



# West and Central Africa Annual Review 2014

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**Save the Children**

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# Introduction

## A dynamic region facing unprecedented threats and opportunities

2014 has been an extraordinary year for Save the Children in West and Central Africa. We have had to grow and stretch ourselves in every possible way to respond to the needs in the region. We have grown in terms of portfolio size, number of children reached, number of staff employed and in impact and visibility.

For everyone living and working in this region, 2014 will remain the year of Ebola, the worst epidemic the world has seen this century. Save the Children has been one of the few INGOs responding to this crisis since March 2014 in the 3 most affected countries, Guinea, Liberia, Sierra Leone and in the surrounding countries. This crisis forced us to move from our traditional zone of comfort, with the opening (and managing) of an Ebola Treatment Center in Sierra Leone and several community clinics in Liberia. We invested in our advocacy capability, uniting more than 8 of the major INGOs in the region to ensure the international community responded adequately and in a timely manner to this crisis. But despite the good progress, the crisis is not yet over. Indeed we need to remain vigilant as we move towards zero cases in the region and must focus

on building back a stronger, healthier and safer region for children.

Beyond Ebola, West and Central Africa has also been affected by a growing number of humanitarian crises, in an increasingly insecure environment. The regional crisis around the Lake Chad basin, with important displacements in Northern Nigeria and Southern Niger; the civil war in the Central African Republic (CAR), the continued instability in Northern Mali and the ongoing hostilities in Eastern Democratic Republic of Congo continue to affect the lives of millions of children. They are unable to access to school or medical facilities and remain exposed every single day to unacceptable levels of violence.

West and Central Africa (WCA) remains key to Save the Children's 2030 goals of achieving breakthroughs for the most deprived children. WCA is the worst region to be a child or a mother, with the highest prevalence of chronic malnutrition and the highest rate of child mortality in the world. One in every eight children do not make it to their 5th birthday. Children in our region continue to face an unacceptable range

of protection risks, including, sexual exploitation and abuse, child labor and domestic violence.

With a budget close to \$200 Million, almost 2,000 Staff—including 800 recruited in 2014, operating in 11 countries and 52 field offices, we have been doing our best to respond to this quickly moving and challenging environment. In partnership with many actors, and the support of our Members, we increased our humanitarian capacities and response. We have been diversifying and increasing our portfolio. We have increased our ability to be the voice of the voiceless children!

All this work, would not have been possible, without our dedicated, diverse and talented staff. This report is their report, for all our colleagues, who are in front line every day to make sure that no child will be left behind.



**Natasha Kofoworola  
Quist**  
**West and Central Africa  
Regional Director**



# Save the Children is the world's leading independent organization for children

## **Our vision**

A world in which every child attains the right to survival, protection, development and participation

## **Our mission**

To inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting changing their lives.



© Gouegnon Thierry/Save the Children



© Felix Clay/Save the Children

# Save the Children in West & Central Africa



**11**

Save the Children works in 11 countries in West and Central Africa.

**52**

To date, we have 52 active field offices across the region

**1,932**

We closed the year with 1,932 staff working in the region.

**6**

Save the Children responded to 6 emergencies ranging from Cat 1 to Cat 3. Cat 1 being the highest in scale

**427M**

Our portfolio rose from 215M USD to 427M USD at the end of the year

# Results for Children



## Preserving children while we work:

**Child Safeguarding** is an all encompassing approach to preventing the harm of children's health and development & ensuring that they are protected from abuse and neglect.

- **1,200** Save the Children staff trained across the region in child safeguarding principles
- **2,645** of our partners' staff were trained in Save the Children's Child Safeguarding principles
- **17,863** community members were sensitized to our Child Safeguarding policies
- **13,000** children in **156** youth clubs received awareness training in Central African Republic.





## Our Growing Humanitarian Responses

**The Survivor Wall at the Bong Ebola Treatment Unit (Liberia), built by Save the Children.**

© Gemma Gillie /Save the Children



# Ebola:

## An Unprecedented Response

In December 2013, the first ever Ebola Virus Disease (EVD) case in West Africa was detected. On 21 March 2014, Guinea's Ministry of Health declared that there was an EVD epidemic in the country. The outbreak quickly reached 6 prefectures between February and June 2014.

Soon, it spread to neighbouring countries and hit Liberia (March 2014), Sierra Leone (May 2014), Senegal (August 2014) Nigeria (September).

