



Summary Report on Child Well-being



Contribution to Child Well-being

FY 12

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ACRONYMS

ACANESE	Community Action For Improvement Of Health And Nutritional Status Of Children
ACANI	Community Action For Improvement Of Child Nutrition
ADP	Area Development Programme
AIM Health	Access Maternal Infant and Child Health
EPA	Association of Parents
ASSEDNA	Association for Nutrition Education and Food
BEAP	Barkeol Emergency Assistance Program
BPE	Office of Parents
CDCs	Community Development Centres
CRENAM	Nutritional Recovery Centre for Acute malnutrition / Therapeutic Feeding Center for Moderate Malnutrition
CS	Country Strategy
CSA	Commissioner for Food Security
CWBA / O	Child Well Being Aspirations / Outcomes
DRASS	Regional Directorate of Health and Social
HEA	Emergency Humanitarian Affairs
HH	HouseHold
KEAP	Kankossa Emergency Assistance Project
KEOP	Kiffa Emergency Operation Program
MAG	Global Acute Malnutrition
MAM	Moderate Acute Malnutrition
MSF	Doctors Without Borders
MDGs	Millennium Development / Millennium Development Objectives / MDO
WHO	World Health Organization
PD HEARTH	Positive Deviance
PECIMA	Integrated Management of Acute Malnutrition
EPI	Enlarged Vaccination Programme
SPAC	Stock Food Safety Village
SSF	Health Without Borders
STEP	Tracking System Enhancement Program
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WV	World Vision
WV MRT	World Vision Mauritania
ZIP	Area of Intervention Program

1. Executive Summary

The World Vision Mauritania's contribution to the improvement of the child well-being in 2012 is summarized in the following **key findings**:

Improved the number of children in preschool	
	<ul style="list-style-type: none"> • Three thousand nine hundred and fourteen (3914) children aged 3 to 6 years are enrolled in pre-school with 53% of girls in 134 kindergartens promoted and supported by World Vision Mauritania
Quality of Education	
	<ul style="list-style-type: none"> • Six (out of 15) of our ADPs are located in areas reported a success rate of upper primary classes that was higher than the national average of 50.10%. They are also the areas with the highest rates nationally. • In 2010, the number of children registered in sponsorship not attending school represented 24% of the total number of school-age children go to school, while in 2012 it was only 6 %
Improving health of Children	
	<ul style="list-style-type: none"> • Eight (8) ADPs are located in departments with a vaccination coverage rate (children fully immunized) higher than the national average. • Ten (10) ADPs have coverage in Penta 3 higher than the national average of 78.4%, and only one (1) ADP has reached the set target of 95% by 2015 (MDGs). • In 2010, the number of children fully immunized in sponsorship accounted for 2% of the total number of children aged under 5 years, whereas in 2012 there was a 26% increase (STEP).
Fighting against malnutrition	
	<ul style="list-style-type: none"> • Ten (10) ADPs have high rates of global acute malnutrition, which are above the emergency threshold of 15% (according to WHO) with coordinated corrective actions for screening, management and referral of malnourished children. • Only four ADPs located in the urban area of Nouakchott present rates of global acute malnutrition considered acceptable (6%).
Households Livelihoods & resilience improvement	
	<ul style="list-style-type: none"> • Direct Food/Cash Distribution for more than 70,000 People during the whole period of Response. • 119 projects were finalized as voucher for work activities. • 450 Panicum tergidum plants planted. • Completion of two thousand meters of dykes and bunds. • Purchase and distribution of gardening seeds in favor of the 14 women's cooperatives. • Deepening of 14 wells in favor of fourteen women's cooperatives. • Committees' management Training for 32 cereal banks in common Ghabra, Barkeol and Rheidei.

2. INTRODUCTION

World Vision came and established a National Office in Mauritania in 1983 as a response to the drought that affected the whole region of West Africa.

World Vision Mauritania operates in the regions of Nouakchott, Brakna, Gorgol and Assaba (4 out of 13 regions). These Bases include 15 sponsorship funded ADPs (Area Development Program) in Mauritania, dispersed in the urban and rural areas: 4 in Nouakchott, 6 in Brakna, and 5 in Assaba. The organization efforts allowed to improve the life of **35.920** actually registered children in these ADPs (**35.978** planned), working with 180 members of staff.

The three pillars of programme design—**Transformational Development - Emergency Response & Humanitarian Affairs – Advocacy**—form the foundation of programmes supported by WV Mauritania.



World Vision Mauritania’s strategy was approved in 2011 for the period of 2012-2014 by the region and focused in four strategic priorities in line with the well-being of children, the Child Well Being Aspirations, Outcomes and Targets.

World Vision Mauritania National Strategy Map

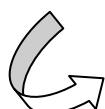
By 2014 WVM will have contributed to the improvement of the wellbeing of 183,251 children aged 0 to 18 years



Improve Access to and Quality of Education in 13 administrative departments (Moughataas)



Contribute to reducing mortality and morbidity of women and children in 13 administrative departments (Moughataas)



Increase access to potable water and sanitation in 13 administrative departments (Moughataas)



Improve the of resilience of households in 13

Our 15 programmes were already designed¹ when the National Strategy was approved. So, the mapping of our programmes showed a few number of programmes aligned with our 16 strategic national indicators.

However, we can affirm that instead of this low alignment, many of our programmes are implemented activities which contribute to World Vision’s Child Well Being Aspirations and Outcomes.

