**Save the Children: *SENEGAL***

**2012 Country Annual Report**

1. **Executive Summary**

On the 1st August 2012 Save the Children Sweden (SCS) Regional Office for West Africa became Save the Children International Senegal Country Office.

The handover included a portfolio of 4,1M USD programs (from which only around 20% represents Senegal country projects), the office/assets and mostly all of the staff.

The main donors for 2012, some of which can be considered as stable donors for this geographic area and thematic areas, are Sida, Radiohalpen (private Swedish donor), Government of Finland, Government of Spain, GSK, UN, EuropeAid and Plan International. Besides SCS other members have been operating through agreements with SCS Regional Office as Finland and Spain.

Regarding budgeting, SCS is contributing with 56% of the total budget, while Finland is financing 13%, Spain and 5%. After the transition, SC UK also dedicated resources to intervention to the country representing 4%. Other core donors as UN fund up to 21% of the office funding.

In terms of staff, and as per SCS/SCI agreements, a slotting process was undertaken to determine whether existing positions in Senegal (in both SCS and SC UK) could be slotted to the new SCI Country Office positions. As a result, of this process 90% of the staff was slotted. SMT positions were opened for recruitment.

Concerning programs, SCI Senegal Country Office assumed all interventions being ran by SCS Regional Office. As it has been said, despite the fact of being a country office, 80% of the portfolio transferred concerns regional programs implemented in Guinea Bissau, Guinea, Mali, Niger, Burkina Faso, Cape Verde, Liberia, Sierra Leone, Nigeria, Togo, Benin, The Gambia, Côte d’ Ivoire and Ghana. In some of these countries the work done is only the support to a National Child Rights Coalition while in others we have actions in the field. The Senegal program has a very limited scope in terms of budget and covers the regions of Kaolack, Thiès, Fatick, Ziguinchor, Kolda, Saint Louis and Dakar.

Thematically, programs are mainly focused on Child Protection and Child Rights Governance; HIV, Education. Health is also a thematic area in which funds have been invested.

Despite SCI taking over these programs and projects, the leadership in terms of implementation has not been ensured by SCI as its vision for the country/regional programming/thematic was still to be developed at the time and activities to be implemented through partners where already planned and agreed for the full year. This means that, even if efforts have been done in terms of SCI compliance concerning the project management cycle the reality is that in 2012 no results can be showed up from that side.

Besides, Program Director was not in place until October 1st and quit on December, 14th, after 2.5 months in place. Country Director in place from go-live date (01/08/12) quit the 19 October, and the role was assumed by a senior manager acting up. Without these two main leading positions filled and without having the necessary systems rolled out, senior managers in place led efforts to facilitate internal processes so that programs could keep going.

Even though efforts were made so that transition and internal SC processes wouldn’t have a negative impact on programs, some projects/activities have been delayed. At the same time, non cost extension for ending programs was repeatedly happening in the former SCS office.

As far as this reporting exercise is concerned, decision has been taken to put the accent in reporting CAR as per donors’ requirements as program managers/officer have that expertise. Following that logic, thematic achievements has been worked following a peer review process.

Save the Children International took over after quite a long transition period –officially 3 months since kick off meeting but in reality a process that has lasted many more months within the office- due to the lack of clarity of programs and program documentation and to the high turnover. Building up the relationship with the Regional Office has also been an issue that has had a risk for the correct roll out of operations. From being an autonomous office with all necessary services and procedures in place we moved to a working system put in place were services such as Logistics, Administration, Human Resources, Fleet Management and Safety and Security were to be shared with the RO. This system being put in place without the necessary resourcing and procedures previously established has had repercussions on both running activities of the offices and even on positions within the CO. By the end of 2012 a clear system was not yet put in place.

Apart from this internal procedure and even when neither SCI SN Child Rights Situation Analysis nor the Country Office Strategy has been defined yet (data available as per UNICEF and other agencies reports though) proposals for main donors as SIDA, European Commission, UN Woman or Radiohjalpen have been submitted with the support and guidance of Save the Children Sweden to ensure the continuity of our programs at both regional and national levels.

In terms of results achieved regarding the different thematic areas:

Child Protection Program has focused its programming at three different levels: Policy and Advocacy on both Senegalese and regional contexts; capacity building for delivering quality services for child protection and innovative work developed with children as actors of their own protection.