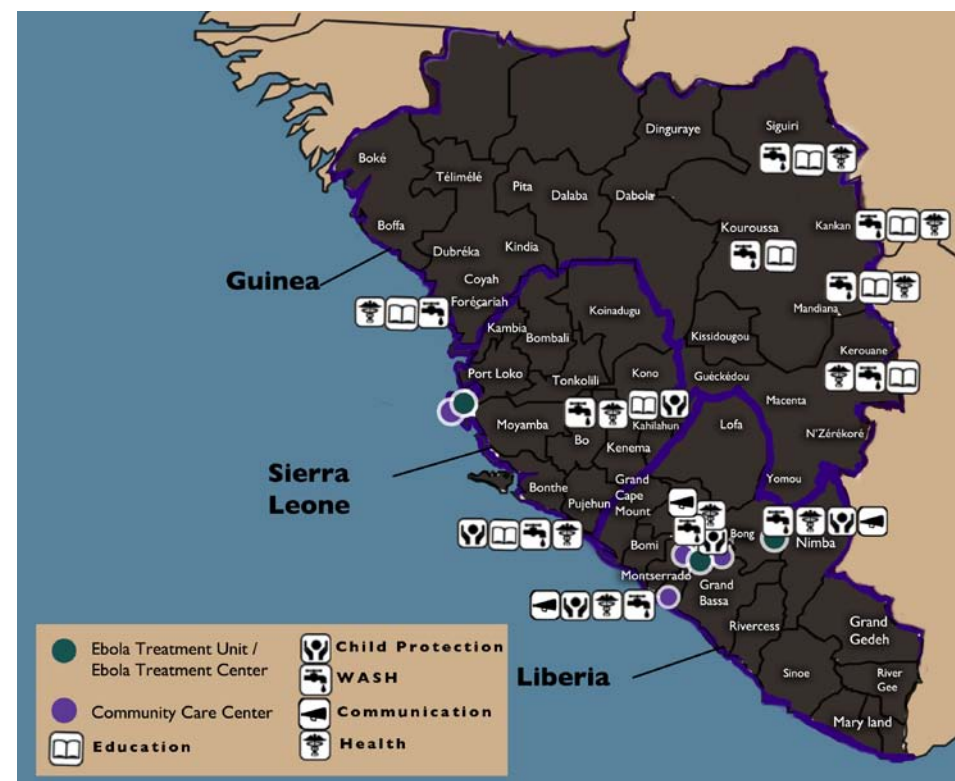
**Nine million children live in the three most affected countries (Guinea, Sierra Leone and Liberia).**

Since March 2014, we have conducted community awareness and hygiene promotion activities to limit the spread. By the end of 2014, we reached over 870,000 people directly through our actions.

**In Liberia** we reached over 160,000 people directly by providing health promotion and contact tracing training to community health volunteers. We also built 2 Ebola Treatment Units which were run by the International Medical Corps, where hundreds of patients were cared for.

**In Sierra Leone** we reached over 541,000 directly by supporting over 1,000 community health workers in a house-to-house campaign to educate people about the virus. We've held counselling sessions with children and their caregivers and were able to support almost 1,300 children so far. We built and managed a 80-bed Ebola Treatment Center in Kerrytown and were able to discharge 145 patients.

Read more about our **Ebola response in Guinea on page 16.**  
Read more about our overall response in the 3 countries in our **Ebola: Progress Update.**



Map of our Ebola response activities across the 3 affected countries

As Ebola is a disease passed on when a person comes into direct contact with the bodily fluids of an infected person, finding every one who has come into contact with a sick Ebola patient for a period of 21 days is critical to stopping the spread. We have trained thousands of community health workers across the 3 most affected countries in how to carry out contact tracing, providing a vital battle front against the spread of Ebola.



## The Needed International Response



In the context of this escalating emergency, the focus of our advocacy was to secure the inputs needed from the international community and addressing operational enablers for the response (Medevac, support for returning responders). Through our advocacy agenda we :

### 1. **Positioned Save the Children as a leading actor.**

Our Global Humanitarian Director has actively engaged with the Global Ebola Response Coalition (GERC) convened by David Nabarro since its establishment in September 2014. Save the Children representatives contribute to ministerial and heads of states meetings at the EU and WHO to develop short, medium and longer-term response strategies.

### 2. **Convened the sector around advocacy priorities.**

- We lead a coalition at regional level to develop a joint advocacy strategy, messaging and activities.
- Coordinated advocacy and campaigning around the G20 Summit, including **a petition with 165,490 signatures**

- Developing partnership with the International Council of Voluntary Agencies (ICVA) on advocacy priorities at regional and Geneva level.

### 3. **Support the operational response:**

- Our advocacy efforts have also focused on securing operational enablers, particularly the establishment of a medevac system (led by the EU), increased support to returning responders, and securing additional funding, personnel and equipment.

### **Francophonie Summit:**

In November 2014, Save the Children along with 7 other INGOs operating in the West Africa region sought to use the gathering of 35 heads of states in Dakar to ensure that Ebola was not forgotten by the international community,

Donor countries such as Canada, Belgium and France were targeted so that more human and financial resources would be deployed in the affected countries.

An open-letter backed by 21 West African artists addressing solidarity among African nations was published in many media outlets in West Africa.

A side-event addressing the secondary impacts of the Ebola crisis focused on health systems, food security and child protection, gathered many of the stakeholders involved in the response. Save the Children produced a short paper on Health System Strengthening

Save the Children was chosen to represent the consortium of INGOs during a high level ministerial event organized by the Canadian Prime Minister, French and Senegalese government. Following the Summit, Canada added another \$21M to the response and Ebola was featured in the final declaration.