By associating our project interventions with the CWBA/O framework, the results of the data capturing within our programs highlight the degree of alignment of our interventions reported in 2012 that contribute to a specific Child Well Being Outcome as showed by the table below:

Enjoy Good Health	Level of alignment	Educated for Life	Level of alignment	Children Experience the Love of God	Level of alignment	Children are Protected and Participation	Level of alignment
Children are well nourished		Children read, write, and use numeracy skills		Children grow in their awareness and experience of God’s love in an environment that recognizes their freedom		Children cared for in a loving, safe, family and community environment with safe places to play	
Children protected from infection, disease, and injury		Children make good judgments, can protect themselves, manage emotions, and communicate ideas		Children enjoy positive relationships with peers, family, and community Members		Parents or caregivers provide well for their children	
Children and their caregivers access essential health services		Adolescents ready for economic opportunity		Children value and care for others and their Environment		Children celebrated and registered at birth	
		Children access and complete basic education		Children have hope and vision for the future		Children are respected participants in decisions that affect their lives	

Legend: Level of alignment of our programme interventions

High	Medium	Low
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Different children groups targeted in 2012 are benefited to our interventions:

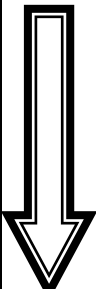
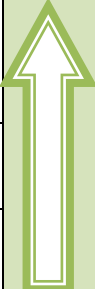
¹ See annex

	Children 0-24 Months	Children Under Five	Children in school going age	Youth out of School	Orphaned and Vulnerable Children	Children living with Disabilities	School Drop Outs
Education		X	X				
Health / Nutrition	X	X			X		
HH resilience	X	X					

This annual Child well-being report is the first intent of WV MRT to give evidence on key insights in WV MRT's progress in improving child well-being outcomes in targeted 13 zonal (Moughataas) communities in 2012, specifically for the following strategic priorities:











- Improved access and quality of Education,
- Improved nutritional status of children,
- Improved the immunization status of children,
- Increased the households capacities to ensure basic food needs.

3. Challenges and Enablers

	Low monitoring systems		Data aggregated by region (Wilaya) and department (Moughataa) from the government of Mauritania
	Low alignment of programmes to the National Strategic indicators		Child focus of our programmes
	Availability of statistical data at the municipality level (communes)		Availability of data from the Emergency response

4. Influencing Factors

In 2012, Mauritania has faced an emergency period due to serious poor rainfall recorded during the 2010-2011 growing season in West Africa combined with a rise in the price of imported cereals, increased transportation costs, cyclic and chronic household (HH) debt, and depletion of livestock. 700,000 individuals were recorded at risk, 80% of whom live in rural areas. This situation has impacted significantly our program areas in addition to other internal and external factors that contribute or hinder the improvement of the well-being of children:

External & Internal influencing factors		By 2014 WVM will have contributed to the improvement of the wellbeing of 183251 children aged 0 to 18 years			
		SO1 Improve Access to and Quality of Education in 13 administrative departments (Moughataas)	SO2 Contribute to reducing mortality and morbidity of women and children in 13 administrative departments (Moughataas)	SO3 Increase access to potable water and sanitation in 13 administrative departments (Moughataas)	SO4 Improve the resilience of households in 13 administrative departments (Moughataas)
Political		<ul style="list-style-type: none"> Protocol revision of the National Integrated Management of Acute Malnutrition National immunization policy (2 campaigns Vitamin A supplementation and deworming) 			
		<ul style="list-style-type: none"> Weakness in the implementation of the Protocol PECIMA Crisis in Mali 			
Economic		<ul style="list-style-type: none"> Opening up of certain Moughataas Availability of essential commodities in the shops EMEL Introduction of cash transfer with key stakeholders (WFP, WVI, ACF Spain, Save the Children, Oxfam Spain) 			
		<ul style="list-style-type: none"> Loss of livestock to negatively impact farmers' incomes The scarcity of rainfall has reduced farmers' incomes International financial crisis & Rising prices of food staples 			
Environmental		<ul style="list-style-type: none"> Introduction of CLTS (Community-Led for Total Sanitation by the Government of Mauritania) 			
		<ul style="list-style-type: none"> Drought and Food Crisis 			
Technology		<ul style="list-style-type: none"> The Electrification of Fine places Moughataas Improved telephone coverage 			
		<ul style="list-style-type: none"> Weakness in hardware in decentralized services of the State 			
Social		<ul style="list-style-type: none"> The community support and social cohesion 			
		<ul style="list-style-type: none"> Migration / transhumance 			

5. ACHIEVEMENTS

5.1. Improved the number of children in preschool prepared

Millennium Development goal 2 (Target 2.A): Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Country Strategy Objective 1 : Improve Access to and Quality of Education in 13 administrative departments (Moughataas)

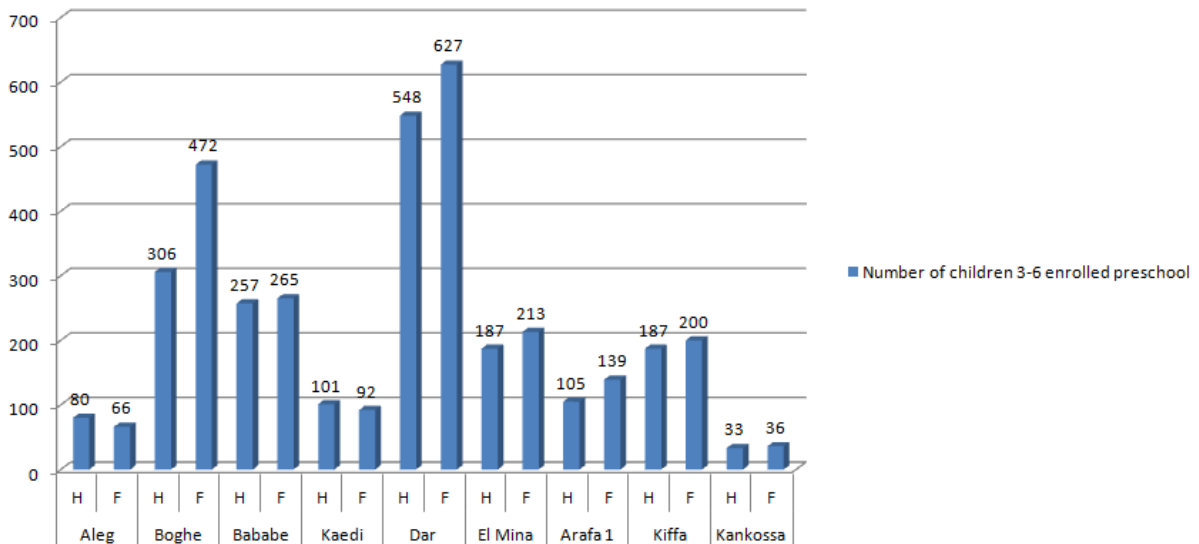


CS sub objective 1.2 : Improve the level of children's early awakening by increasing the number of children prepared in preschool

CWB Target: Increase the number of children who can read before the age of 11 years

CWB outcome: Children read, write and use their numeracy skills

Number of children 3-6 enrolled preschool



Analysis

In 2012, three thousand nine hundred and fourteen (3.914) children aged 3 to 6 years are enrolled in preschool, 59% of girls in 134 centers of childhood functional.

