Save the Children: *SENEGAL*

Country Annual Plan

For overall Country Strategy, please refer to *Senegal* Country Strategic Plan 2013 - 2015

**I. Summary and Context**

* 1. **Overall Annual Goals**

The overall goal for the Senegal country office is to deliver programs which have more benefits for children in terms of saving lives and providing access to quality service, o have stronger collaboration with partners and stakeholders in delivering our programs and to demonstrate a high return on funds invested.

In 2014, the Senegal CO will work to develop its national programming while strengthening its operational platform and strategically developing programming in education, health and livelihoods with clear links to its well-developed Child Protection and Child Rights Governance programs.

Internally the Senegal CO is focused on building on the SCI structure to ensure greater accountability at all levels and ensures that the voice of children is integrated into key decisions where appropriate. The CO will invest time and resources to ensure that performing staff are developed and retained.

* 1. **Changes in Country Strategy (optional section)**

As this annual plan for 2014 was developed immediately after the Country Office finalized its Country Strategic Plan 2013-15, there is no change to the Strategy.

* 1. **Country Context**

This Country Annual Plan (CAP) integrates both Regional programs as well as the Senegal program managed by the Senegal Country Office and is aligned with the Senegal Country Strategic Plan (CSP) and will accordingly refer to different West and Central African (WCA) countries in this section. This sub-region has seen significant political change between mid-2012 and 2013 with consequent insecurity arising as a result of conflicts and shifts in power. The external context of this region therefore has had a significant impact on the children who are the first to be affected in difficult times.

In terms of political stability the legislative elections in Guinea, new Parliament settled in Togo and planned local elections in Senegal in March 2014 may imply a review of the policies, advocacy work and capacity building of government officials especially at local level could be affected. This in turn could have an impact on the delivery of our programs. This changing political context will require watching and follow while adjusting our strategy to take in the changes in government. It is also likely to bring new opportunities of cooperation in the areas where Save the Children operates.

In Senegal, the decentralisation process enters its third phase. Once again this could have an impact on our delivery as the stakeholders we are work with may change as well as the governance structure through which policies will be implemented. The impact of Unions on information and data sharing especially in the Health and Education sectors, continue to be important. To be noted though that the strike relating to the Health system was declared over in April 2013 while the situation related to Education has not improved compared to previous years.

The Malian context has had a significant impact of displaced children. According to World Vision at least 21,000 children were living in the areas affected by fighting. No specific analysis or statistics are available on the numbers that have been displaced and on the move. The Sahel food crisis continues to impact children, the UN estimating 4.9 million children younger than 5 to be acutely malnourished across the Sahel including parts of Senegal. Flooding has once again become an issue in Senegal with rainfall on an increasing trend (2013 affected population data to be confirmed).

The external context in which SCI delivers its programs continues to be extremely difficult and challenging and clearly there is much that we can do as an organization in order to get the region’s children to a situation where they can be safe and have the right opportunities to live and grow.

* 1. **Internal Context – Management and Operational issues**

On August 2013 the Senegal Country Office completed its first year since transition to SCI. As a country program, the Senegal CO has a current portfolio of 5 M USD of regional and national programs and since the transition has been facing a lot of internal change and instability.

Since the beginning of 2013 there have been 2 country directors leaving their post and 3 SMT positions plus that of Country Director vacant. The rapid change in management and leadership styles was extremely challenging to the team, and specially affected their morale and ability to deliver at the level necessary for a regional program. It turned out to be quite difficult to identify the right PDQ director from the beginning of the year. This problem was finally solved in June 2013 with the PDQ director in post from August 18, 2013. Through these past months, the program staff have tried to take on responsibilities to fill the strategic gaps, but until the end of the second quarter, progress on program delivery, oversight of partners and strategic planning have been quite slow.

The Country Director in position until May 2013 for 5 months, led the Senegal team to share office premises with the WCA regional office. The Senegal office moved to its new location in mid-August 2013 and will seek to have a more efficient and cost effective local operations through shared services between the Senegal and regional offices which are based in one location. The regional office also designated the deputy regional director as the interim country director who has been working to improve the delivery of the Senegal program through improved team spirit and collaboration in a transparent and accountable management model. his has been a step towards the stabilisation of the team and building a vision through the preparation of the Country Strategy for 2014 and 2015. The development of SMART objectives and goals has been key in ensuring that the Save the Children mission is accomplished while the country office moves to a new way of working compliant with SCI procedures.