# Central African Republic:

## A Focus on a Forgotten Crisis

The ongoing conflict in the Central African Republic has affected nearly 2.3 million children. Save the Children has provided key support in protection to **87,319 children and adolescents, of which 39,581 girls and 47,738 boys**, across six areas of intervention: Bangui, Kemo, Nana Gribizi, Nana Mambéré, Ouaka and Haut Mbomou.

We focused our actions on:

- The implementation of psychosocial and recreational activities in Child Friendly Spaces and Youth Friendly Spaces.
- The reintegration of demobilized children associated with armed forces and armed groups through psychosocial and livelihood training.
- The provision of psychosocial support, family reunification and alternative care arrangements for unaccompanied and separated children and capacity building of communities and local actors on child protection issues and referrals.

Save the Children produced a briefing highlighting the urgent need to demobilize children from armed groups in the Central African Republic called **“Caught in a Combat Zone”**, which gives an overview of the situation for children in Central African Republic and sets out recommendations to key actors - the Central African Republic government, the UN, other governments, NGOs, donors and others – on the recruitment of children into armed groups.

**Read more on our work in Central African Republic (p.12).**

## CAUGHT IN A COMBAT ZONE

The urgent need to demobilise children  
from armed groups in the Central  
African Republic







## Our Longer-Term Commitments

**Children outside the Kalubeya Health Clinic, Muene Ditu, DRC. This GSK PRIME project has improved access to health services through refurbishing health centers, training, equipping and supporting frontline health workers and driving a demand for health services from communities where children currently have no access to health care.**

© Ivy Lahon/Save the Children

# Burkina Faso

**Response Type:** Development

**160,057**  
Children Reached Directly



**Protection**



**Education**



**Health**



**Nutrition**



A boy who just got vaccinated (Burkina Faso)  
© Hedinn Halldorsson/Save the Children

Despite the fragile political situation in 2014, marked by a popular uprising and the dissolution of the government and National Assembly following the government's will to revise the constitution in an attempt to prolong its mandate; notable achievements were made through our programs in Burkina Faso.

## Strengthening Health Systems

Save the Children continued to strengthen the government's capacity to increase access to medical-nutritional quality care for children under 5 to reduce the rate of infant and maternal morbidity and mortality. Our main achievements include the integration of Acute Malnutrition Management in the health system, free healthcare treatments for children under 5 and mothers of malnourished children.

## Basic and non-formal education

We provided support to formal basic education through innovative approaches ("One for all, all for one, Boys Friendly School, Girls Friendly School"),

to improve the quality of education by increasing children's participation in school life, the promotion of their rights and improving their learning conditions.

Through the Youth in Action project we sought to improve the socioeconomic status of 4,500 vulnerable rural youth aged 12 to 18 in 3 regions of Burkina Faso: Boucle du Mouhoun, Cascades and Hauts-Bassins. Our interventions have enabled young people to develop their skills in numeracy, reading and writing in the national language (Djula), to conduct development activities in the community and to learn about saving. The beneficiaries of these interventions have acquired skill sets allowing them to be ready for the job market.

## Child Protection

We focused on improving access for girls and boys to decent work. 71 children and young workers, have benefited from apprenticeship agreement protocols that take into account the provision of decent pay, regular hours and learning standards.



Nemata, 4, at her home near Tangpoore in Kaya (Burkina Faso) © Hedinn Halldorsson/Save the Children



# Central African Republic

**Response Type:** Humanitarian  
**309,684**  
**Children Reached Directly**



**Protection**



**Education**



**Health**



**Nutrition**



**HIV/AIDS**

Despite noticeable improvements in security throughout 2014, the situation remained volatile, with major risks to Save the Children's programme, including banditry and targeted criminality by armed groups, resulting in poor humanitarian access.

**Health:** We reached 281,473 people through health interventions in six areas. Activities have focused on increasing the availability, access and utilization of quality primary and secondary health care services, and providing key curative and preventive lifesaving interventions. In addition, Save the Children has rehabilitated and equipped health facilities.

**Nutrition:** Save the Children has reached a total of 91,445 people through nutrition interventions, of which 89,859 were children. Through a community-based approach, Save the Children has focused activities on the treatment of children aged between 0-59 months suffering from severe acute malnutrition (SAM) and SAM with medical complications.

**Education:** Save the Children launched education programmes in Central African Republic in August 2014 and has enabled a renewed access to education for 19,737 children across a total of 46 schools. Through strong collaboration with the Ministry of Education, Save the Children has successfully implemented a three-month catch-up education programme and subsequent examinations, through the provision of technical, logistical and financial support.

**HIV/AIDS:** We launched HIV/AIDS activities in 2014, reaching a total of 306 people. and worked closely with the Ministry of Health to ensure that all newly infected people have access to treatment and patients enrolled on the programme are retained. Save the Children revitalized antiretroviral sites with secured antiretroviral drugs supply chain and capacity building of staff on management of HIV patients.



Celine\*, 7, who lives in a camp for the internally displaced people with her father, 2 sisters and 1 brother in the Central African Republic.

© Mark Kaye/Save the Children

# Cote d'Ivoire

Response Type: Development

**1,163,018**  
Children Reached Directly



Protection



Education



Governance



Proud and happy students after receiving their school kits.