Major activities centers are focused around capacity building of educators, support taste of children, and the construction and support equipment.

Quick Facts

ADPs / Projects

Key figures

Partnering

Contributing

- **11 ADPs** 3.914 of children supervised including 53% of girls
134 centers of childhood functional
268 educators mothers whose capacities are strengthened and receiving income-generating activities associated with the centers.
- Educators from CDCs
- NGOs
- Common
- Networks childhood
- Sponsorship management committees
- Community volunteers
- MASEF

Quote

"I'm Raghietou Mint Med Sideini President of the Network of Small.

I have served my community since 2000 as a sponsorship community volunteer within the district Touemirit. Working as a volunteer with the ADP Kiffa, I gained extensive experience in community mobilization, planning and monitoring of



projects. I am the secretary general of the committee responsible for monitoring sponsored children of this district and Income Generating Activities; our committee now

has more than 2.5 million UM is \$ 8,445 in cash.

Our committee is composed of 25 women who have largely benefited from income generating activities.

In 2008, I was elected President of the Network of Early Childhood Kiffa.

This network has been very successful in the region. We worked with UNFPA, UNICEF, the regional directorates of health, education, youth, the CFPP, local NGOs, the town hall.

We have expanded our business in other programs in WV Assaba: Kankossa, and Guerou Barkeol through the ADP coaching and the financial support.

Today I am very happy to see me playing a role in a local advocacy of children. "

Lessons learned

Strengthening the capacity of communities in the management of early childhood leadership is fostered preparation for primary school but also its protection

Recommendations

It is useful to build on the experience of the office in order to have achieve greater impact

5.2. Improved Access and Quality of Education

Millennium Development goal 2 (Target 2.A): Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Country Strategy Objective 1 : Improve Access to and Quality of Education in 13 administrative departments (Moughataas)

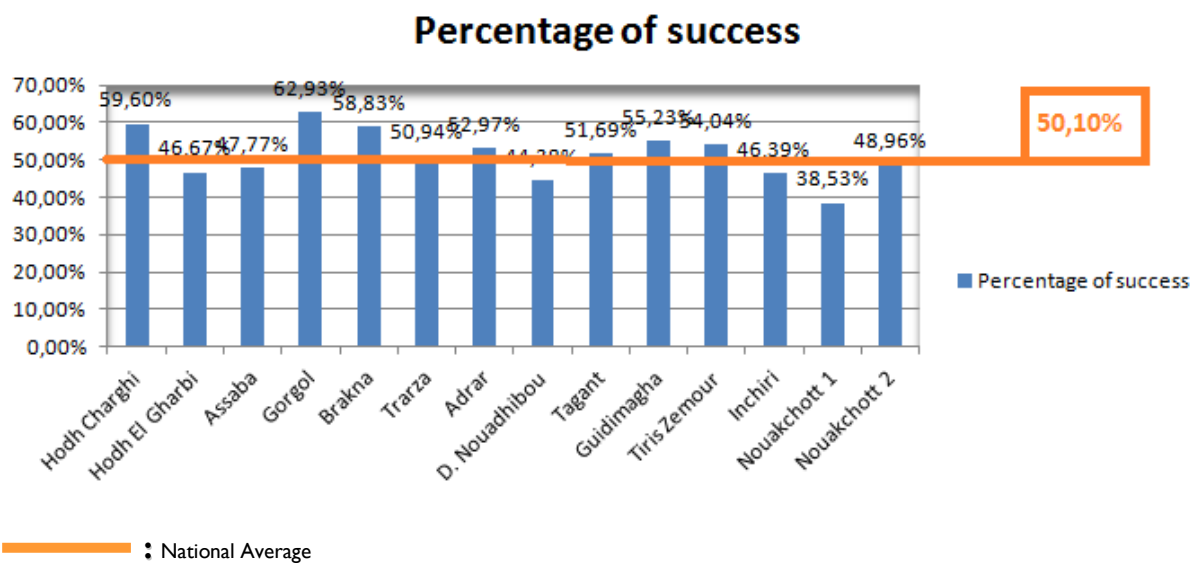
CS sub objective 1.2 : Increased the number of children who qualified for the secondary education entry exam with a special focus on girls through the improvement of quality education

CWB Target: Increase the number of children who can read before the age of 11 years

CWB outcome: Children read, write and use their numeracy skills



EXAM SUCCESS RATE END OF PRIMARY



(Source: Directorate of Examinations and Assessment / Service examinations of fundamental / 2012)

Analysis

In 2012, Six (6) of our ADPs were located in regions (Gorgol & Brakna) that have a primary school graduation success rate higher than the national average of 50.10%. They are also the areas with the highest rates nationally.

Girls represent 53% of students who were successful in the examinations.

The report on Participatory regional analysis of Brakna and Assaba on the situation of Gender in relation to the Millennium Development states that "The World Vision, established Assaba for more than a decade, has developed close activities in most of moughataas in the wilaya on the improvement of basic social services, particularly primary education. She has supported dozens of schools by school cooperatives, awards of distinction for girls and teachers, equipment ...