**II. Thematic Objectives –**

**Child Protection –**

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective**  | **Expected results for next year** |
| **All** | Children in Senegal, Ivory Coast, Gambia, Guinea, Togo, have increased access to quality protection preventive and response services  | 1. National child protection systems are strengthened in Senegal and target countries in West Africa. (This system approach underlines and supports all the protection work of SCI in Senegal)
 |
| **Children without appropriate care** (19) | Children at risk of separation or without appropriate care including children on the move and their families will have increased access to quality preventative and remedial interventions (Senegal, Guinea, Togo)Policy and legislative framework that protects children on the move is approved and implemented (Senegal, Guinea, Togo) | 1. Child protection actors of Senegal and Gambia have increased their cross border coordination in Save the Children intervention areas
2. Targeted families have increased their awareness on how to prevent separation and promote the benefits of family based care in Dakar, Kolda, Kaolack, Ziguinchor, Saint Louis and Tambacounda.
3. 2,500 girls and boys in the SC intervention areas have the knowledge and skills on how to protect themselves from different forms of violence through a rights-based approach
4. Child led protection mechanim is used more systematically in Senegal and Cote d Ivoire as an effective way to increase access and quality of protection services
5. A regional position paper on Talibés is developed and validated by Save the Children in Senegal and a national advocacy strategy on Talibés is endorsed by partners
6. Interagency collaboration and advocacy for safe migration of children on the move is supported in Senegal and Guinea
7. Save the Children has documented successes and best practices in 2 protection projects
8. The Government of Senegal has adopted a Child Protection Policy which supports a family based care approach and considers the guidelines on alternative care of children.
 |
| **Physical and Humiliating Punishment** (21) | Parents and teachers in Save the children interventions areas demonstrate improved knowledge/skills and practice of positive discipline | 1. Positive discipline practices are integrated into Save the Children programs
2. Save the Children has designed a communication and behaviour change strategy based on the findings of a KAP survey
3. A campaign to ban corporal punishment is implemented in Senegal and Gambia
 |

|  |  |  |
| --- | --- | --- |
| **Sexual and Gender Based Violence** (24 and 25) | All children targeted in our SGBV program in Senegal, Gambia and Guinea have access to quality and innovative prevention and response services on Sexual Gender Based Violence (SGBV) and Harmful Practices (HP).  | 1. HP and SGBV modules are mainstreamed into other child protection initiatives implemented in the country (Children without appropriate care and sexual and PHP);
2. 4,500 people in targeted communities have an increased awareness of existing services for victims of SGBV and harmful practices
3. 1,500 children exposed to SGBV and harmful practices have increased access to quality formal protection services as per SCI quality standards in Guinea, Gambia and Senegal (psychosocial support, judicial assistance, and health care and reintegration within their communities in target areas)
4. Save the Children has documented successes and best practices on SGBV and harmful practices
 |
| **Children and work** (22) | Children are better protected from harmful work and unsafe migration Burkina Faso, Benin, Mali, Ivory Coast, Niger, Togo  | 1. 80,000 children engaged in harmful work and children on Move and their care givers in six countries (Burkina Faso, Benin, Mali, Ivory Coast, Niger, Togo) know child protection mechanisms in “their Environment”
2. Children and families in 50 communities in Burkina Faso, Benin, Mali, Ivory Coast, Niger, Togo are aware of the importance and means to create a safe environment for children in harmful work and in mobility
3. The African Movement of Children and 20 young workers associations have the capacity to prepare for, reduce risks of, and respond to emergency situations in two countries.
 |
| **Child protection in Emergencies** (27) | Children, families, and communities in Save the Children target areas are able to identify and know how to prevent child protection risks in emergency context.Military and police personnel including peacekeeping contingents in West Africa have acquired knowledge and skills to better protect children from grave violations | 1. Save the Children and its partners have Improved their skills on Child protection in Emergency (CPiE), CPiE minimum standards and Humanitarian Accountability Principles;
2. Community and child Led Emergency response and Disaster Risk Reduction plans are in place in Guediawaye, Pikine, and Guenyawe rail
3. 3 target urban communities are better prepared to respond to flooding with a child protection approach through simulation exercises, early warning systems, risk mitigation strategies, and stockpiling of resources.
4. National armed forces of Senegal and Côte d’Ivoire have put in place child protection units to address child rights issues
5. The Peace Keeping Training institutes in West Africa have integrated child rights and child protection module in their curricula
6. Police and gendarmerie academies in Togo, Guinea and Senegal have adopted core competencies to better address children protection in their training curricula
 |

