**Annual Plan**

Save the Children: *Senegal*

Country Annual Plan

**I. Summary and Overall Annual Goals**

The year 2015 marks the last year of the implementation of the Senegal Country Strategic Plan 2013-2015. For the Senegal CO to meet its current strategic objectives and prepare for 2016+ Strategy, we will put a strong emphasis on three areas.

The first priority is business grow and program development of existing and new thematics as per our CSP, with an expected annual budget of 20% to reach USD 6.2 Mns annually. To do so, we will build on the opportunities that our pipeline under our protection program and the transition of the Mauritania office may bring and expand our existing health program.

Secondly, we need to become a full spectrum office and build our humanitarian capacity (EPP, EWS), based on our existing regional child protection in emergencies programs. The recent Ebola outbreak in West Africa has shown the importance for Senegal to build its capacities in preventing and responding to emergencies.

Finally, we will boost our advocacy work for greater impact and visibility and prepare for 2016+. This will require a rigorous MEAL and several planned evaluations to inform evidence-based decision making and advocacy, and a strengthened communication and documentation of our programs.

Internally the Senegal CO recent restructuring has brought on board a Director of Operations who will be able to significantly strengthen our project and partnership management and oversight the opening of our first sub-office in Casamance and the operations in Mauritania. The SMT will also be strengthen by the arrival of a new Director of Finance.

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

There is no changes foreseen in the Senegal CSP which will end in 2015. Given the current Ebola outbreak, for the sake of planning, an objective on Ebola outbreak prevention and response has been added to this 2015 CAP

* 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.

The region is still experiencing political and social tension in some countries such as Mali (armed Islamic groups), Niger (political crisis due to a conflict between the President and the Chair of the Parliament), Nigeria (Boko Haram unrest), Burkina Faso (regular demonstration because the President intent to modify the constitution so to be able to candidate once more in 2015).

In 2015, presidential elections are planned for Togo, Benin, Nigeria, Burkina Faso and Côte d’Ivoire. This changing political context will require watching and follow up 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 government has taken important initiative to improve the governance: The National Program for Good Governance, and the third phase of the Decentralization. This gives more spaces to the communes, the departments, and the regions.

The Senegalese Civil Society participation in the public affairs is increasing through their led organizations. An example is their involvement in the implementation of the local policies. The National Council of Local Communities’ development definitively includes representatives of private sector and civil society; this is an opportunity to improve the governance regarding child and women’ right.

The President has also launched at the beginning of 2014 the « Plan Emerging Senegal », a program, a program which aims to speed up the economic growth following the economic development objectives of the National Strategy for Economic and Social Development.

Since April 2014, there is an outbreak of Ebola virus disease in Guinea, Liberia and Sierra-Leone, which have borders with Mali, Côte d’Ivoire and Senegal. In Senegal one case imported from Guinea has been reported. If this epidemic in not controlled there is a risk of spreading to other West Countries, with an impact on the current programming.

The EVD has been declared as « a global public health emergency » on August 8th by WHO General Director who also recommends strong preventives action to the neighbouring countries. A roadmap has been also elaborate for technical guidance, coordination, and communication and fundraising.

There is also a plan to transfer SC Spain program in Mauritania under the management of Senegal Country Office; this will be an opportunity for Senegal Country program expend its programs, building cross borders projects and enhance its capacities in new area of programming and develop humanitarian operations.

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**

To meet the needs of Senegal CO program in terms of coverage, quality improvement, managing partnership and introduction of new thematic such as Food Security/Livelihoods, Nutrition and Health, and to better respond to our dual mandate, a new structured has been designed, even if there are funding gaps to cover some positions.

At the SMT level, an Operation Director has been recruited because of the workload of the

PDQ leading on both programs quality as well as implementation. As a result both areas were stretched. The separation of the operations duties from the PDQ will allow to focus on programme design, portfolio growth and Quality (which include proposal development). The move of the implementation to the Director for Program Operations will greatly improve the quality in implementation plus our latitude to expand our programs; however this was difficult with the current programme leadership.

The Finance Manager position shifted to Finance Director, to have a more strong finance leadership and build the finance team capability.