CRG program ensured that selected West African states increasingly apply the CRC, the ACRWC and other regional and international human rights instruments, while civil society organizations play an active role holding the governments accountable and empowering children to claim their rights.

The Inclusive Education (IE) project has been build on SC past experiences and lessons derived from the pilot projects to further the agenda of children with disabilities’ education in the selected countries and beyond. In Senegal, a special advisor is appointed by the President of the Republic for people with disabilities’ issues and another technical advisor is appointed for inclusive education based in the MoE. The issues have also been discussed in media, where the music single on inclusive education has been largely broadcasted and used in public debate and advocacy activity related to children’s with disabilities right to education.

A health program has also been put in place with the objectif of facilitating increased access to quality healthcare for 60 000 children under the age of five and to 177 000 women of reproductive age during the period 2012 – 2015. Despite the delay in the Ministry of Health signature and the reduction in the implementation period for 2012 that this resulted in, some activities, mainly in the area of training health workers and peers, have been undertaken.

HIV has been addressed through a program aiming to create and enabling a friendly environment so that boys and girls can have access to information, counselling and services on sexuality, reproductive health, and HIV&AIDS in order to make informed choices and protect themselves against Sexually Transmitted Infections (STIs) and HIV in Dakar suburbs. As a result, not only children and youths of Pikine District but also those in conflict with the law – most of the time excluded from any prevention program- have been granted access to child-friendly information and prevention services on HIV/AIDS and sexuality.

1. **Country Context**

Senegal is located in the western part of the African continent covering an area of 196,722 km2. It is bounded in the north by the Islamic Republic of Mauritania, east by Mali, and south by the Republic of Guinea and Guinea Bissau, west, it opens onto the Atlantic Ocean with 700 Km of coastline. Senegal is a relatively stable and democratic country that hasn’t known major disruptions. The socio-economic situation remains fragile and sensitive to internal and external shocks that have had an impact on the level of development, which has slowed down since 2005. The poverty level was slightly above 50% in 2005. The crisis in Casamance has not found lasting solutions which makes the population more vulnerable. The Movement of Democratic Forces in the Casamance (MFDC) has led a low-level separatist insurgency in southern Senegal since the 1980s, and several peace deals have failed to resolve the conflict. Nevertheless, Senegal remains one of the countries that have a long history of participating in international peacekeeping and regional mediation.

Of the estimated 12.5 million inhabitants, 49.2% are men and 50.8% are women. With a life expectancy at birth estimated to be 56 years (2008), nearly half the population is under 18 years old and 1.9 million (or 16%) are under 5 years old. Despite relative economic and political stability, Senegal was ranked in 144th position (out of 169 countries) in the Human Development Index (HDI) in 2010, and is part of the Heavily Indebted Poor Countries of the International Monetary Fund (IMF). The budget deficit rose from 3.5% of GDP in 2007 (Ministry of Finance data) to 5% of GDP in 2009. Nevertheless, the share of the population living below the poverty line fell from 67.9% in 1994-1995 to 57.1% in 2001/2002 and then to 50.8% in 2005 (more recent data on poverty are not available, making it impossible to understand the impact of the crises of recent years). Similarly, the share of poor households decreased from 61.4% to 48.5% and 42.6% respectively. Decrease of poverty incidence is higher in urban than rural areas. In rural areas, 65.2% of individuals and 57.5% of households live below the poverty line. These percentages are lower in urban areas (50.1% and 43.3%) and significantly lower in Dakar (42.0% and 33.6%). Regions of Ziguinchor and Kolda, faced for many years with the crisis in Casamance, have the highest rates of poverty rates: respectively 67.1% and 66.5%. The unemployment rate remains very high, but it is under-employment which is the main problem of the job market, which stood at 21.8% of the workforce.

In 2012 Macky Sall won the second round of elections over Abdoulaye Wade through a peaceful and democratic election designing a new cap for the country. During his first speech to the population the new President put forward restoring peace in the natural region of Casamance as one of the first national priorities. At the same time, he advocated for a more efficient governmental system that will free funds to be reallocated to the population in need. Other priorities as stabilising Senegalese educational system and improve its quality together with the special attention that will be given to the promotion of technical and vocational training at all levels to meet the needs of the labour market will have been declined but it is still too early to estimate the impact.