© Save the Children

## A Year of Partnership

The partnership between Save the Children and AEJT (Association of Youth Workers), in the framework of a School Zone of Peace project funded by NORAD resulted in the adoption of a National Charter for the Elimination of Violence and Abuse in Schools by the authorities.

**Child Participation** was at the centre of programme activities and the Coalition of Child-led Organizations successfully contributed with nine recommendations to the Universal Periodic Review follow up process. With the support from Save the Children, civil society partners also lobbied with key authorities to initiate the United Nations Convention on the Rights of the Child Optional Protocol 3 ratification. .

**Education** :The "Literacy Boost" Program was integrated into activities, as were other dimensions such as social cohesion, health and agriculture .

## The Hope for Africa Urban Education project

can be highlighted as an example of successful protection of children within the school environment. Because children are often threatened to avoid exposing the family to critique, sexual abuse against children are seldom disclosed. Cases are also often solved within the family or community without bringing perpetrators to justice. Training and debates with parents, teachers and students about the importance of sexual education, girl's and boy's sexuality, where to go if someone is abused and how to set up a reference system at community level, among other things, has created awareness within the community.



# Democratic Republic of Congo

**Response Type:** Humanitarian & Development

**1,715,257**  
Children Reached Directly



**Protection**



**Education**



**Health**



**Nutrition**



**Humanitarian**

Outbreaks of measles, cholera, polio and other viruses are frequent in DRC and yet children and adults are reliant on a health system whose staff and infrastructure have suffered decades of neglect, conflict, and economic collapse. As a result, child mortality rates are among the highest in Africa; one in five children die before their fifth birthday and a quarter of those children die within their first month of life.

## Getting quality education

Save the Children continues to work to provide access to quality educational opportunities in protective environments for all children, with a particular focus on marginalized children in DRC. In addition, Save the Children continues to strengthen formal and non-formal educational interventions for out-of-school adolescents under the PAMOJA Project which provides six months of professional training in three youth centers, in North Kivu, training a total of 949 adolescents of which 895 girls, helping a total 137,168 beneficiaries with aid for school. Literacy Boost and Girls' education were enhanced through the GEC project sponsoring 5360 girls to access to education.

## Protecting children from harm

Save the Children's child protection interventions in DRC focus on supporting communities to develop systems that help to prevent abuse, violence, and the abandonment of children; facilitate identification and referral of children to appropriate services; and offer a secure environment for the most vulnerable.

Through a consortium-based approach, we were able to reach 12,819 children at risk of sexual abuse through the provision of socioeconomic activities, psycho-social activities (life skills training, counselling) and medical assistance in the targeted areas.

Save the Children's Soins Appropriés pour les Familles et les Enfants (SAFE) started in October 2012. Implemented in Kasai Oriental and South Kivu, this project works with extremely vulnerable children, many of whom end up on the street. 695 children have been identified, documented, and reunified, with a retention rate of 93%.

See our **Signature Program in the Democratic Republic of Congo (p.21)** for more on our health program.



Maria picks up her new grandson in a health facility in Lubao (DRC)

© Paul Rogers/The Times/Save the Children

# Mali & Guinea

**Response Type:** Humanitarian & Development  
**908,180**  
Children Reached Directly



Protection



Education



Health



Nutrition



Food Security



Governance



Chuickne\*, 6, at his school after receiving schools supplies. Chuickne has been displaced by the violence in the North of Mali and now lives with his mother in Bamako.

© Save the Children

In 2014, the Mali Country Office responded to the ongoing Category 2 emergency in the North. The country program, who also managed the Save the Children programs in Guinea (until October 2014), responded to the Category 1 Ebola emergency in March 2014 and also provided an Ebola response in Mali, when the country was hit by the virus in October 2014.

**Humanitarian Response:** Save the Children in Mali responded to the emergencies among the returnees, vulnerable households and persons affected by conflict by expanding its programming in 3 of the 4 regions in Northern Mali (Gao, Timbuktu and Mopti).

**Health:** Our initiatives in health included a pilot for Adolescent Reproductive Health, a Maternal Child Survival Program and Malaria in Schools Research. We were awarded the USAID Mali High Impact Health Services II, as Prime agency, which amounted to \$45M over the next 5 years to expand our health coverage notably in the south, including the peri-urban areas of Bamako.

## Our Ebola Response in Guinea:

Responding to the outbreak since March 2014, Save the Children was able to help nearly 167,000 people including 56,000 children by:

- Identifying children who lost their parents or caregivers to the disease and reunite them with their extended families.
- Disseminating targeted health messages
- Coordinating efforts to ensure that children receive psychosocial support
- Distributing over 6,500 bottles of chlorine to the Ebola-affected communities.
- Training teachers in how to give psychosocial care and distributing water and sanitation kits to schools.

In the rare instances where no extended family could be found, we helped in placing unaccompanied children in appropriate care settings such as foster homes, providing support and training to these families. Save the Children continues to work on case management even after the children have been placed with family or in foster homes.