Examination results 2010-2011 showed that 60% of pupils admitted are from schools supported by WVI. '

Quick Facts

# ADPs / Projects Contributing	Key figures	Partnering
<ul style="list-style-type: none"> • 14 ADPs 	<ul style="list-style-type: none"> • 10 classrooms and 21 temporary shelters constructed / rehabilitated (610 boys, 738 girls) • Strengthening capacities of teachers (579 men, 533 women) • 90 supported clubs (234 boys, 131 girls) • 270 members of PTA trained • 173 principals including 11 women trained in school management • 48 supervision missions supported schools for better monitoring of schools 	<ul style="list-style-type: none"> • Directions of teaching • Inspections • Schools • PTA / BPE

Innovation and learning

Innovations were noted especially the initiative to mobilize partners for the gathering of schools to address the problems of lack of teachers and schools with incomplete cycles. The program of Dar El Barka helped in building classrooms, support volunteer teachers and inspection missions nearby. After partners acceptance, the role breakdown was defined. Thus, the program Dar El Barka helped in building classrooms, support voluntary teachers and close inspection missions.

Quote

Mariem m / Salem, a woman aged 37 and mother of 2 children, enrolled in the new open class for children who do not attend school. She said, "I have a 9 year old daughter and 7 year old son. Two years ago I was looking for a school for my daughter. I could not move to another place as I did not have the means to do so at the time. With the support of World Vision, a class was started in our village there and my daughter is registered with her brother".

ADP Taghadoum / Annual Report

Lessons learned

The issue of education is too complex to be effectively supported by a single player

Recommendations

There is the need for synergy among partners supporting schools (example of consultation frame to be generalized)

5.3. Improved nutritional status of children

Country Strategy Objective 2 : Contribuer à la réduction de la mortalité et de la morbidité des femmes et des enfants dans 13 départements administratifs (Moughataas)

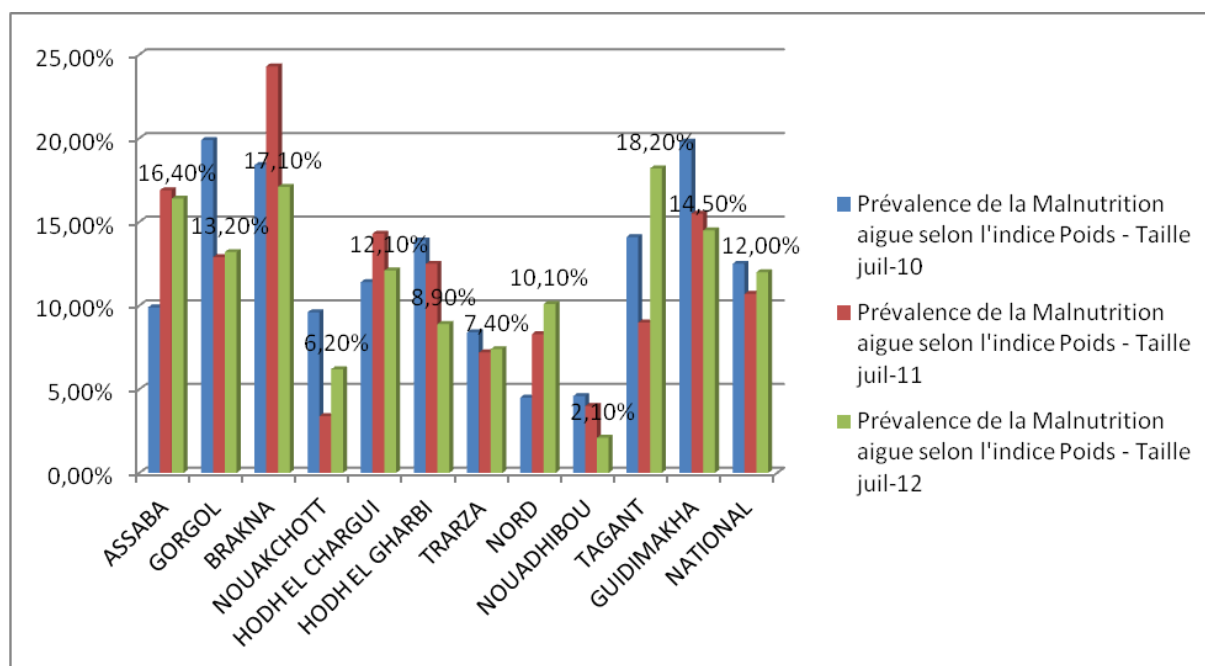


CS sub objective 2.2 : Augmentation du nombre des femmes enceintes et allaitantes PLW et des enfants de moins de 5 ans qui sont bien nourris

CWB Target: An increase in the% of children who are well nourished (ages 0-5)

CWB outcome: Children are well nourished

PREVALENCE OF ACUTE MALNUTRITION INDEX BY WEIGHT - SIZE



(Source: NHIS 2012)

Analysis

The results of several investigations in Mauritania since 2006, have demonstrated the structural and seasonal effect of global acute malnutrition. The prevalence of global acute malnutrition² at the national level, the last 5 years, ranged between 6.5% and 8.5% during the post-harvest period and between 11% and 13% during the lean period.

The results of national SMART surveys during the food crisis of 2012 and as indicated in the table above show GAM rates lower than 2011 in WV operational areas. This is due to the strengthening of actions taken by World Vision Mauritania through its programs to address this crisis in terms of:

² According to the WHO classification, the MAG is considered acceptable <5%, precarious 5-9% Serious 10 - 14% and ≥ 15% critical

- Prevention of malnutrition (supplementation fortified flour, cooking demonstrations, PD Hearth)
- Early treatment of moderate acute malnutrition.

In addition to the Government EMEL program³, it should be noted that there was the blanket feeding organized by WFP and management of Severe Acute Malnutrition by MSF. This has significantly contributed to mitigating the impact of the food crisis and influenced acute malnutrition rates.