To enable the CO program to expand, there is a need of technical skills in new thematic area, so position are created for Food Security/livelihood, Nutrition, Education, and advocacy and proposal development.

The humanitarian will fall under the Operations, and the CO will ensure that a staff is participating in all the humanitarian coordination meetings and frameworks.

The first sub office will be opened in Casamance region that will lead the CO to increase its capabilities in terms of logistics and security standards, as SC in Senegal has more a history of regional/multi-country programming through partners.

In 2015, the Senegal CO may also adapt its functioning to take into account the management of Mauritania country program which was until now managed by SC Spain. The reflexions are ongoing to see how to transfer this program.

**II. Thematic Objectives**

**Thematic**

**Child Protection –**

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| **Subtheme** | **Planned objective** | **Expected results for next year** |
| **All** | By 2015 Save the Children in Senegal significantly contributes to increased access to quality protection preventive and response services for children in target countries in West and Central Africa | 1. National child protection systems are strengthened in Senegal and in the 8 targeted countries (Benin, Burkina, Gambia, Guinea, Ivory Coast, Mali, Niger and Togo) through improved quality services and coordination between formal and informal actors at local levels 2. Save the Children staff have strengthened their understanding of the “Men and Boys Engage approach” and their capacity to mainstream it in our programs   (This system approach underlines and supports all the protection work of SCI in Senegal) |
| **Children without appropriate care** | 1. Families have been directly supported to prevent separation and promote the benefits of family based care.  2. Effective alternative family and community based care models have been implemented, monitored and brought to scale.  3. Government of Senegal has adopted a child protection policy which highlights the importance of family based care  Regional Dimension:  4. By 2015, children at risk of separation or CWAC including children on the move and their families will have increased access to quality preventative and remedial intervention  5. A policy and legislative framework that protects children on the move is approved and implemented | 1. 5.000 Children without appropriate care (CWAC) have increased their knowledge and skills in prevention and case management of children victims of exploitation, abuse and neglect in 8 departments of Senegal. 2. Community service providers and caregivers provide improved prevention and case management services for CWAC in 8 departments of Senegal, including 3 new departments 3. Key child protection actors/partners and caregivers develop monitoring tools for the quality of their services and child friendly services in Burkina Faso, Benin, Ivory Coast, Mali, Niger, Guinea and Togo. 4. The adoption of a bilateral agreement between Senegal and Guinea and the development of a Regional Strategy for the protection of the best interest of children on the move continue to be promoted through advocacy. 5. Community service providers, caregivers and key child protection actors/partners provide better quality services through monitoring tools and child friendly services in Burkina Faso, Benin, Ivory Coast, Mali, Niger, Guinea and Togo. |
| **Physical and Humiliating Punishment** | By 2015, 80% parents, teachers and community members in SC intervention areas demonstrate improved knowledge/skills and practice of positive discipline | 1. Save the Children and its partners have successfully advocated for the adoption of the new national legislation banning Physical and Humiliating Punishment (PHP) in Senegal 2. Save the Children staff and partners have strengthened their understanding of PHP and their capacity to mainstream it in our programs 3. Lessons learned and best practices from the work of 2 partners in Senegal and Gambia on PHP are documented, disseminated and integrated into future programs, including advocacy work. |