Senegal has ratified all the most important international instruments pertaining to human rights and children´s rights including the Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention of the Elimination of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and its Optional Protocols on involvement of children in armed conflict (CAC) and on the sale of children, child prostitution and child pornography, the ILO Conventions 138 on the minimum age for employment and 182 on the worst forms of child labour and the African Charter on the Rights and Welfare of the Child (ACRWC). The country is also signatory to the African Charter of human and People´s Rights. Serious gaps remain however for the fulfilment of such commitments and application of these legal obligations.

In 2012 more than 300,000 people have been affected by flooding due to heavy rains during August and September throughout the country in a phenomenon that happens nearly every year.

**Highlights of Achievements and Lessons Learnt**

***Child Protection***

The overarching child protection program approach is to build strong child protection systems by advocating for coherent mechanisms, structures and services to prevent and respond to child rights violations and protection needs. A holistic approach is promoted at all levels, with a focus on FGM, exploitation, PHP, and sexual abuse.

* Subtheme : Children without appropriate care

Countries/ Partners: Senegal (Action Jeunesse Environnement, Enda Jeunesse Action, OFAD Nafooré); Gambia (Child Protection Alliance, GAMCOTRAP); Mali (Save the Children US); Guinea (Sabou Guinée), Togo (WAO Afrique), MAEJT (regional partner).

* Subtheme : Child Protection in Emergencies (CPIE)

Countries/Partners: Senegal, Benin (RIAH Benin), Burkina Faso, the Gambia, Ghana, Guinea, Guinea Bissau, Mali (AVES Mali), Niger (EIP Nige), Sierra Leone and Togo; Life Relief Foundation, ODHLR, IBCR.

**Key Achievements**

Improved legal framework

Child Protection Program has focused its programming at three different levels: Policy and Advocacy on both Senegalese and regional contexts; capacity building for delivering quality services for child protection and innovative work developed with children as actors of their own protection.

Harmful Traditional Practises FGM and corporal punishment have been the main focus, and there is an increased understanding of issues around FGM of stakeholders’ roles and responsibilities and enforcement of laws banning FGM, translated into:

* A draft bill against FGM submitted by civil society to the Gambian government as a major step towards prohibiting FGM legally;
* 20 municipalities in Mali included FGM in their Economic and Social Development Plans, thereby fostering dialogues on the subject at different levels and between different actors;
* A draft curriculum to introduce FGM in schools has been elaborated and is under test in The Gambia and Guinea.

On corporal punishment

* An advocacy document, “Prohibiting corporal punishment of children in West Africa” Progress Report 2012”, has been made available for actors/countries to support law reform in the region;
* Senegal has adopted a national action plan to ban corporal punishment in all settings whereas the Gambian government has released a similar circular with immediate effect in all schools. Advocacy continues with the other governments in the region.

Strengthening communities and Children

* In six countries (Benin, Togo, Burkina Faso, Mali, Niger, Côte d’Ivoire, ), children and youth from 113 branches of the African Movement of Working Children (MAEJT), have established reporting and referral mechanisms at local and national levels to report incidents of violence and exploitation. Near 69692 children are using these mechanisms as a result of the various trainings they have attended;
* 35 child-led and youths organisations are active in five (5) countries (Senegal, The Gambia, Togo, Guinea and Mali), providing referral services and safe space where children feel confident and empowered to raise their concerns with adults and to assert their rights 2 995 children were reached through that;
* In 5 regions of Senegal, child-led organisations/groups have efficiently contributed to mapping out and analysing existing formal/informal child protection systems. Boys and girls have contributed to raising awareness of- and empowering- communities, to increasingly report and better respond to violence against children;
* Over 115 local child protection mechanisms in 4 countries (Guinea, Senegal, The Gambia and Togo) have increased capacity to prevent and respond to individual cases of child abuse, exploitation, violence and family separation. Near 15 000 children in total could access services in the 4 countries.

On emergencies, local authorities and communities take action to gradually improve their disaster preparedness capacity together with children, whereas the military and police learn how to better protect children in conflict situations:

* Over 1846 refugee children from Côte d’Ivoire received quality services and support through Child Friendly Spaces set up and run by Life Relief Foundation in western Ghana. Services offered include recreational activities, psychosocial support, access to potable water, hygiene, life skills, health and nutrition, and family reunification in Egyeikrom and Ampain camps. . Seven child rights clubs and child protection committees were formed in the camps, where children were educated about their rights, attended school and had leisure in a safer environment;
* As a result of successful child led disaster risk reduction experience, the mayor of Guinaw Rail, a district in the suburbs of Dakar (Senegal) appointed children as members of the floods management committee, only comprised of adults before;
* In 13 communities in Senegal and Togo people now anticipate flood-related risks by taking weather information into account when planning daily activities. Children contribute to this system by conducting risk assessment on communities’ vulnerability and educating them;
* National armed forces in Sierra Leone and the Gambia have put in place child protection units to address child rights issues in the army. A core group of 135 military trainers have been trained in five countries (The Gambia, Sierra Leone, Benin, Mali and Niger) who in their turn deliver child protection trainings;
* In collaboration with the International Bureau for Child Rights (IBCR) 2 key documents were developed on the situation of child protection and police practice in Senegal, Guinea and Togo: an inventory of regional and national legislations relating to police practice and children’s rights and, a general framework of the situation of child protection and police practice. In all three countries, academies as well as Police and Gendarmerie authorities have committed to integrate the child protection module in their curricula.

**Lessons learnt**

* Community level organizations are crucial for child protection: they are the first and most of the times the main actors that intervene to protect children. Committees have shown that the eradication of all forms of violence against children can be accelerated when community members are not only informed about and motivated for the efforts, but are also actively involved in it;
* Involving security forces in sensitization allows to create a real accessible and proximity police that will guarantee human security and access to justice for the most vulnerable.
* As a grassroots organisation set up by child workers for child workers, MAEJT can serve as a model for an effective child/youth led civil society actor. It has strong links to informal protection systems that already exist in communities and therefore has an excellent grasp of the realities of working children’s lives and the challenges they face. They are a striking demonstration of how effectively children and youth can act for their own protection thus it is important to ensure that community actors such as MAEJT and their approach to child protection are better recognised as important stakeholders in national child protection systems building.

***Child Rights Governance (CRG)***

CRG program ensure that selected West African states increasingly apply the CRC, the ACRWC and other regional and international human rights instruments, while civil society organizations play an active role holding the governments accountable and empowering children to claim their rights.Technical and financial support has been given to 6 national child rights coalitions in order for them to lobby for the States parties to submit timely quality reports (including children’s experiences), advocate for the *General measures of implementation* such as improved legislation, resource allocation, coordination mechanism and data collection and to write quality complementary civil society reports. Support is also given to a regional platform (UWAC, the West African child rights Coalitions), in order to influence regional bodies such as ECOWAS, AU and the West Africa Economic and Monetary Union to highly consider children’s rights. Joint efforts are made to support the African Committee of Experts on the Rights and Welfare of the Child’s visibility and facilitate its connection with civil society for valuable consideration.

* Actions covering Senegal (CONAFE), Guinea (COLTE), The Gambia (CPA), Niger (CONIDE), Togo (FODDET), Ghana (GNCRC) and ECOWAS space through partnership with UWAC over the region;
* 1589 persons (out of them 725 are children) in Senegal and 1005 (out of them 577 children) in the region are directly reached by the partners’ activities and 5 400 000 persons in Senegal and 3 383 061 persons in the region indirectly reached through sensitization and media activities;
* 50% of our target countries have developed their child informed supplementary reports (3 out of 6). Guinea, Togo and Gambia coalitions have strongly demonstrated influence respectively by pushing to get the State ACRWC Initial Report and functioning operational child rights coordination mechanism.

***Key achievements*** thanks to partners’ advocacy work:

* Niger has produced its initial report on the CRC second protocol on sale and prostitution of children and has finalized its 3, 4 and 5th periodic report;
* Guinea State has submitted its initial report to the ACERWC;
* A child rights coordination committee is set up in Gambia;
* A national consultative council is set up in Togo to coordinate all child rights interventions;
* Guinea and Gambia coalitions have produced their complementary reports on CRC including children’s views. COLTE has presented and defended its alternative report in Geneva;
* In Senegal, a child-friendly supplementary report is drafted by 30 children trained on data collection by CONAFE. This report will be submitted to the Human Rights Committee for the Universal Periodic Review process in March 2013;
* Dissemination of the Concluding observations on the second protocol Togo State’s report and the ACERWC final recommendations on the Niger State’s report by the national coalition;
* ECOWAS Gender department has given strong support to the African Committee of Experts for the Rights and Welfare of the Child thanks to SC’s lobby activities;
* Together with UNICEF, training tools for child rights planning and budgeting are customized to fit partners’ needs in training local governments on integrating children’s rights in local development plans and budgets;
* 16 members from FODEET (Togo), 25 from CONIDE (Niger) and 104 local elected stakeholders from 3 municipalities in Senegal have been trained on child friendly budgeting and monitoring;
* 40 local elected advisors from 6 municipalities in Niger have been supported to increase the social services budget from 0, 36% to 0, 8%;
* Through the OCD support four partners (WAO Afrique, COLTE, CONAFE and CPA have improved their communication, HR and project management capacity. Two of them have carried out strengths and weaknesses’ assessments and developed strategic plans;
* French version of UPR publication and of CSO guide “Advancing Children’s Rights” second edition are available;
* Evaluation of partnership with CONAFE has been launched to determine the extent to which CONAFE has met SC's programmatic intent after 8 years of collaboration. The final report shall be available in 2013.

