehouses • Three warehouse trainings organized
Outcome 6: Disaster risk reduction capacities of Sahel NS strengthened to address floods, health and other related (natural or human provoked) risks at community, branch and national levels	
Output 6.1: Integrated disaster risk reduction projects developed and implemented in Chad, Niger, Burkina Faso, Guinea Bissau, Gambia and Cape Verde	<ul style="list-style-type: none"> • At least six DRR projects developed and implementation begun
Output 6.2: Senegal River Basin initiative project is implemented strengthening community resilience	<ul style="list-style-type: none"> • Implementation of IRIS project targets
Output 6.3: Effective monitoring and evaluation mechanisms in place and used to measure	<ul style="list-style-type: none"> • IRIS M&E framework developed • Steering committees created for IRIS areas • Quarterly IRIS monitoring reports

impact and programme implementation	<ul style="list-style-type: none"> • Undertake first year evaluation of IRIS
Outcome 7: The region is supporting 5 NS to put in place country based movement partnership to implement West and Central Africa food security strategy through technical support to NSs. This will include all other organizations involved in FS (WFP, FAO)	
Output 7.1: Partnership with FAO operationalized	<ul style="list-style-type: none"> • Regional MoU signed with FAO • MoU promoted with five NS
Output 7.2: Advocate to develop Red Cross nutrition community based approaches regarding the 3-year work plan of regional working nutrition group	<ul style="list-style-type: none"> • Participation in national and regional nutrition working groups • Community based nutrition approaches documented • NS food security focal points supported to participate in country level platforms
Outcome 8: Strengthening existing partnerships with meteorological organizations, ACMAD and CILSS, to support quality programmes for food security, EWS and DM community service delivery	
Output 8.1: Partnerships with CILSS and ACMAD operationalized	<ul style="list-style-type: none"> • Participate in technical committees • Disseminate ACMAD products with NS
Outcome 9: Supporting 5 NS to develop food security, livelihoods, nutrition community-based projects in targeted countries including EWS and climate adaptation programmes to reduce food insecurity in line with the Africa food security initiative	
Output 9.1: Three National Societies developed long term food security programs	<ul style="list-style-type: none"> • Support three NS to identify and develop long term food security, nutrition and livelihood programmes • Key food security, nutrition and livelihood documents translated into French • Support NS and IFRC focal points to participate in livelihoods ToT • Senegal Urban DRR and sustainable livelihoods project implemented • Four NS food security focal points salary costs supported
Progress towards outcomes:	
<p>Ebola outbreaks and food crises were two major emergencies experienced in Sahel countries in the 2014. However flooding is common and recurrent in the region. Malnutrition, and other prevalent endemic and epidemic diseases (meningitis, malaria, and cholera) along with poor access to health and other essential services, also regularly occur. Given the impact of these disasters, the DRM worked with National Societies to strengthen their preparedness to possible disasters and crises. In this regard, National Societies have developed and updated their contingency plans for floods; many of them also finalise the development of contingency planning for Ebola.</p> <p>Furthermore, because of the scaling up of the conflict in Central African Republic (CAR), the DRM Sahel also supported the Central Africa Regional office to develop contingency planning for CAR and surrounding countries including Chad, one of the Sahel Region's countries.</p> <p>The International Federation is uniquely placed to become a global leader in cash transfer programming (CTP) in emergencies due to its global reach and potential to scale up its implementation capacity. In line with the above, the IFRC Sahel Regional Representation is not left behind and has encouraged its National Societies to integrate CTP in preparedness measures and Contingency Planning (CP) so that when a disaster occurs, an operation with a scalable cash transfer component will come rapidly into. The valuable role that cash or vouchers based humanitarian assistance can play in producing efficient and effective relief and recovery outcomes for disaster-affected populations has been recognised. Between May 2012 and September 2013 the Senegalese Red Cross Society was selected by IFRC as a pilot country in Cash Transfer Programming and benefited therefore from training and coaching in CTP. Since, Cash Transfer Programming has been</p>	

integrated into contingency planning. This year, two more Sahel National Societies have embedded CTP into their existing plans (Mali and Gambia Red Cross Societies). At least three National Societies have integrated cash transfer programme component in preparedness activities.

In Senegal ECHO accepted to fund a cash transfer program for approximately 950,000 Euros in Goudiry one of the Senegalese food insecurity and malnutrition hot spots declared by the Harmonized Framework and validated by the PREGEC (a Mechanism for the Prevention and Management of Crisis). A proposal has been submitted to ECHO accordingly.