**Child Rights Governance –**

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective**  | **Expected results for next year** |
| **CRC Monitoring** (15) | Improved accountability of regional bodies, national and local Governments and other key actors in selected countries for their commitments and obligations to child rights, as results of child and human rights monitoring. | 1. Key Stakeholders including private sector in Save the Children’s interventions areas demonstrate their commitment on child rights
2. The Coalition Nationale des Associations et organisations en Faveur de l’Enfance (CONAFE) of Senegal has developed an operational child rights monitoring mechanism and an effective communication plan
3. Save the Children and its partners have identified areas for CRG development in Senegal ,the Gambia and in Guinea through a participatory CRG analysis with CRGI support
4. The national Child Rights Coalition of Guinea has advocated for the implementation of at least 3 recommendations to the African Charter of the Rights and Welfare of the Child
5. 3 national coalitions have submitted timely complementary reports on UNCRC (Niger) and UPR (Gambia and Guinea).
6. The 6 partners of Save the Children on CRG comply with Save the Children’s Child participation keys standards in all their activities
7. Guinea and Gambian national child rights Coalitions have developed an effective advocacy plan on Child rights and human rights Committees recommendations
8. The Economic Community of West African States (ECOWAS) has integrated the African Charter on the Rights and Welfare of the Child in its policies and recommendations to States
9. ECOWAS, the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) and 6 West African national child rights coalitions have increased their collaboration on children’s rights fulfilment through joint missions, technical support, and at least one annual meeting.
 |

|  |  |  |
| --- | --- | --- |
| **Strengthening National Systems** (16) | At least 3 SCI supported Child Rights Coalitions successfully advocate for establishment of institutions with adequate resources as children-budgeting and other necessary measures to implement the UNCRC in line with its General Measures of Implementation. | 1. A child friendly budget is elaborated and monitored in 12 municipalities as per “Investment in Children” principles in Senegal, Guinea and the Gambia
2. Children are effectively engaged in local governance through CRG partners’ interventions in at least 10 municipalities in Senegal, Togo and Guinea
3. Save the Children and its partners in Senegal, Guinea and the Gambia have developed advocacy plans for legal reforming to better align with the Convention of Child Rights
4. A comprehensive Children’s Act, Statute or Code compliant with the CRC is formally approved in Senegal
5. An operational national Child Right Committee is in place in Ghana
6. ECOWAS’ awareness and understanding on children’s rights and child friendly budget is increased
 |
| **Building awareness and capacity** (17) | Capacity of Save the Children civil society partner organisations to promote and defend children’s rights is strengthened.  | 1. The 6 partners of Save the Children on CRG have integrated the SCI values and standards in their work for greater impact
2. Save the Children in Senegal shows its CRG work and added value (documentation, case studies and communication)
3. 6 civil society organisations have strengthened their knowledge and skills to engage with the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) and other bodies of the African Union
 |

**Education –**

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective (from CSP or humanitarian response strategy)** | **Expected results for next year** |
| **Basic Education** (01) | Save the Children is positioned to advocate for and implement programming designed to increase access to and learning outcomes within basic education. | 1. Save the Children in Senegal has conducted an in-depth analysis of obstacles to access to basic education for boys and girls in urban contexts.
2. Save the Children has engaged in basic education fora, including the Education Sector Working group, on a regular basis
3. Save the Children has conducted at least one internal workshop on incorporating learning outcomes into programming.
 |
| **Adolescent non-formal education /  initiatives** (03) | Save the Children is positioned to advocate for and implement programming designed to increase access to high quality non-formal education programmes for adolescent boys and girls in rural and urban settings. | 1. Save the Children in Senegal has identified a strategy with priority actions for adolescents based on existing needs and priorities for adolescent boys and girls and their families.
2. Save the Children has engaged with other actors in adolescent education and identified partners for programme implementation.
3. Save the Children has conducted at least one internal workshop on education programming for adolescents.
 |
| **School health and nutrition** (05) | Save the Children is positioned to advocate for and implement programming designed to ensure that boys and girls in formal and non formal education programmes have access to appropriate and effective health and nutrition interventions. | 1. Save the Children in Senegal has identified principal health and nutrition deficiencies faced by children and adolescents in targeted areas and has developed a School health and nutrition (SHN) strategy for addressing those deficiencies.
 |
| **Vocational education** (06) | Save the Children is positioned to advocate for and implement programmes designed to increase access to high quality vocational training for boys and girls in urban contexts. | 1. Save the Children in Senegal has conducted an in-depth analysis of existing vocational training opportunities for adolescent boys and girls in targeted urban communities, as well as substantive market analysis.
 |