# Niger

**Response Type:** Humanitarian & Development

**485,808**

**Children Reached Directly**



**Protection**



**Education**



**Health**



**Nutrition**



**Humanitarian**



**WASH**

Save the Children has been actively working in Niger since the 2005 food crisis. Our programs cover four distinct regions: Maradi, Zinder, Diffa and urban Niamey. We engage in both long-term development projects and short-term emergency interventions, building the resilience and improving the lives of girls and boys throughout the country. We work directly with families and communities; foster the participation of children, and partner with local organizations, UN bodies, International NGOs and the Nigerien government to deliver results.

In Maradi (Tessaoua), Zinder and Diffa, we continued to provide crucial support in **nutrition** to 7 health districts, covering 114 health posts/centres and 6 hospitals/feeding centres. We also supported preventive and curative primary health care activities for pregnant women and children under 5 directly reaching **65,280 children and 46,071 adults**.

We reached the poorest households through cash transfer programmes during the 2014 June to October lean season. Funding received enabled us to assist 10,890 such households - 7,800 in Zinder,

2,400 in Tessaoua and 690 in Diffa. Zinder and Tessaoua beneficiaries received 4 monthly payments while in Diffa they received payments for 5 months, through our food security activities.

We operated 14 child friendly spaces in health centers in 3 regions affected by chronic food crisis, providing mothers and malnourished children with access to psych-social services.

We developed, tested and modelled innovative approaches in 3 schools such as Disaster Risk Relief, Moringa gardens, school governments and bridging schools to increase girls' access and create a protective environment.

We built and rehabilitated water sanitation facilities in health centres and hospitals as well as providing WASH kits to mothers who accompanied their children to the hospitals in two of our regions of intervention.

**See our Signature Program in Niger (p22).**



Diffa Refugees, Niger  
© Xavier Joubert/ Save the Children

# Nigeria

**Response Type:** Humanitarian & Development

**9,758,127**  
Children Reached Directly



**Protection**



**Education**



**Health**



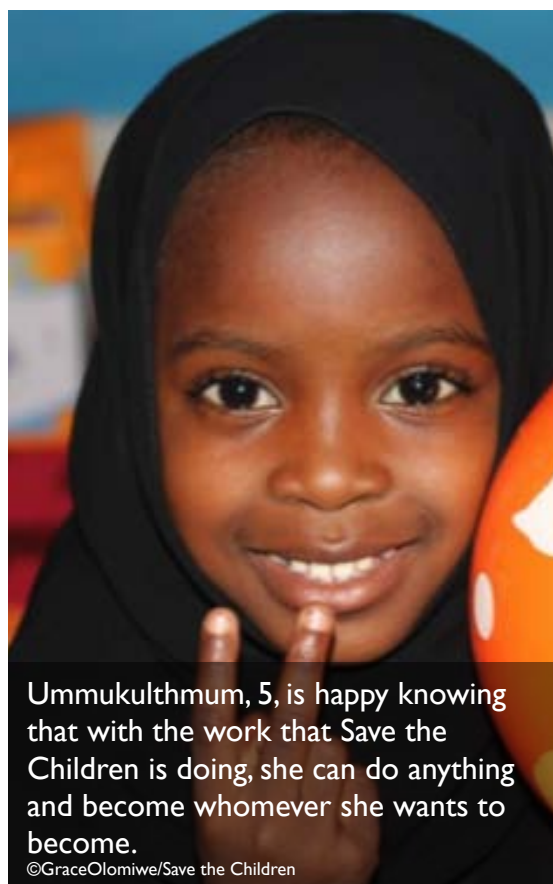
**Nutrition**



**Humanitarian**



**WASH**



Ummukulthum, 5, is happy knowing that with the work that Save the Children is doing, she can do anything and become whomever she wants to become.

©GraceOlomiwe/Save the Children

The increasing insecurity in Northern Nigeria prompted the need to improve our humanitarian response by implementing Child Protection in Emergency and WASH humanitarian responses during the year. Despite these incidents, we were able to deliver tangible and innovative results for children.

**Child Protection:** Over 150,000 unaccompanied and vulnerable children received health, nutrition, protection, education, psychosocial support or shelter and care in 6 States. Psychological First Aid was provided to the families of the 200 girls who were abducted from the Government Girls Secondary School in Chibok.

**Education and WASH:** Through our School Health and Nutrition program, we reached over 6,000 children and teaching staff in 10 primary schools through health messages and school improvement activities. Such activities include renovations to Water Sanitation and Hygiene infrastructures, the production and distribution of 130 safe drinking water points, 60 low-cost handwashing stations and a school year's supply of PURE water treatment. The education work

Save the Children is supporting was scaled and is now reaching 4.8 million children.

Save the Children participated in UNESCO's 7th Collective Consultation on Education for All in Chile and made a case for narrowing the gap between the children in the poorest 20% and the richest 20% income quintile.

**Nutrition:** We've reached 3,880,608 children under the age of 5 through micronutrient supplementation (Vitamin A) during the Maternal Newborn and Child Health Week and during routine primary health care interventions.

**Humanitarian Response:** In 2014, the humanitarian response included Water, Sanitation and Hygiene, and a Cholera prevention project in Borno that benefited 34,347 individuals. Our Child Protection in Emergencies response benefited 165 children through Psychological First Aid services from October to December 2014. We also contributed to the Lagos State Ebola Response by distributing antiseptic soaps to schools and health facilities.