| **Sexual and Gender Based Violence** | By 2015, all children targeted in our SGBV program have access to quality and innovative prevention and response services on Sexual Gender Based Violence (SGBV) and Harmful Practices (HP) | 1. The 5 partner organizations are better able to address the mechanisms contributing to the perpetuation of SGBV and other Harmful Practices in Senegal and neighbouring Guinea and Gambia. 2. 4000 children victims of FGM, sexual abuse are provided with psychosocial support, judicial assistance, and health care and reintegration within their communities in target areas of Senegal and neighbouring Guinea and Gambia. 3. Legislation is known and appropriately implemented in target communities of Senegal and neighbouring Guinea and Gambia. |
| **Child protection in Emergencies** | By 2015 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  By 2015, military, police and gendarmerie personnel including military personnel in West Africa have the knowledge, skills and the structures and systems in place to monitor, prevent and respond to child protection concerns,  By 2015, child rights and child protection is integrated within the operationalization of the African Standby Forces (ASF) process in order for the ASF to carry out standardised and mandatory pre-deployment training for all contributing troops and equip them with the skills and knowledge to prevent and respond to violence against children in conflict. | 1. The African Movement of Working Children and Youth (AMWCY) is strengthened in its capacity to prevent and respond to natural emergencies in Senegal, Burkina Faso, Benin, Ivory Coast, Mali, Niger and Togo 2. Save the Children and its 5 protection partners in Senegal and Togo have strengthened their capacities in Child protection in Emergencies and Emergency Preparedness Planning. 3. 6 Emergency Preparedness Plans for Save the Children protection program and its 5 partners in Senegal and Togo have been developed, including Ebola prevention and response. 4. National armed forces of Côte d’Ivoire, Mali and Senegal have increased capacity and have put in place structures and systems to effectively prevent and respond to child protection concerns. 5. Police and gendarmerie personnel in Guinea, Togo and Senegal have acquired knowledge and skills to better protect children from violence, abuse and exploitation. 6. Monitoring systems at the 3 Training Centres of excellence of West Africa are strengthened to track and monitor the effectiveness of Child Protection trainings for civilian, police and military personnel 7. A child protection knowledge management system is operational to support learning and sharing of good practices on African Union Peace Support Operations (AU PSO) in pre-conflict, conflict and post-conflict contexts. 8. The African Union Peace and Security Department has adopted the Child Rights and Child Protection Toolkit for AU PSO developed by Save the Chilren and is utilized by ECOWAS-Standby Forces. 9. In at least 2 troops contributing countries (Ivory Coast and Senegal), the Child Rights and Child Protection Toolkit for AU PSO have been institutionalised and is being taught at the national level. 10. In the 3 Training Centres of Excellence in West Africa, the Child Rights and Child Protection Toolkit for AU PSO has been institutionalised and is being utilized to roll out trainings. |
| **Children and work** | By 2015, children are better protected from harmful work and unsafe migration | 1. 7 context-specific and child-led advocacy strategies (one regional and 6 national) are developed by the African Movement of Working Children and Youth (AMCWY) 2. The AMCWY in 26 countries benefit from a child-friendly manual which systematises the movement’s best practices in child protection 3. The AMCWY’s grassroot organisations are strengthened in their protection capacities in 6 countries (Benin, Burkina, Ivory Coast, Mali, Niger and Togo) through the use of the above manual. 4. The AMCWY in the 6 targeted countries include Disaster Risk Reduction (including Ebola prevention) in their annual action plan 5. A third cartoon video of Tounga series on child protection is designed by the AMCWY and disseminated for greater visibility and awareness raising 6. The AMCWY has increased its collaboration with the Red Cross Movement 7. 3900 Children in Guinea and Togo have realised their individual life project and thus reduced their vulnerability. 8. Save the Children’s partner in Togo, together with the working group of civil society organisations has successfully advocated for the 189 Convention ratification by the Togo government |