**Health –**

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective** (from CSP or humanitarian response strategy) | **Expected results for next year** |
| **Maternal and newborn health and Child health**(08 and 09)  | Improve quality and access to community and government primary health care, reproductive and maternal child services of 60,000 children less than five years and 89,269 women in target regions. | 1. 130 health workers in 4 districts of Fatick have strengthened their skills and abilities to give improved quality care to children and women
2. Referral health structures in 4 districts of Fatick are upgraded with medical, laboratories and logistics equipment
 |
| **Maternal and newborn and Child health** (08 and 09)**(WASH component)** | Prevent new born and childhood diseases and improve the quality of treatment of malaria, ARI, diarrhea in the target areas. | 1. 70 health workers involved in the expanded program on immunisation have used “advanced immunization strategies” in 4 districts of Fatick
2. At least 3,000 mothers in Niakhar District have increased their skills in child and new born care through competent and skilled Community Health workers
3. Communities in 4 districts of Fatick have increased their access to hygiene promotion, safe water supply and latrine coverage (by 80% to 100%)
 |
| **Prevention of HIV**  (37) | Improved knowledge on sexuality and safe sex practices among children and youths in Senegal for protection against HIV/AIDS | 1. Three partner organizations have increased their technical capacity to mainstream the process-oriented approach and deliver comprehensive sexuality education in their programs
2. Three partner organizations have increased capacity to advocate for and influence children’s access to comprehensive sexuality information and child friendly reproductive health services
3. Children in the project intervention areas have been reached with comprehensive sexuality education / information with the process oriented approach
4. The comprehensive sexuality education / information program is mainstreamed in Save the Children child protection, health, child rights governance and education programs
5. All the staff from the Senegal Country office have increased their knowledge on the process oriented approach to comprehensive sexuality education / information
 |

**Health - EVERY ONE campaign –**

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective**  | **Expected results for next year** |
| **Other Health** (11) | Advocate for an enabling policy environment that promotes Universal Health Coverage and supportive health financing policies to ensure equity in health and increased quantity and quality in human resources for health  | 1. A strong multi-stakeholder platform is in place which advocates on Universal Health Coverage in Senegal
2. Save the Children has strong links to the CACMU (Department of Ministry of Health) through the implementation of the communication Plan
 |

**Nutrition –**

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective** | **Expected results for next year** |
| Other nutrition (14) | Position Save the Children and its partners to prevent chronic and acute malnutrition in urban and rural areas through sustainable health and nutrition programs | 1. An analysis of the situation of nutrition in Senegal is conducted
2. A mapping of stakeholder working in Senegal on nutrition is produced
3. Save the Children and its partners have increased skills to develop nutrition programs, including advocacy for nutrition
4. Save the Children is an active member in platforms on nutrition at the national level and in areas of intervention
 |

**Livelihoods** -

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective** | **Expected results for next year** |
| Other Livelihoods (43) | Initiate the country office programme of work and expertise in Food security and Livelihoods | 1. One national technical position secured, trained and leading on all sector development activities
2. Complete stakeholder and situation analysis determining geographical areas of intervention
3. Draft of Food security and Livelihoods sub strategy linked with other thematic sectors.
4. Unrestricted funding is solicited from members to undertake field assessments in targeted geographical areas and fund the national technical position
 |