***Lessons learnt and Recommendations***

* Ensure that OCD plans are well planned and efficiently resourced;
* Technical assistance on CRG is needed in terms of: programming, monitoring and evidence-based results; capacity building; facilitating knowledge management
* Ensure that coalitions get the appropriate support so that they can deliver both short and long terms results while developing their potential to achieve large-scale change in children’s lives;
* Continued child rights training as well as project and organizational support is needed for the coalitions to become sustainable;
* Reinforce support in developing and implementing consistent advocacy plans for coalitions;
* Ensure that appropriate M&E tools, methodologies and guidance are given to the partner so that they can consistently report against SCI requirements (Total reach, Advocacy measurement Tool and Global indicators).

***Education***

The goal of education intervention was to influence States and other education actors to grant access to quality education to the most vulnerable children. The Inclusive Education (IE) project has been build on SC past experiences and lessons derived from the pilot projects to further the agenda of children with disabilities’ education in the selected countries and beyond. It encompasses a number of actions to ensure that children with disabilities have equal access to quality education.

* In Senegal the partner works for relevant adaptations to be made in school infrastructures and learning materials so as to accommodate children with disabilities;
* At regional level (the Gambia and Burkina Faso),through a partnership with ANCEFA, inclusive education champions were build amongst parliamentarians, journalists, community based organizations (including children’s participation) to valuably support changes in the target countries.

***Key achievements***

In Senegal

* 5 selected schools were equipped with facilities (ramps, adapted toilets and learning schools materials) to accommodate children with disabilities;
* The school’s environment has been child friendly prepared for 4 000 children and 40 new enrolled disabled children who now enjoy their right to quality education towards an improved learning-teaching methods in the classrooms;
* Parents are now ready to openly participate in public debate on inclusive education issues and call by themselves the Government for action thanks to the Student’s Parents’ Association in each school;
* Signature of the decree for the application of the orientation social law enabling persons with disabilities including children to fulfill their rights, thanks to COSYDEP and ANCEFA’s advocacy efforts;
* A special advisor is appointed by the President of the Republic for people with disabilities’ issues and another technical advisor is appointed for inclusive education based in the MoE;
* About 14 Senegalese and Gambian singers have been involved in the creation of a music single on inclusive education named “Different but Together” that is being used in all public debate and advocacy activities related to children’s with disabilities right to education.

In the Gambia

* The Ministry of Education is piloting a project on Conditional Cash Transfers (CCT) for children of the Daaras (informal Islamic Schools);
* Approximately 200 new schools are being built with ramps;
* Brail machines for GOVI Lower Basic School are procured by the Ministry of Basic and Secondary Education under the Fast Track Initiative Project geared towards assisting the visually impaired in learning;
* The Gambian Government has ratified the Convention on the Rights of Disabled Persons.

In Burkina Faso

* Medias’ valuable contribution has conducted the actors to develop argument and strong messages in favour of excluded children’s right of education;
* The youth parliament has actively being involved in influencing both the candidates to the National Assembly and municipalities during the electoral campaign;
* A new Education Bureau is born and Inclusive education is in the top of its agenda thanks to ANCEFA’s member advocacy activities;
* Inclusive education is integrated in the Burkina Faso new Education Development Program.

At the regional level

* Monitoring mechanisms for conventions, policies and budgets tracking, champions of Education among parliamentarians, Medias and children are in place in Senegal, in Burkina Faso and in the Gambia thanks to the ANCEFA advocacy work;
* ANCEFA has influenced the French speaking West African MoE to prioritise Inclusive education by improving equitable access for girls and children with disabilities;
* The African Union members States have committed to pay more attention to these issues, to adopt inclusive education policies and address related challenges and to increase funding for education and ensure better management of resources. ANCEFA has integrated the monitoring group to follow these commitments.