The regional contingency stock in a rented warehouse in Dakar for about 8,000 families has been moved since May 2014 to containers at the Senegalese Red Cross Society premises. This allows the Sahel office to save about CHF 2,250 per month while in country stock (for 300 families) has been replenished in Mauritania.

As part of the urban DRR program, a workshop was organized in Dakar in December to develop effective Early Warning System (EWS) for floods in Dakar, with the participation of the National Met Services and the National Water Agency (NWA). The workshop was opened with presentations on DRR and EWS, the work done in Dakar Guediawaye by the movement (Senegalese Red Cross and IFRC) and finally the National Met Services and NWA made presentations on their role in EWS. Group work followed on problem identification and prioritisation and finding solutions. This led to discussions between NWA, Red Cross movement, Met services and the community representatives. Finally, a communication table was developed which identified the “production of messages” (by NWA, Met services) “transfers messages” (by SRC) and “reception of messages” (by community leaders). A EWS committee has also been setup including the Senegalese Red Cross headquarters and local branch, NWA, Met services, community representatives and the two concerned mayors. The committee planned to meet again to continue the collaboration.

Within the framework of the IRIS programme implementation the following results have been achieved:

In Senegal: 1 of the community based DRR committees has been granted an office building by the local municipality for their local DRR planning and coordination work. In the two other localities the DRR committees have access to office space in the municipality. 400 households have gained access to potable water in Gaya. Earth dikes have been reinforced through backfilling the existing dikes in Rosso Senegal. Volunteers trained in CBHFA continued their sensitization of communities, especially with regards to Ebola prevention and malaria.

In Mauritania: 10 community based DRR committees have been created in 10 localities to spearhead the programme in their locality. 150 volunteers have been trained in Participatory Hygiene and Sanitation Transformation (PHAST) and sensitisation of communities ensued. 3 CDRTs have been mobilized and trained in three communes followed by the elaboration of contingency plans for flooding.

In Guinea: 3 community based DRR committees have been established. The preparations are ongoing for the training of 75 volunteers in CBHFA.

In Mali: 50 volunteers have been trained in CBHFA followed by the sensitisation of communities. Reforestation of 3ha of land have been conducted along the riverbank in Kayes along with the setup of stone fences to stop further erosion of the riverbank and thus also reducing the risk of flooding.

Business Line 3 – “To strengthen the specific Red Cross Red Crescent contribution to development”

Outcome 1: Three NS scaled up actions to reduce vulnerability to HIV and its impact through preventing further infection, expanding care, treatment, support and reducing stigma and discrimination