# Senegal

**Response Type:** Development

**156,831**  
Children Reached Directly



**Protection**



**Education**



**Health**



**Nutrition**



**Governance**

**Child Protection** represents over 50% of our work in Senegal budget in 2014. We are collaborating with 11 partners to implement comprehensive projects in 9 countries.

We supported the African Movement of Working Children and Youths (AMWCY) to produce a child friendly and child led protection manual that has been used by their network in **7 countries** (Benin, Burkina Faso, Cote d'Ivoire, Mali, Niger and Togo) with approximately **300 grass-roots organizations**.

We trained more than **5,000 military personnel** on child protection in armed conflict in Ivory Coast. A specialized training toolkit on child rights and child protection for Police and Gendarmerie has been validated by the Police and Gendarmerie in Togo, Senegal and Guinea; and is to be integrated in the curricula of Police and Gendarmerie training schools.

We identified 1,522 children at risk or victim of abuse and neglect and supported them through

street tours conducted by volunteers. 200 separated children and or children on the move in Senegal, Guinea and Togo were reintegrated and/ or reconciled with their families.


**Child Rights Governance:** the Ministry of Justice and the Ministry of Family have played key roles in the adoption the Children's Code in Senegal.

## **Health:**

125 latrines have been built in the islands of Sokone, Foundiougne and Diafior; thus reaching 2,500 beneficiaries. We have also reinforced health staff skills on infection prevention and ultrasonography in the region of Fatick.



Young student in a school supported by  
Save the Children  
© Save the Children

A close-up portrait of a young girl with dark skin, smiling warmly at the camera. She is wearing a bright blue headwrap and a matching blue sleeveless top with white trim along the neckline. The background is a solid, textured brown color.

# Achieving breakthroughs for children

**A student at a school in Kuntoloh, Sierra Leone**

© Louise Dyring/Save the Children



# Signature Program

## in the Democratic Republic of Congo



Healthworker during Save the Children's Signature Program's accelerated vaccination campaign.  
© Ivy Lahon/Save the Children

## Supporting the Achievement of Millennium Development Goals 4 and 5

Save the Children's health interventions aim to ensure that fewer children under the age of five die from easily preventable causes. As such, Save the Children provides the much-needed access to healthcare for pregnant and breast-feeding women and children under five. In addition, Save the Children screens thousands of children for malnutrition and supports in-patient centres with drugs, therapeutic food, and equipment to treat children found to be suffering from malnutrition. Health workers are also trained on providing appropriate advice on sexual and reproductive health, diagnosis and treatment of sexually transmitted infections, and HIV counselling and testing. In 2014, **940,346 children under five** living in supported areas were screened for acute malnutrition during the course of the year.

## Key Achievements in 2014 include:

- Training **57 health personnel and 270 Community Health Workers** on child survival approaches, including Integrated Management of Neonatal and Child Illness and the essential primary health care package at facility and community levels.
- Carrying out a school-based de-worming campaign benefitting **15,601 children aged 6-14 years old** in 19 schools in Kasai Oriental province in June 2014.
- Reactivating four health committees with a total of 120 members in two health zones, helping to establish functional community-based health information systems
- Supporting the redesign of immunization cards and facilitating the printing and distribution of 100,000 immunization cards in collaboration with the Ministry of Health, UNICEF and WHO. This has been achieved with guidance and support from the GSK-Save the Children partnership Immunization Workstream.



Marie\*, 5, had malaria 3 years ago and was successfully treated with the help of the GSK 20% Project. Her brother also had malaria, but died due to lack of medicines. Marie\* lives close to the Health Center with her mother and sister.

© Ivy Lahon/Save the Children

# Signature Program in Niger



Children playing as adults plant seeds in preparation for the unpredictable rainy in Maradi, Niger.

© Jonathan Hyams/Save the Children

Roots to Resilience Sahel (R2RS) is an innovative new Save the Children multi-year Signature Programme that couples an ambitious resilience-building programme with a first rate research agenda. In the first instance, it focuses on structurally reducing, in a sustainable manner, food and nutritional vulnerability in West Africa—changing the trajectory for children and childhood in the Sahel.

R2RS focuses on five programme pillars: learning and research—to be the **innovator**, developing and proving evidence-based, replicable breakthrough solutions; safety-net systems, early-warning information systems and surveillance, and strengthening service systems—to **achieve results at scale**; and advocacy and synergy—to **be the voice of girls and boys**

**Early warning info systems:** Save the Children actively supports the government early-warning system (SAP) and also participates in the Cadre Harmonise process. The Save the Children-led HEA outcome analysis in particular provides information that contributes a distinct food security perspective to these processes. In 2014, we developed the sentinel site approach. The idea behind sentinel sites was to create a network of targeted villages capable of giving a statistically representative impression of the food security situation in a given area, the results of which are integrated in the early warning system.