***Lessons learnt and recommendations***

* Working with strategic groups as children, parliamentarians, journalists and Persons with Disabilities Organizations has fully contributed to the local ownership and sustainability of the project;
* Changing the mindset and behavior of society is crucial to ensure that quality inclusive education is accessible to all. Community and family awareness and child participation has to be taken into account to yield positive results. Behavior change is an ongoing process that needs long-term continuous investment.

***HIV***

At the national level, the national strategic plan 2012-2015 is ongoing and on track. The vision for the new plan is close to the UNAIDS one “Zero new HIV infection, Zero discrimination and Zero died related to HIV AIDS. Senegal, signatory of the Declaration of engagement on HIV/AIDS informs the indicators of the UNGASS. The UNAIDS annual report 2011, states that indicators 13 about the level of knowledge of the HIV by the young people and 15 about the age of the first sexual relationship, respectively reveals a persistence of the false beliefs compared to the transmission of the HIV. The results of EDS IV show that 10% have sexual relations before 15 years age and 19% of the young girls began their fertile life between 15 and 19 years. The promotion of a favorable environment to an effective and efficient response has been consolidated by the vote of the law on HIV by the Senate and the National Assembly. The application of the law is still pending.

The project aims to create and enabling a friendly environment so that boys and girls can have access to information, counselling and services on sexuality, reproductive health, and HIV&AIDS in order to make informed choices and protect themselves against Sexually Transmitted Infections (STIs) and HIV.

The area of implementation has been Pikine and Guédiawaye (Dakar suburbs), Senegal. The implementation partner has been Synérgie Banlieue.

**Key*/*durableachievements**

* Children and youths of Pikine District including children in conflict with the law under detention in the **“Maison d’arrêt et de correction”** have access to child-friendly information and prevention services on HIV/AIDS and sexuality, in communities, health structures and schools; 1655 children and adolescents in local areas of Pikine have increased their knowledge and ability to control their sexuality and protect themselves from STIs through SRHR education, with a strong focus on the underlying gender stereotypes and access to age-appropriate and non judgemental information. Communities, including selected schools and health centres have improved the quality of services provided to children and adolescents, either on counselling, testing or education. Furthermore, trainings sessions and sensitisations activities carried out by Synérgie Banlieue and his implementation partners of the three sectors (schools, health and communities) permits to reach indirectly 30 000 Girls and Boys. All these stake holders have been involved in many activities for each sector, so as to allow the youth and the children of Pikine District to enjoy their Sexual and Reproductive Health Rights. The project facilitates access to information and knowledge both for the youth and adults trough training sessions and sensitisation activities;
* Services given to teenagers are adapted to their specific needs thank to the increase of educators, teachers and health workers’ knowledge of sexual education learning methods and to the regular sensitization activities on HIV/AIDS, gender issues and SHR Rights. Selected CBO agents, “Mac de Hann” penitentiary guards, health workers and school teachers have increased their capacity to educate children and youths on SRH rights and HIV/AIDS prevention trough training sessions on SRHR and communication skills. These trainings were facilitate by the “Direction de la Santé de la Reproduction” of the Ministry of Health. Then, sensitization activities on HIV AIDS, gender issues, SHR Rights have been carried out at community level and in MAC de Hann.
* “Health Clubs” set up are still playing a key role as peer educators thanks to the reinforcement of their capacity on HIV/AIDS prevention, gender, sexual violence, and SRH. During the former project, funded by the Spanish donors, 15 “Health’s club” were created in order to facilitate peer education in the primary and secondary schools, this year, 17 children from “Health Clubs” in Pikine have increase their knowledge on Media and SRHR. This was to support peer education training on SRHR education and HIV prevention in school clubs and communities and to support child led sensitization on SRHR education and HIV prevention in school clubs and communities.
* The “Servicing point” created in Dominique Health Center within the framework of Spanish donors funded project continue providing information, counselling and testing services to children and teenagers once the project is officially over.

**Lessons learnt and recommendations**

* The integration of the children in conflict with the law permits to reach a huge part of the vulnerable children of the area and most of all to integrate this category of children who are most of the time out of any prevention program;
* The reinforcement in reporting skills of coaching of Synérgie Banlieue has enabled them to access funding from other donors (i.e. FNUAP and ANCS);
* Partner capacity has been increased during its period of being a SC partner. However, and du to the lack of funds once project is over no more actions can be supported by SC without having an exit strategy defined. It would be necessary for the future to ensure that efficient exit strategy is set up when working with partners based on not regular funding.