During FY12, ADPs undertook the following direct interventions to improve the nutrition that involve capacity building of communities in the prevention, detection and treatment of malnutrition:

- *Screening for malnutrition (using PB) Early detection of acute malnourished children;*
- *Nutrition education through cooking demonstration homes (Bababé and Kaédi) nutrition education sessions to promote behavior change and adoption of good food and nutrition;*
- *The approach PD Hearth (Bababé, and Arafat Kankossa I): rehabilitation of children underweight, nutrition education sessions;*
- *Supplementation of vitamin A / deworming of children (all ADPs);*
- *Supplementation in fortified flour (all ADPs) in relation to the food crisis (prevention and rehabilitation of moderately malnourished);*
- *Capacity building of actors (all ADPs) training relays on the management of MAM, educators of CDCs on prevention, early detection and referral.*

Quick Facts

# ADPs / Projects Contributing	Key figures	Partnering
<ul style="list-style-type: none"> • 15 ADPs • AIM project • ACANESE project 	31.396 children screened 5.878 children rehabilitated in homes PD Hearth 25.658 children who received fortified flour 69.721 Misola sachets distributed 15.423 children rehabilitated (nutritional monitoring) 33.524 children dewormed 33.291 children supplemented with vitamin A 69 of PD Hearth home set up 113 CRENAM supported	<ul style="list-style-type: none"> • Community outreach • Educators from CDCs • NGOs (SSF ASEDNA) • Health centers • Health posts

³ The special program "Emel 2012" introduced by the government to mitigate the effects of drought and high prices of food products

Quote: «Using STEP for improving programming, and taking appropriate context-specific action» in Kankossa ADP

« The collection and monitoring of nutrition data of RCs who are between the ages of 0 to 59 months in the STEP system made us aware of the state of children’s health. This largely contributed to the opening of nutrition recuperation centres, and is making us aware that all children should be weighed and ZIP monitored during this food crisis» - *Kankossa ADP Team management*

Lessons learned

Recommendations

Interventions and activities are so dispersed they do not allow for better impact.

Model nutrition approaches based on different context-specific realities

5.4. Improve the immunization status of children

Millennium Development goal 4 (Target 4.A): Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Country Strategy Objective 2 : Contribute to the reduction of mortality and morbidity rates amongst women and children in the 13 administrative departments (Moughataas)

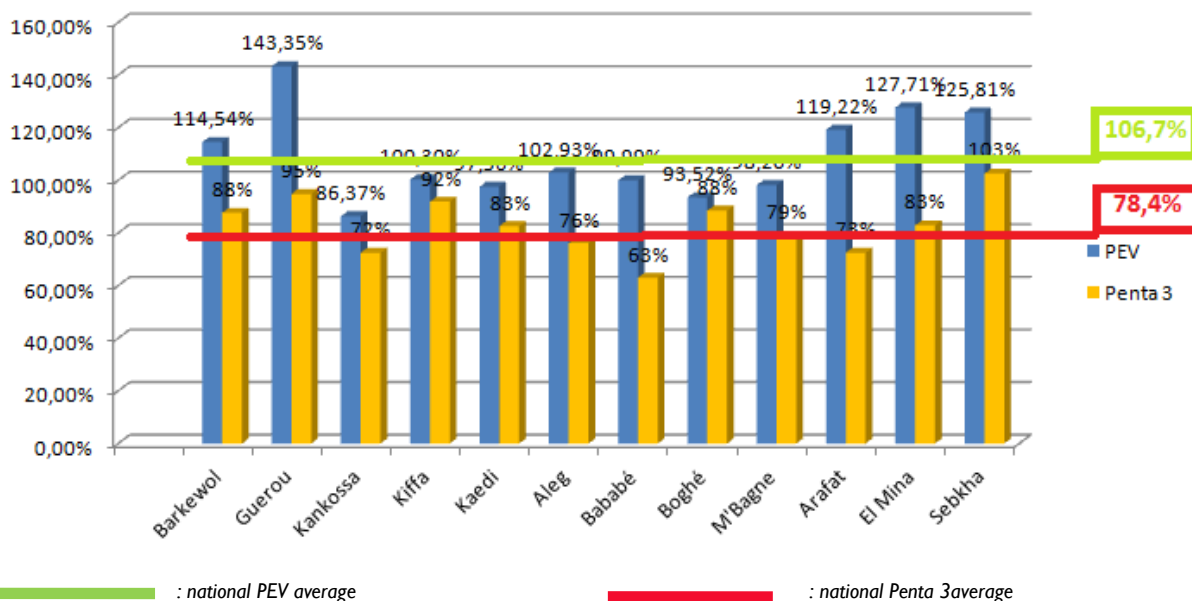
Country Strategy sub-objective 2.3 : Increase in the number of pregnant and lactating women (PLW) and under 5 children who are protected against infection and disease.

CWB Target : An increase in the % of children who are protected against disease and infections (aged 0–5)

CWB outcome : Children are protected against infectious diseases and injuries



ROUTINE PEV VACCINE COVERAGE



(Source : NHIS 2012)

Analysis

Immunization statistics show that there was an improvement in the percentage of children aged 12 – 23 months who had received all the recommended vaccinations (Penta 3). This is an increase from 64,3% in 2010 to 78,4% in 2012 in World Vision's intervention zones.

It should be noted that our ADPs do not cover the administrative division of the NHIS reporting system which takes into account all the communes of each department (see the spatial coverage illustration in annexure). In addition, eight (8) ADPs are located in departments that are showing a higher immunization coverage than the national average (children who are fully vaccinated).

Ten (10) ADPs have a Penta 3 immunization coverage which is higher than the 78,4% national average, and only one (1) ADP (Guerou) reached the 95% MDG target set for 2015.

All the ADPs invest in childrens' vaccination activities as follows:

- *Logistical support (vehicle rental and fuel allocation to vaccination teams) to facilitate outreach and mobile immunization;*
- *Outreach and training of community volunteers on immunization schedules, and on the importance of vaccines in order to support health teams in community mobilization;*
- *Organizing regular mass campaigns and IEC sessions on childrens' immunization and FAP.*

With regard to the immunization strategy, in all rural areas where World Vision works, the mobile strategy represents between 18 and 20%, while the national average is at 15%.