**Humanitarian** –

|  |  |  |
| --- | --- | --- |
| **Subtheme** | **Planned objective**  | **Expected results for next year** |
| **Preparedness, prevention and risk reduction** (32) | Capacity of Save the Children Senegal CO to reduce children’s vulnerability to humanitarian crises is strengthened  | 1. Save the Children program staff and SMT are trained on DRR and emergency preparedness by Regional office and Save the Children
2. The roles and responsibilities of Save the Children staff and SMT in emergency/ recovery have been clarified with the support and training of the Regional Office
3. A Disaster Risk Assessment in SC areas of intervention is carried out to understand what disaster or climatic risks are present in the country and areas of programming
4. Participation in strategic network and coordination mechanism is increased, including in relations with the Household Economic Approach project.
 |

**Global Indicators**

|  |  |  |  |
| --- | --- | --- | --- |
| **Theme** | **Global Indicator** | **Requirement** | **Will report for 2014 CAR** |
| Child Protection*(contact:* *meri.ghorkhmazyan@gmail.com**)* | Utilisation of child protection services: % of children and caregivers in a 12-month period who have used prevention or response interventions delivered or supported by Save the Children | Mandatory if relevant | ***Yes*** |
|  | Quality of services: % of prevention and response interventions supported by Save the Children which meet quality standards | Mandatory if relevant | ***Yes*** |
|  | Child Protection Legislation and Policy Change: # of countries where 1 or more policy or legislative changes to improve children’s protection rights in line with the CPI priority areas has taken place in the last 12 months with the support of Save the Children | Mandatory if relevant | ***Yes*** |
|  | OVC: % of OVC receiving services that address priority needs | Mandatory if relevant | ***No*** |
| Child Rights Governance*(contact:* *Brynjar.Sagatun.Nilsen@reddbarna.no* *)* | Supplementary reporting:% of countries in which child-informed supplementary reports are being prepared or have been submitted by civil society partners and children’s networks supported by or partnering with Save the Children | *Mandatory if relevant* | ***Yes*** |
|  | Child rights policy change: # of countries where 1 or more policy or legislative changes for children’s rights (e.g. Independent bodies/ ombudsperson or State monitoring mechanism/ State data collection mechanism introduced) has taken place with the support of Save the Children | *Mandatory if relevant* | ***Yes*** |
|  | Child rights coalitions: # of countries where coalitions for children’s rights supported by Save the Children and partners have demonstrated impact or influence  | *Mandatory if relevant* | ***Yes*** |
| Education*(contact:* *Nitika.Tolani-Brown@savethechildren.org**)* | Quality learning environment: % of Save the Children Basic Education /Early Childhood Care and Development schools/learning sites supported by SC that achieve 4 guiding principles to quality learning. These guiding principles state that SC supported learning environments: meet the emotional and psychological needs of learners; are protective of children’s physical wellbeing; encourage and support active engagement for learners, child-centered teaching, and improved learning outcomes of all learners; and actively involve parents and local communities in planning, decision-making and action to improve education | Mandatory if relevant | ***No*** |
|  | Learning Outcomes: % of Basic Education students in a representative sample schools/ sites supported by SC, that achieve mastery of literacy in the language of instruction (P) (Specific methodology for this indicator is still being finalised. See Education Global Initiative annex for more information) | Mandatory if relevant | ***No*** |
| Health and Nutrition *(contact:* *kbowles@savechildren.org**)* | Health workers: # of health care workers who complete pre-service or in-service training in defined list of priority child health and nutrition topics using standardized curricula.  | *Mandatory if relevant* | ***Yes*** |
|  | Curative health: # of cases of malaria, pneumonia, acute malnutrition and diarrhoea among children under five treated through Save the Children supported activities or facilities.  | *Mandatory if relevant* | ***No*** |
|  | Preventative health: # of children under 5 years accessing a high-impact preventive intervention through Save the Children supported activities or facilities (either skilled-birth attendance and/or DPT3 / Penta-3 immunisation). | *Mandatory if relevant* | ***Yes*** |
|  | Social transfers: # of households receiving a social transfer product (food, NFI, cash, voucher) designed to protect, restore, or grow the household asset base through Save the Children supported activities. | *Mandatory if relevant* | ***No*** |
|  | Prevention 1: Number and % of young people at higher risk of HIV reached by Save the Children supported prevention programmes who show care seeking behaviour by utilising key preventive services in those same settings. | *Mandatory if relevant* | ***No*** |
|  | Prevention 2: % of targeted children in SC project area (program participants) who can correctly identify ways of preventing the transmission of HIV and who reject major misconceptions about HIV transmission | *Optional, countries can choose to report it if they have relevant programming and data* | ***Yes*** |
| EVERYONE Campaign*(contact:* *nicola.chevis@savethechildren.org**)* | Costed National Plans are in place that address Maternal, Newborn and Child mortality (this can include plans to resource a minimum package of direct interventions, across the 0-5 age group and pregnant and breastfeeding mothers, for example) | *Mandatory if relevant* | ***Yes*** |
|  | Agreed strategy, commitment, policy or bill to address malnutrition equitably (this can include National stunting targets or signing up to the SUN Initiative, for example) | *Mandatory if relevant* | ***No*** |
|  | Amount of government resources allocated and spent on MNCH or primary health care (in line with the Abuja target of 15% of total government expenditure on health)  | *Mandatory if relevant* | ***No*** |
|  | Agreed strategy, commitment, policy or bill to strengthen Human Resources for Health (this can include for the training of Health Workers, for example) | *Mandatory if relevant* | ***Yes*** |
| Humanitarian*(contact:* *hcrowe@savechildren.org**)* | % of affected children who’s needs have been met by Save the Children humanitarian responses | *Report only if targeted CO. CO will be informed within one week of categorization of new humanitarian response if they are targeted.* | *FYI only* |
|  | % of affected children reached by Save the Children humanitarian responses that strive to meet international quality standards | *Report only if targeted CO. CO will be informed within one week of categorization of new humanitarian response if they are targeted.* | *FYI only* |
|  | % of children and adults reached by Save the Children humanitarian responses reporting satisfaction with the SC response | *Report only if targeted CO. CO will be informed within one week of categorization of new humanitarian response if they are targeted.* | *FYI only* |
| Child Participation*(contact:* *marta.arranz@savethechildren.org**)* | % of Save the Children-supported projects ended that year, involving child participation and complying with the SC Practice Standards voluntary, safe and inclusive. | *Mandatory if relevant* | ***Yes*** |