**Health**

The under-five mortality rate in Senegal is estimated at 75 per 1,000 live births mostly due to easily treatable conditions such as diarrhoea, malaria and pneumonia. Maternal mortality rate is estimated at 410 per 100,000 live births[[1]](#footnote-1) mainly due to complications during childbirth, as many women are delivering without the assistance of a midwife due to the long distance they are forced to walk before reaching a clinic. Many of these deaths are primarily caused by limited access to basic health services; only 9% of children under five are able to receive anti-malarial treatment if they need it.

* The project covers Fatick region (districts of Foundiougne, Sokone, Diofior and Niakhar), Senegal;
* It is implemented through the partnership with Ministry of Health via Fatick Region;
* The objective is to provide increased access to quality healthcare for 60 000 children under the age of five and to 177 000 women of reproductive age during the period 2012 – 2015;
* Focus is given to build the capacity and number of health workforce, improve the quality of care, and support the community and facilitating networks with NGOs and donors and to develop the health information systems.

***Key achievements***

Despite its late start in Q4 due to a delay in the Ministry of Health signature of the Memorandum of Understanding,

* Health workers (nurses and supervisors) have been trained on Extented Immunisation Program and epidemiological surveillance.
* 70% of the Bajénu Gox of Niakhar District have been trained in home care delivery and are now able to deliver essential care for the 3144 “0 to eleven” new born babies. ‘Bajénu Gox’ approach has been specifically designed by the Government of Senegal to tackle some of the major obstacles to improving child and maternal health. This is a community-based method through which ‘Bajénu Gox’ (respected elder women in the communities), conduct home visits and organise public meetings to promote changes in harmful practices and behaviours. For example, they try to encourage community members to seek healthcare at facilities in a more regular and timely manner.
* 20 nurses and supervisors have been trained for the Expanded Immunization Program;
* 20 nurses and midwives have been trained on Neonatal and Maternal Death Audit;
* Community has shown a strong commitment for building latrines. Constructions will be monitored by community leaders (20 leaders identified by the village’s chiefs in 10 villages) and Fatick Hygiene agents;
* A monitoring schedule is planned with the community leaders on a three months basis as to assess the ATCP implementation and impact.

***Lessons learnt and recommendations***

* Involvement of community members is the key to ensure ownership from the beginning of the project. Ownership will have a positive impact on the appropriate maintenance of infrastructures/investments on equipment once the project is over;
* Community members in the target areas will be taught to build and maintain latrines, which are skills that will stay with them long after the project ends;
* The involvement of the Bajénu Gox means that there will be community members with a vested interest in ensuring that skills and knowledge acquired in awareness-raising and training sessions continue to be shared within their communities.

1. **Management and Operational Results**

Key achievements related to the following topics:

* Staffing

At the transition start date, 2 out of 3 SMT positions were vacant: the Finance Director and the Program Director. Both of them were recruited in the first 3 months following the transition start date. From 01st October 2012, all country SMT staffs were on board. However, the country faced unfortunately a high turnover rate and the Country Director resigned in October 2012 and the Program Director left in December 2012.

* Transition

2012 is the transition year for Senegal Country programme into the new SCI structure where Save the Children Sweden Regional Office has transferred the management and implementation of its programs to Save the Children International Senegal Country Office. The new SCI Senegal Country Office has gone live since the 1st of August.

High turnover and lack of process and procedures clearly defined has been a major issue since transition. Program Director was not in place until October 1st and quit on December, 14th, after 2.5 months in place. Country Director in place from go-live date (01/08/12) quit the 19 October, and the role was assumed by a senior manager acting up. Without these two main leading positions filled and without having the necessary systems rolled out, senior managers in place led efforts to facilitate internal processes so that programs could keep going.

Building up the relationship with the Regional Office has also been an issue that has had a risk for the correct roll out of operations. From being an autonomous office with all necessary services and procedures in place we moved to a working system put in place were services such as Logistics, Administration, Human Resources, Fleet Management and Safety and Security were to be shared with the RO. This system being put in place without the necessary resourcing and procedures previously established has had repercussions on both running activities of the offices and even on positions within the CO. By the end of 2012 a clear system was not yet rolling out.