<p>Output 1.1: Vulnerability to HIV and its impact reduced in targeted countries of Gambia, Mali and Guinea.</p>	<ul style="list-style-type: none"> • Three anti-stigma and discrimination campaigns organized • Three home visits projects for people living with HIV • Three psychosocial projects for people living with HIV
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	<ul style="list-style-type: none"> • Three promotion campaigns for voluntary counselling and testing for people living with HIV
<p>Outcome 2: Five NS supported to reduce the risks associated with communicable diseases, and identify and address risks from new and emerging diseases</p>	
<p>Output 2.1: NS are able to work on community resilience with increased risk reduction capacity related to cholera and others communicable diseases</p>	<ul style="list-style-type: none"> • Two cholera preparedness activities in Niger and Guinea National Societies • Burkina Faso Red Cross participation in measles and rubella immunization campaign was effective
<p>Outcome 3: MNCH strengthened through 5 NS community based activities, including safe motherhood and child health initiatives, nutrition activities, immunization services during both mass vaccination campaigns and routine immunization services for measles and polio</p>	
<p>Output 3.1: NS have scaled up their activities on Maternal, Neonatal, and Child health based on the guidance of the MNCH Framework</p>	<ul style="list-style-type: none"> • Two MNCH projects supported in Burkina Faso, Mali and Niger • Dissemination of CBHFA materials in the Sahel • CBHFA pilot projects supported in Gambia through MNCH and in Mali and Mauritania through IRIS programme
<p>Outcome 4: RC involvement effective in Sahel countries where malaria activities carried out</p>	
<p>Output 4.1: NS supported to undertake malaria prevention activities in collaboration with ministries of health</p>	<ul style="list-style-type: none"> • At least one malaria prevention sensitization activities undertaken: in Burkina Faso Red Cross, malaria prevention and control activities carried out with beds nets distribution to pregnant women who go for antenatal care, malaria diagnostic with Rapid Tests and community management of positive tests by Red Cross volunteers. • At least one strengthened MoH and NS partnership on malaria prevention and cure • At least one MoH distribution campaign supported
<p>Business Line 5 – “To deepen our tradition of togetherness by through joint working and accountability”</p>	
<p>Outcome 1: Continued upholding of accountability and compliance with established standards</p>	
<p>Output 1.1: NS are supported to ensure compliance and accountability with reporting standards and dates</p>	<ul style="list-style-type: none"> • Two reporting standards training at NS level
<p>Progress towards outcomes:</p> <p>Based on evaluation report on cholera outbreak response in 2012 in Sierra Leone and Guinea, ECHO approved a funding request from the International Federation to develop a Red Cross cholera contingency plan in Sierra Leone, Guinea and Niger. In these 3 countries National societies have been the main implementing partners and have wide reach and coverage in their respective countries giving them access to the most vulnerable population. Indeed they have national disaster management teams and well-trained volunteers. Therefore to successfully conduct this project, the concerned National Societies used their strengths which include; good knowledge of field, large network of volunteers, and good relationship with the communities, local authorities and local NGO. IFRC by its side provided technical support in terms of training, technical advice and also the necessary tools for this project.</p> <p>In Guinea, all three district workshops were completed and strategies for cholera preparedness and response identified. Half a day pre-workshop on contingency planning was held with the participation of all senior and executive staff members of the Red Cross Society of Guinea (RCSG) for their inputs and comments.</p>	

In Niger, two planned district workshops took place in late May and early June. A consultant was recruited to support these workshops as the Sierra Leone workshops were to take place at the same time. As in Guinea excellent results came out of both workshops in Niger. A presentation of the outcome and recommendations was done by the in country program manager supported by the Federation delegate and the consultant to the senior management at Headquarter level. There was general consensus and appreciation expressed for the results and full support for continuation.

The achievements of the ECHO cholera project also included Oral Rehydration Points (ORPs) and disease surveillance. Those contingency/preparedness activities benefit all inhabitants of areas directly targeted with contingency planning for ORPs and disease surveillance.

Beneficiaries in locations where sanitation facilities were poor and where there was a lack of clean water have been the most at risk of contracting the disease and this factor was taken into consideration in the selection of target areas. Therefore, the intervention focused first and foremost on beneficiaries residing in locations that have a history of cholera outbreaks, as they have been considered most at risk of becoming victims of a new outbreak due to hitherto limited improvements in cholera preparedness, sanitation and provision of clean water. It is worth mentioning here that over the past years data was collected by the IFRC, WHO, UNICEF and others, making it possible to identify the areas that are most at risk. Health and/or WASH volunteers have been already active in Niger, Sierra Leone and Guinea Conakry and beneficiaries have already been targeted with long term health and WASH activities in the areas that are at most risk for cholera outbreaks. This made it possible to target areas at risk mainly through existing volunteer structures.

In Burkina Faso, the Mangodara Community-Based Health and First Aid Project was launched by the Burkinabe Red Cross Society with the support of the Norwegian Red Cross and the International Federation. The project has involved the active engagement of the Cascades chapter of the National Society. The CBHFA project aimed at improving reproductive, maternal, and neonatal and child health (RMNCH) in 50 villages in Mangodara District of Burkina Faso.

As an initial step, the Burkina Faso Red Cross Society (BFRCS) conducted a baseline survey of Reproductive Maternal Neonatal and Child Health (RMNCH) practices in the focus communities. The survey used the Rapid Mobile Phone-based (RAMP) methodology promoted by the International Federation and made use of mobile phones to administer the questionnaire, capture responses and upload the data to a remote server for prompt cleaning and analysis. The survey design called for the team of 22 surveyors to visit 30 households in each of 30 randomly selected clusters. It is worth mentioning that the MNCH project in Mangodara, Burkina Faso is comprised of 4 packages of activities namely;

- The promotion of maternal and child health including an Integrated Management of Neonatal and Childhood Illnesses using CBHFA approach.
- Malaria component (prevention, promotion of the use of nets and malaria community management in the 10 selected villages among the 50 targeted villages) ;
- The promotion of good nutritional practices, hygiene, sanitation, safe water ;
- Capacity building of the National Society, its branches, the health district in order to make smooth the implementation of this project.