**III. Quality Framework Improvement Plans**

This section has been completed online.

**IV. Overview of Costs and Funding (secured, likely secured, pipeline and non-award funding) –**

See Master Budget

**V. Overall Risks and Mitigations**

**Strategic and Operational Risks and Risk Management**

|  |  |  |
| --- | --- | --- |
| **Risk** | **Resulting Effect** | **Existing Key Mitigation** |
| **CO unable to improve on and grow programming  while waiting for stability in leadership for the Country Office** | Lack of confidence in leadership of CO creating inability of program and support staff to get the direction they need to resolve existing gaps and getting the leadership they need to  deliver on their strategy and drive growth | The SMT and  its processes in place, operating and leading the necessary strategic, operational and cultural changes; Staff accountability based on objective-oriented job descriptions. Focus on a results based delivery. |
| **Under-delivery, disallowance, fraud and reputational risk due to weak partnership management**  | \*Lack of clear partners’ selection criteria, including renewed grants for existing partners\*Lack of clarity on partners sub-granting to other implementing organisations \* Weak financial and programmatic monitoring procedures, including baselines | Review selected on-going partnership and apply new tools for selection of new partners; Completion of partner capacity assessments ; Setting up monitoring tools and baselines; Standardize procedures to support partners with follow-up regarding the donor – in line with donor requirements  |
| **Inability to grow portfolio and address the needs of children in Senegal** | SC Senegal will not be able to proactively look for opportunities and grow portfolio due to: weak proposal writing capacity,  no fundraising strategy and delays due to regional TA availability | Develop a country-based Fund raising strategy aligned with Program Department capacity to provide innovative concept note on all thematic in CSP to pursue competitive funding opportunities;Technical and human resources are in place to respond timely to funding opportunities and with quality and innovative proposalsCommunication strategy is developed to support fundraising efforts and facilitate networking and visibility with  Government and key stakeholders; Regional Office made available technical assistance when booked timely and will timely inform if not available so that process won’t be delayed |

**VI. Annexes**

**Annexe A: Master Budget – Excel (SCI centre will prepare this annexe and post on OneNet)**

**Annexe B: Organisational chart –**

**Annexe C: Evaluation Overview – Excel**