* CAP 2013

The 2013 Country Annual Plan was completed in October 2012. The below themes remain main focuses for next year:

1. *Child protection:* focus on advocating for legal reform and on facilitating the protection system strengthening approach.
2. *Child Right Governance*: The CRG programme will focus on the support Union of West African Coalitions for Children (UWAC) and the national child rights coalitions.
3. *HIV/AIDS*: The HIV/AIDS programme will build the capacity of partner organisations in Senegal, Nigeria and Côte d’Ivoire to provide comprehensive sexuality information and education for children and support their advocacy capacity building for children's early access to comprehensive sexuality information and education and SRH/HIV prevention services.
4. *Health*: In close partnership with the Senegal Ministry of Health at national, regional and district levels focus will be to improve the maternal and child health in 4 districts of Fatick Region (Niakhar, Foundiougne, Diofior, Sokone), to increase health staff number through capacity building and advocacy, to strengthen hygiene committees, equip health structures, increase water supplier and cover latrines

* Proposals development

During 2012 the following proposals have been developed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project** | **Donor** | **From** | **To** | **Amount** | **Cur** | **Status** |
| [SEN Amélioration des conditions de vie des enfants à travers la formation professionnelle adaptée](https://ams.savethechildren.org/_layouts/listform.aspx?PageType=4&ListId=%7b13EE7391-FE08-4B57-9AC4-19167922E65B%7d&ID=3058&ContentTypeID=0x0100418A2D11C05831418B1B26069BD302AB00524F8AB1611C29439F720A8B8B9840DF) | Natura foundation | 01/01/13 | 30/06/13 | 43,100 | EUR | Rejected |
| SEN Lutte contre les Violences Basées sur le Genre (VBG) y compris les MGF | EC | 02/02/13 | 30/04/14 | 100,000 | EUR | Granted |
| SEN SIDA CSO 2013 - 2015 | SIDA | 01/01/13 | 31/12/15 | 20,169,926 | SEK | Granted |
| SEN UN Women Project to fight against FGM in Senegal, Mali, Guinea and the Gambia | UN Woman | 01/01/14 | 31/12/16 | 1,000,000 | USD | On process |
| SEN Violence Against Children | EC | 01/09/13 | 31/08/16 | 1,395,000 | EUR | Rejected |
| SEN\_CPIE\_and\_CP | Radiohjalpen | 01/01/13 | 31/12/13 | 999,067 | SEK | On process |
| UHC | WHO | 01/01/13 | 31/12/13 | 57,000 | USD | Granted |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* MOS

All the departments/ themes related to the country office were appraised in regard to the MOS during the CAP preparation. Actions points were identified anywhere relevant.

* Member internal and external audit and recommendations

Save the Children Sweden external audit took place in September 2012 followed by an internal audit. An action plan was carried out by the internal auditor and by the end of the year. About 95% of the action points were achieved.

* SCI Trainings

1. NSF training – from August 2012 to October 2012, covering all the country Finance staff
2. Agresso training – from August 2012 to mid-September 2012 for all Finance staff
3. AMS training – provided to all country support and technical staff
4. M& E training – for Program Staff
5. Communications – for Member services staff

|  |  |  |
| --- | --- | --- |
| **Theme** | **Actual spend 2012 ($)** | **Comments** |
| Education | 77,230 | Part of the budget was for co-funding the Inclusive education and was not spent till the end of the year due to delay in project implementation. |
| Child Protection | 719,593 | One SOF budget under this theme was wrongly increased by over 400,000 USD. In addition, over 100,000 USD under partners' budgets wasn't paid. |
| Health | 63,399 | Late start of the project 6860001 due to delay in signing the MoU by the MoH |
| HIV / AIDS | 47,421 |  |
| Nutrition |  |  |
| Livelihoods |  |  |
| Child Rights Governance | 246,758 |  |
| Humanitarian |  |  |
| Non-thematic/ Non-progr ammatic | 271,225  30,783 | *Mainly Salaries*  *Mainly office cost* |
| **Total** | *1,456,409* |  |

1. **Financial Results**
2. **Annexes**

Attached following annexes:

Annexe A: Total reach

Annexe B: Global Indicators

Annexe C: Advocacy Measurement Tool

Annexe D: Evaluation Overview

Annexe E: Case Studies

1. UNFPA, 2011, The State of World’s Midwifery [↑](#footnote-ref-1)