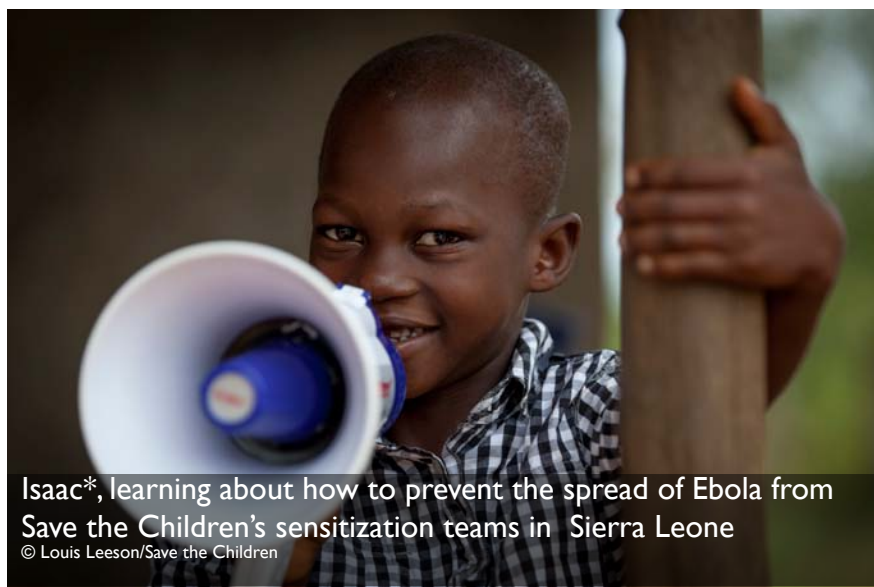
**Safety-net systems:** The alliance of 5 NGOs (Save the Children, Oxfam, ACTED, Concern and ACF Spain) working together with ECHO funding continued to co-ordinate responses and carried out joint evaluations: we assisted the other agencies in their monitoring, accept the HEA approach and sentinel site developments. A manual on the beneficiaries' identification for Cash distributions has been shared and used.

**Learning and research:** As part of the learning and research agenda for R2RS, the Niger team undertook research into mobile phones and in 2015, will be undertaking a multiyear study into urbanisation and risk in Africa.

**Partnerships:** Over the past two years, Save the Children has built several partnerships with NGOs in Niger around the thematic of resilience.



# Being the Voice For Children



Isaac\*, learning about how to prevent the spread of Ebola from Save the Children's sensitization teams in Sierra Leone  
© Louis Leeson/Save the Children

In 2014 Save the Children invested more systematically in advocacy and campaign work in West and Central Africa to sustain and scale up our programmatic achievements through better practices and policies to fulfil children's rights and to ensure that children's voices—particularly those of children most marginalized or living in poverty—are heard.

This investment resulted in the recruitment of key advocacy capacity with the hiring of Advocacy and Campaign Directors or Managers in Niger, Nigeria, Sierra Leone, the Democratic Republic of Congo but also in Save the Children's Regional Office based in Dakar.

## Our Achievements for Children Under the Age of 5:

- **A National Health Bill in Nigeria**

On December 8th, 2014, former President of Nigeria, Goodluck Jonathan had signed the **National Health Bill** into law. This National Health Bill will provide a minimum package of essential health services for all citizens without suffering financial hardship just to pay for them and guarantee that they have a more productive life. If effectively implemented, this bill may save the lives of millions of mothers, newborns and children under 5 in the next 5 years.

- **Supporting Health Agents in Mali**

Between 2011 and 2013, the donor community covered the salaries of over 2,260 Community Health Agents. Thanks to the Breakthrough Fund and GSK 20% initiative, Save the Children obtained the **formal agreement of the 9 Mayors** and the 23 Community Health Centers Management Associations of the health district of Kadiolo to pay, 50% of the 72 Community Health Agents (ASC in French) of their district, in 2015. It was the first time since the implementation of the "Soins Essentiels dans la Communauté" in 2010 that some mayors formally committed to covering the salaries of the Community Health Agents with their local budgets. This key achievement will help the sustainability of the policy.

- **Including Nutrition in Health Budget in Niger**

Save the Children took the lead within a Nutrition Alliance whose goal was to advocate for the inclusion of nutrition within the Ministry of Public Health's planning. As a result, a budget line for nutrition appeared in the ministry's planning.



**Denise, with her friends in a child-friendly space in  
Abengourou (eastern Cote d'Ivoire)**

©Veronica Barbosa/Save the Children

"Governance" Icon created by Anthony Lui  
"Students" Icon created by Piotrek Chuchla  
"Nutrition" Icon created by OCHA Visual Information Unit  
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# Our Structural Investments