Quick Facts

# ADPs / Projects contributing	Key figures	Partnering
<ul style="list-style-type: none"> • 15 ADPs • AIM project • ACANESE project 	<p>109 health workers trained on vaccination</p> <p>577 outreach workers and community volunteers trained on the immunization schedule</p>	<ul style="list-style-type: none"> • ASCs/USBs • Community outreach • Grandmothers • Educating the CDCs • Communes • Health Without Borders NGO • Health Centres • Health Posts • DRASS

Innovation and Learning : « Boosting community mobilisation in the Arafat ADP » :

The ADP capitalized on the existence of strong community groups to reinforce community mobilization on the importance of routine and mass immunization. The pooling of efforts to undertake outreach and awareness campaigns on the vaccination schedule undertaken by community outreach groups, sponsorship volunteers and the Grandmothers' network is the foundation on which the Arafat health department depends in order to increase and maintain high immunization coverage.

Immunization coverage in Arafat qualitatively increased from 16,600 vaccinated children in FY2011 to 19,600 vaccinated children in FY2012 in the same period due to the joint efforts by community outreach workers, sponsorship volunteers and the Grandmothers' network.

Lessons learned

The identification and involvement of local players in mobilizing mothers to ensure increased and routine childrens' immunization.

Recommendations

Establish performance contracts per zone (urban and semi-urban zone) and per village (rural zone) and reward the best performing zone in terms of immunization coverage.

Strengthen communication between communities and health facilities for collaborative planning and increased demand for immunization services.

5.5. Increased households' capacities to ensure basic food needs

Millennium Development goal 1 (Target 3): Halve, between 1990 and 2015, the proportion of people who suffer from hunger



Country Strategy Objective 4 : Improve the of resilience of households in 13 administrative departments (Moughataas)

CS sub objective 4.2 : Increase HH capacities to ensure HH basic food needs

CWB Target : Children report increased levels of wellbeing

CWB outcome : Parents or caregivers provide well for their children

Analysis

Like most countries in the Sahel, Mauritania is a country in permanent crisis, living in a state of chronic food insecurity. It is a country with a structural deficit in domestic production, and covers approximately 30% of its food needs during years of good production. The country is faced with repeated drought cycles and degradation of natural resources, which structurally affects the productive capacity and livelihoods of populations. The food security of rural and urban populations is largely dependent on pastoral conditions, sources of non-farm income and fluctuations in world commodity prices.

The 2012 crisis, mainly caused by a huge rainfall deficit⁴ and rising global food prices, has exacerbated the already fragile situation. The food insecurity rate peaked at 32% (December 2012 - Source WFP) in Mauritanian households suffering from food insecurity. The high levels of food insecurity this year are mainly the result of the negative impact of the crisis on the livelihoods of rural households, and also due to the high prices of imported food products which results in reduced access by all vulnerable households, in both urban and rural areas.

Given the recurrence of food crises and the structural dimension of food insecurity in Mauritania, the World Vision Mauritania strategy is focused on strengthening the **resilience** and improving the **livelihoods** of households.

To do this, along with the immediate need to respond by facilitating access to food in a crisis period (**See HEA**), WV Mauritania is utilizing a double-pronged approach to meet the challenges of structural food insecurity as follows:

- *In the urban sector*, the main objective is **to improve the most vulnerable household revenues** through the development and promotion of Revenue Generating Activities (RGAs).
- *In the rural sector*, emphasis is mainly on supporting subsistence farmers with the aim of ensuring food self-sufficiency and **increased household revenue**. This will be realized through **an increased harvest**, an improvement in **livestock and efficient management of crops**.

⁴ Severe drought year according to the CSA.

ADPs also have access to emergency funds which were mobilized in response to the urgent, food security needs of the community.

Quick Facts

# ADPs / Projects contributing	Key figures	Partnering
<ul style="list-style-type: none"> • 15 ADPs • Food Security Resilience in Bababe and Mbagne • Acani Project 	<p>\$693 096 spent (excluding HEA)</p> <p>7,3% of total budget expenditure (excluding HEA)</p> <p>91 RGAs supported</p> <p>52 SAV Committees trained</p> <p>3391 people trained on livestock management techniques</p>	<ul style="list-style-type: none"> • CDCs • Farmers and ranchers • Agricultural cooperatives • Village associations • Cereal Bank management committees • State Technical Services (Rural Development, Environment) • Mayors

Innovation and Learning: « Market Gardening in Kankoussa »:

The food security project is a major component of the Kankoussa ADP. In FY12, the program will contribute to improving harvests and build grain banks. SPACs and market gardening have enabled communities to better respond and cope with the adverse effects of the 2012 food crisis.

In Nbeye village (Sani District), market gardening has helped village women to produce and sell vegetables, and to also stock up on food to better cope with the food crisis that severely affected the area.



Photo of a garden in Nbeye in April 2012 in the midst of the drought.

To contribute to household resilience to external shocks and improve access and availability of food, the food security project (Kankoussa ADP) has made 86kg of improved seed available to communities. This has resulted in a good vegetable harvest this year, which in turn will help communities in this difficult year of drought and food insecurity.

Lessons learned

The FY12 reports do not highlight the concepts of resilience and vulnerability.

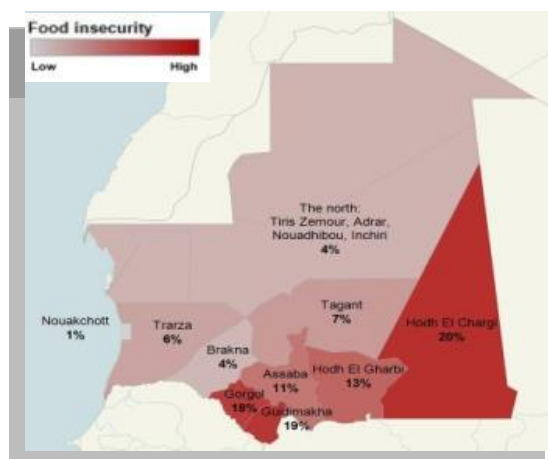
Recommendations

Hold a learning laboratory on household resilience and vulnerability analysis. This will ensure these concepts are taken into account in ADP design and reporting.

5.6. HEA

In 2012, the Sahel region in West Africa suffered a food and nutrition crisis that affected more than 18 million people in nine countries. Harvests declined, cereal banks were depleted and many families went into debt, resulting in the 'lean season' beginning two to three months earlier than normal.