The number of people reached after the MNCH project in Burkina Faso project was completed are 4,700 households (1 house is estimated to comprise 7 persons); 6,200 children under five years old, 8,000 women at childbearing age, 1,800 pregnant women and 1,500 breastfeeding women. In the initial assessment of the project there were 828 affected households and 4,652 people assessed (including 1,069 women at childbearing age and 786 children under 5 years old).

Maternal and child health problems pose serious threats to the improvement of the overall health status in Niger. Thus, with financial support from the Japanese Red Cross Society, the Red Cross Society of Niger (RCSN) carried out a MCH project in the health districts of Niamey and Dosso regions. The project was conducted by a network of volunteers trained in reproductive health for the promotion of mother and child health. It was geared towards raising awareness on the importance of

exclusive breastfeeding up to 6 months, the importance of family planning, child growth monitoring, HIV/AIDS mother to child transmission, environmental hygiene, washing hands with soap, infant consultations and vaccinations, malaria prevention with LLINs use.

It also aimed at strengthening maternity services in the intervention areas through the provision of human and material resources. The implementation strategy included the selection of a total of 17 rural Integrated Health Centers (IHC) in the region of Niamey and Dosso. Two volunteers were recruited as facilitators in each health center. This led to a total number of 34 volunteers trained on reproductive health to conduct awareness sessions in the target communities.

The Red Cross volunteers reached a total of 76,688 beneficiaries in Niamey and Dosso through sensitization activities on various topics (exclusive breastfeeding, sexual transmitted infections, HIV/AIDS, family planning, and vaccination). Additionally, they screened a total of 22,524 children from 0-5 years old in both regions and referred 3,902 of them in Integrated Health Centers (IHC) for a better nutritional recovery and support. The screening and sensitization activities were completed with the provision of soap, mosquito nets, bleaching, detergent, and gloves to IHCs.

Constraint: The output 1.1 related to the vulnerability to HIV has not been achieved because of funding issue. Indeed the pledge received has not allowed the implementation of HIV activities due to limitation or earmarking funds for specific topics.

Stakeholder participation and feedback

The MNCH project in Burkina Faso has been funded by the Norwegian Red Cross, with the technical support from IFRC and very importantly carried out thanks to the collaboration of Burkinabe Red Cross Society (BRCS) with the Ministry department of Health and specially the regional health direction and Mangodara health district. The national society has signed an agreement with the health authorities of Banfora/ Mangodara. The administrative and municipal authorities with whom BRCS held several exchanges and information meeting so as to benefit from their support and commitment.

ECHO funded a Cholera Preparedness project: The programme focused on developing Red Cross cholera contingency plan. As for the response to the cholera outbreak in Maradi, Niger the action was coordinated through the "Cluster WASH Niger" where activities and intervention of the Niger Red Cross was shared with all partners to avoid double funding. Therefore the National Society's plan of action was commented and feedback received from others partners including UNICEF, ECHO Niger amongst others.

The Niger MNCH and Communicable diseases project funded by the Japanese Red Cross offered the opportunity of partnership between NRCS, the Ministry of Health through the districts of Dosso and Niamey, the local authorities of the municipality and administration as well as community members of the two regions. Community members took active part of the identification and prioritisation of their needs as well as strategies to address the needs. Coordination meetings involving all stakeholders were organised to discuss progress against the objectives as well as challenges and constraints.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
There is an issue related to the weak capacity of National Societies in timely reporting.	"M"	Despite the fact there is no formal monitoring & evaluation position at the Sahel region; the team develop a monitoring system which helps to mitigate the risk of late reporting or implementation.

Lessons learned and looking ahead

- Funding has been challenging and the operational Plan for 2014 was been implemented with some adjustments to some planned activities due to the limited funding available.
- Long-term investment and commitment to longer-term programming to build local resilience is needed from donors and neglected sectors, such as water and sanitation, livelihoods and DRR awareness should receive equally important funding.
- Flexibility of the funding mechanisms is needed to allow linkages between emergency response, crisis mitigation and resilience building activities.
- The IFRC should make further efforts in mobilizing resources at the local and regional level.

Financial situation

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

How we work

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

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

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Saving lives, changing minds.



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

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

Find out more on www.ifrc.org

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