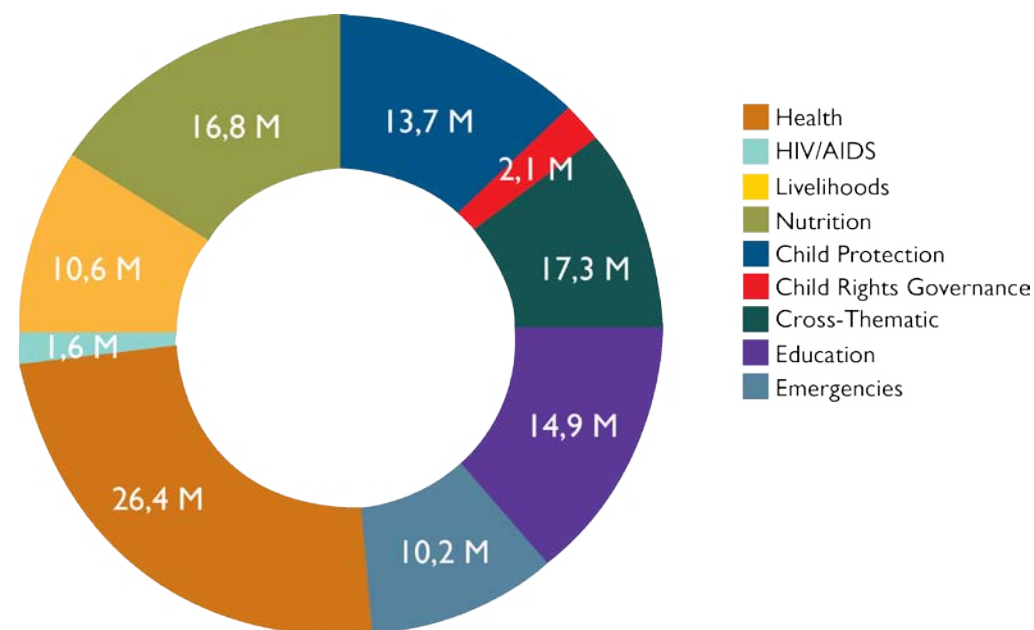


# Finance

Country	Expenditure USD
Burkina Faso	6,222,000
Central African Republic	11,997,000
Cote d'Ivoire	8,252,000
Democratic Republic of Congo	21,953,000
Guinea	1,062,000
Liberia	11,777,000
Mali	17,616,000
Niger	21,353,000
Nigeria	21,569,000
Senegal	3,685,000
Sierra Leone	13,909,000
West and Central Africa	2,185,000
<b>Total</b>	<b>141,578,000</b>

Save the Children works with 119 partners in West and Central Africa. Local Non-Governmental Organizations or Community Based Organizations make up around 90% of our partners.

## Investments by sector in 2014



More than \$50 Million were raised to combat the Ebola Virus Disease outbreak in West Africa. Sierra Leone and Liberia--the hardest hit countries received close to 88% of this funding.

# Operations

One year after the merging of 11 countries into one single Save the Children representation, a second transition of MERLIN was completed by mid 2014. This had a significant impact on the size of the portfolio and number of people working in key countries where we have a presence.

In 2014 Save the Children delivered its programming across 52 field offices in 11 countries in West & Central Africa.

Delivering programs for children in an increasingly insecure and fragile contexts meant re-organizing and building a strong operating platform with a focus on strengthening its management systems all across the region in order to deliver quality programming in a continuously challenging environment combined with sustained growth.

As a result, we have supported our country offices to ensure that all understood and adhered to Save the Children International's operating standards. A joint process called the operations platform strengthening (OPS) debuted to allow countries to assess their level of compliance to standards. This subsequently allowed them to develop a plan to specifically address gaps and weaknesses in their use of systems and the control environment while ensuring quality in programming. This was a significant undertaking in West and Central Africa given the region's context and where severe infrastructural challenges exist, including lower communications technology capacity and high cost of operating in a bilingual context.



A plane carrying six tonnes of life-saving medical supplies and equipment being unloaded to deliver them to Man, in the West of Cote d'Ivoire.

©Colin Crowley/Save the Children

## Teams:

The West and Central Africa Regional Office is the first within Save the Children's network to have established equal opportunity targets. Our objective is to get 45% in women representation within the Senior Management Team.



# Governance

## **Regional Director**

Natasha Kofoworola QUIST

## **Burkina Faso**

Salif Konate

## **Central African Republic**

Robert Lankenau

## **Cote d'Ivoire**

Helene Cassemar

## **Democratic Republic of Congo**

Heather Kerr

## **Mali & Guinea**

Raphael Sindaye

## **Niger**

Xavier Joubert

## **Nigeria**

Susan Grant

## **Liberia**

Ranjan Poudyal

## **Senegal**

Dr. Mathurin Bonzi

## **Sierra Leone**

Rob Mac Gillivray

## **Save the Children International in West and Central Africa**

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Save the Children International is a company limited by guarantee, registered in England and Wales with Company No. 3732267 and Registered Charity No. 1076822. Its registered office is St Vincent House, 30 Orange Street, London, WC2H 7HH



Elia, 8, suffered from malnutrition. Save the Children supported his treatment and recovery in Goma.

©Amadou Mbodj/Save the Children

Published May 2015. As far as possible, the information contained in this report is correct as of May 2015. Statistics are based on latest available figures from Save the Children programmes or recognised international sources.

The names of some children have been changed to protect their identities. Thanks to everyone involved in producing this Annual Review.



**Dorée (left), 9, and Carole, 11, smile while examining the contents of the backpacks with school materials they just received.**

©Rodrigo Ordonez/Save the Children