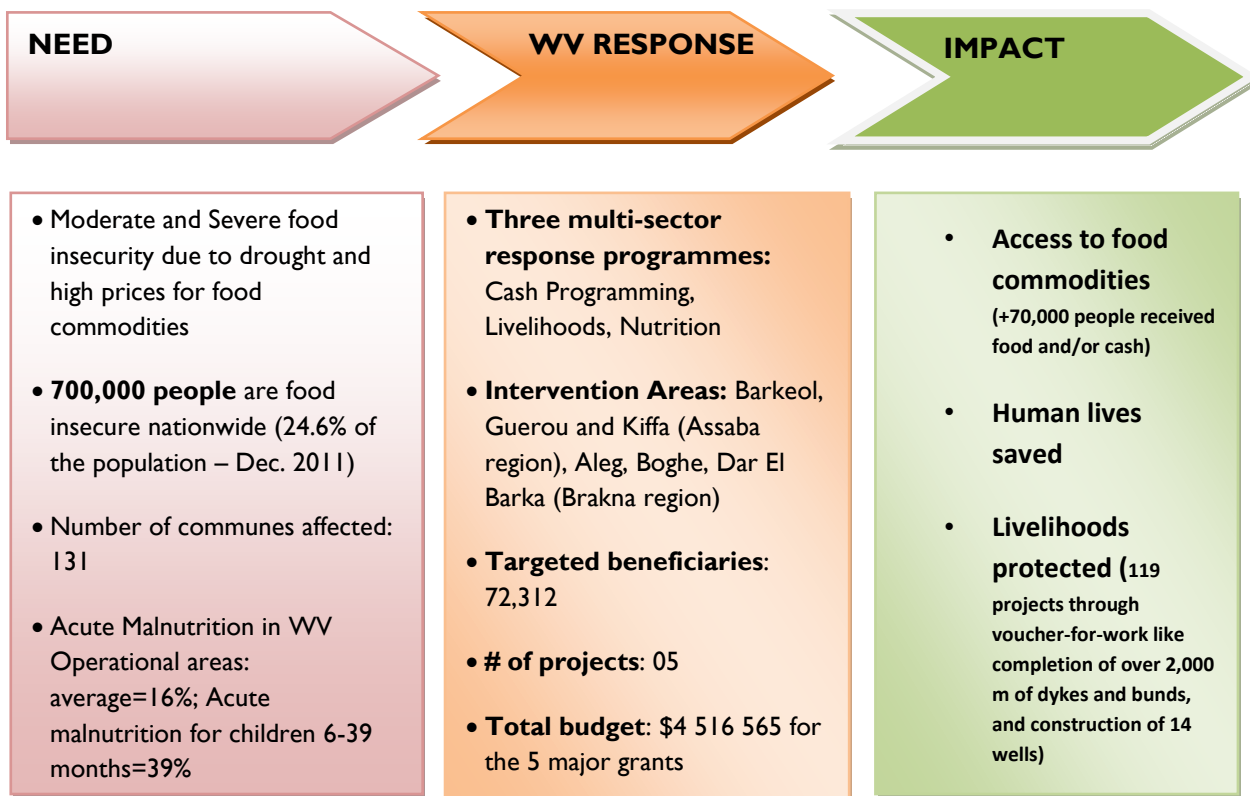
On 13 March 2012, World Vision declared a CAT III Global response in the Sahel. (Cat III- Niger and Mali; **Cat II** – Senegal, **Mauritania**, Chad).



Source: CSA/WFP / 2012/01



ACCOMPLISHMENTS FOR FOOD CRISIS RESPONSE



Keys insights in the Projects responses

# of projects	Donor	Start date	End date	Sector	Expenses (US \$)	Estimated Beneficiaries
Kiffa Emergency Operation Program (KEOP)	WFP / WV CAN	13-May-12	31-Jul-12	Unconditional Food Distribution	890 930	27,900
KEOP II	WFP / WV CAN / WV US	20-Sep-12	31-Dec-12	Unconditional Food Distribution	81 338	11,700
Kankossa Emergency Assistance project (KEAP)	USAID/FFP	1-Mar-12	31-Oct-12	Unconditional Food Distribution / Livelihood	1 690 334	24,420
Barkeol Emergency Assistance Program (BEAP)	WV CAN/ACDI	1-Apr-12	31-Dec-12	Health & Nutrition / DRR / Unconditional Food Distribution	523 841	14,202
Brakna Emergency Cash Transfer Project	WVUS	1-Jul-12	30-Sept-12	Cash transfer	104 841	2,400

	DETAILED IMPACT
Health and Nutrition	BEAP served 1,707 Individuals through CMAM programming, providing nutrition support to acutely malnourished children and pregnant and lactating women (PLW). Further, representatives from the Ministry of Health, community health workers, midwives and grandmothers were trained in CMAM. Food stock management committee members were trained to manage food inputs for 16 Supplementary Feeding Programme (SFP) sites and volunteers were trained in Infant and Young Child Feeding practices (IYCF).
Food Programming	Over 11,670 households benefitted from unconditional food support. Under KEOP, 4,650 households received cash transfers. KEOP II supported 1,950 households in Kiffa, Guerrou, and Barkeol through general food distributions. Meanwhile, 4,070 households in Kankossa, Sani, Hamoud, Blajmil, and Tenaha received cash-based food vouchers through KEAP. Around 1,000 households benefitted from food vouchers under BEAP.
Livelihoods	<p>KEAP supported 4,070 households in Kankossa, Sani, Hamoud, Blajmil, and Tenaha through vouchers-for-work. Activities included construction and rehabilitation of dikes and roads, environmental health projects, and reforestation. KEAP II reached 4,323 households in the same locations with vouchers-for-work activities including construction of erosion control structures, small dams and dikes; clearing alleys around communal grazing land; and promoting assisted natural regeneration of community lands and vegetable gardening.</p> <p>BEAP supported 1,012 households and 474 village committee members in Daghev, Ghabra, Boulahrath, Barkeol, and R'Deidi in the development of vegetable gardens, improvement of access to potable water and water for irrigation. Village committees were also trained in cereal bank management and natural resource management.</p>
Disaster Risk Reduction (DRR)	In BEAP, 40 members of the Early Risk Disaster Management (ERDM) committee in Daghev, Ghabra, Boulahrath, Barkeol, R'Deidi were trained in vulnerability analysis and rehabilitation planning. In KEAP II, 150 individuals in Kankossa, Sani, Hamoud, Blajmil, and Tenaha benefitted from Community Owned Vulnerability and Capacity Assessment (CoVaCa); Development of Community Disaster preparedness Plan; and Community Early Warning Systems.

5.7. Most Vulnerable Children

Groups	Location/Base	Causes of vulnerability
Girls and boys in poor families	1. ROHUP 2. PIDA 3. BOGHE	Lack of financial resources Complex vis-a-vis others
Talibé children	1. ROHUP 2. BOGHE	Submission to over-exploitation due to the parents' complacency Privatization of their fundamental rights
People with mental disabilities	1. PIDA 2. BOGHE 3. ROHUP	Lack of comprehensive care
Maids	1. PIDA 2. ROHUP	Family poverty
Young mothers and children born out of wedlock	1. ROHUP 2. BOGHE 3. PIDA	Lack of legal protection
Street children	1. ROHUP 2. BOGHE 3. PIDA	Lack of structures Lack of protection Poverty Negligence Family breakdown
Orphaned children	1. ROHUP 2. BOGHE 3. PIDA	Exposed to all risks Lack of education Lack of affection Legacy of abuse
People living with disabilities	1. BOGHE 2. PIDA 3. ROHUP	Specific needs not taken into account Insufficient user-friendly structures Isolation Mocking glances, Discrimination in employment

6. CONCLUSION

Key Learning Points

- Weaknesses in monitoring and outcomes reporting.
- The heterogeneity of the interventions of the various projects, and indicators used by different projects make reporting at the national level very difficult.
- The ADPs and support services have failed to adapt to the context of the food crisis.
- As part of the response to the food crisis, the cash voucher approach was a good response to ensure that the funds were used exclusively to purchase food.

Recommendations for next year's report

- During re-design, harmonize performance indicators used in the ADPs, and put in place adequate monitoring systems in each project.
- Strengthen the capacity of program teams in monitoring and outcomes reporting (reporting impact).
- Develop or adapt necessary data collection tools.
- ADPs should be more flexible and adaptable to landscape changes in order to take into account (capture) changes.
- WV should further explore and model the use of cash vouchers in other areas.

7. ANNEXES

List of Programme & Project Reports reviewed

Programme or Project Name	Type of report	Date
Arafat I ADP	Programme Annual Report	September 2012
Arafat 2 ADP	Programme Annual Report	September 2012
El Mina ADP	Programme Annual Report	September 2012
Sebkha ADP	Programme Annual Report	September 2012
Acanese Project	Annual Report	September 2012
Aleg ADP	Programme Annual Report	September 2012
Boghe ADP	Programme Annual Report	September 2012
Dar El Barka ADP	Programme Annual Report	September 2012
Mbagne ADP	Programme Annual Report	September 2012
Kaedi ADP	Programme Annual Report	September 2012
Bababé ADP	Programme Annual Report	September 2012
Brakna Emergency Cash transfer	Annual Report	September 2012
AIM Health	Annual Report	December 2012
Kankossa ADP	Programme Annual Report	September 2012
Tenmiya ADP	Programme Annual Report	September 2012
Taghadoum ADP	Programme Annual Report	September 2012
Kiffa ADP	Programme Annual Report	September 2012
Guerou ADP	Programme Annual Report	September 2012
Acani	Annual Report	September 2012
KEAP	Annual Report	December 2012
KEOP I	Annual Report	July 2012
KEOP II	Annual Report	December 2012
BEAP	Annual Report	December 2012

ADP spatial coverage rate by department (Moughataa)

ADP	Geographic Zone	Direct Population	Population in the Impact Area	Percentage of coverage
Taghadoum	Dagveg Ghabra	13101	19821	66%
Tenmya	Barkewol, Boulahrath, Rdhedhie	16000	20329	78%
Guerou	Guerou, Kamour, Oueid Jrid	31500	26097	82%
Kankoussa	Kankoussa, Sani, Hamoud	25000	40878	61%
Kiffa	Kiffa	32716	32716	100%
Total Assaba		118317	242265	48%
Arafat I	Arafat I	69000	69000	100%
Arafat II	Arafat II	55000	55000	100%
El Mina	El Mina	169017	169017	100%
Sebkha	Sebkha	100161	100161	100%
Total Rohup		393178	558195	70%
Boghe	Boghe	37531	44680	83%
Dar El Barka	Dar El Barka ,Dar El Avia,Oul Birem	25592	42603	60%
Mbagne	Mbagne	36661	43386	84%
Bababe	Bababe	33672	30848	91%
Total Brakna		133456	255343	52%
Kaedi	Kaedi	86836	61973	71%
Djeol	Djeol	11532	31858	61%
Total Gorgol		98368	242711	40%

LIFE CYCLE OF ADPs vs. NO STRATEGY CYCLE

		low alignment with the NO strategic indicators													
		Future alignment with NO the strategic indicators													
		FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
NO strategy cycle							present cycle 2012 - 2015			next cycle					
BOHUP	Arafat 1	T-Y4													
	Arafat 2	T-Y3													
	El Mina	T-Y3													
	Sebkha	T-Y3													
BOGHE	Boghe	C3-Y1													
	Dar El Barka	C3-Y1													
	Aleg	C1-Y4													
	Kaedi	C1-Y5													
	Mbagne	C1-Y4													
	Bababe	C1-Y5													
PIDA	Kankossa	C3-Y1													
	Thagadoum	C2-Y5													
	Tenmiya	C2-Y5													
	Guerou	C3-Y1													
	Kiffa	End													
	New ADP Aghorot														

Attachments



NO mappingl_MRT

Mapping tool :



Plan de reportage_MRT

Planning tool :