**Child Rights Governance –**

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| **Subtheme** | **Planned objective** | **Expected results for next year** |
| **CRC Monitoring** | 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. UWAC is strengthened in its advocacy support towards 6 national coalitions of West Africa (Benin, Cap-Vert, Ghana, Guinea-Bissau, Sierra-Leone and Nigeria) 2. The national Child Rights Coalitions of Guinea and Gambia have successfully advocated for the Guinea submission of the initial reports on the two optional Child Rights Convention (CRC) protocols and the Gambia submission of the second Universal Periodic Review (UPR) report to Geneva Human Rights Committee 3. The Child Rights Coalitions of Ghana and Niger present their complementary reports to the UN Child Right Committee and the African Committee of Expert on the Rights and Welfare of the Child 4. 30 civil society organizations including child-led clubs, selected private corporations, in Senegal (10), Ghana (10) and Guinea (10) deliver child rights-based services 5. Parliamentarians advocate for child rights implementation and local authorities consider child rights committees recommendations in their interventions and services in all 7 intervention countries 6. The African Committee of Experts and civil society organizations receive accurate data on child rights in West Africa 7. Two selected schools in Togo adopt child protection code of conduct thanks to the Child Rights Coalition monitoring 8. 12 private corporations in Togo, Niger, Ghana and Senegal integrate Child Rights Business Principles in their rules and daily work 9. 5,000 children in Senegal benefit from birth registration and free health coverage thanks to CONAFE support |
| **Strengthening National Systems** | 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 draft law on community Tax is disseminated to the 15 west African countries and submitted to ECOWAS Parliament 2. The national coalition of Ghana has successfully advocated for the adoption of the Child and family welfare policy and child justice policy 3. In 4 countries (Niger, Senegal, Gambia and Guinea) civil society organizations have led the governments to adopt or revise the Children’s Acts 4. An ombudsman and a new National Child Parliament in Senegal and a national Child Committee in Togo which hold and promote efficiently key children issues   are set up and operational   1. The Niger coalition’ advocacy has led to the adoption of national orientations for vulnerable children’s protection 2. 18 municipalities in Senegal, 2 in Togo, 2 in the Gambia and 8 in Guinea have adopted a child-friendly planning and budgeting approach and promoted local governance |
| **Building awareness and capacity** | Capacity of Save the Children civil society partner organisations to promote and defend children’s rights is strengthened. | 1. Internal and external collaboration and communication of the 7 coalitions supported by Save the Children is strengthened through an efficient communication mechanism 2. Save the Children has conducted a regional evaluation on CRG to inform the strategic orientation in the region 3. A new CRG strategic plan for Senegal is developed based on the CRSA findings 4. An in-depth situation analysis on “investment in children” is available to inform CRG planning of Save the Children in Seengal 5. Civil society organisations in West Africa have strengthened their knowledge and skills to engage with the ACERWC and other bodies of the African Union. 6. 7 partners have further integrated Save the Children values and standards in their work for greater impact. |

**Education –**

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| **Subtheme** | **Planned objective** | **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 has conducted at least one internal workshop on Out of School Children and children from coranic schools without formal education, as well as incorporating learning outcomes into programming. 2. 4600 children from selected formal schools and coranic schools benefit from recreational and alternative education activities to increase the integration of coranic schools students into the formal school system and the level of reading, writing and math skills. 3. Save the Children has engaged in basic education fora, including the Education Sector Working group, on a regular basis 4. The quality of reading and mathematics learning is improved in 5 selected formal schools and 20 coranic schools in the suburb of Dakar (Senegal) through teachers training workshops, provision of instructional material (pending likely funding) |
| **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 has conducted at least one workshop with potential partners on non-formal education programming for adolescents 2. Save the Children has engaged with other actors in adolescent education and identified partners for programme implementation. |
| **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 –**

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| **Subtheme** | **Planned objective** | **Expected results for next year 2015** |
| **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. 800 health workers in 7 districts of Fatick have strengthened their skills and abilities to give improved quality care to children and women 2. Save the Children has expanded its current health program both sub-thematically and geographically, building on its current project’s successes and making a clear link to other thematics especially protection (FGM, early marriage, birth registration). |
| **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. 80 health workers involved in the expanded program on immunisation have improved their knowledge of “advanced immunization strategies” and used them in 4 districts of Fatick 2. At least 5,000 mothers in Niakhar District have increased their skills in child and new born care through competent and skilled Community Health workers 3. Communities in 7 districts of Fatick have increased their access to clean water and hygiene promotion through community-based hygiene brigades supported by Save the Children |
| **Prevention of HIV**  (37) | Improved knowledge on sexuality and safe sex practices among children and youths in Senegal for protection against HIV/AIDS | 1. At least two partner organizations have increased their technical capacity to train other trainers in comprehensive sexuality education; 2. The alliance of Civil Society actors working in the field of comprehensive sexuality education and reproductive health rights formed in 2014 are enabled to roll out the Advocacy Plan developed in order 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. Staff from Save the Children in Senegal have increased their knowledge on the process oriented approach to comprehensive sexuality education / information |

**Health - EVERY ONE campaign –** In this section please highlight any objectives and expected results in the areas of advocacy/policy work and campaigns/mobilisation for Health

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| **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. Save the Children contributes to the multi-stakeholder platform which advocates for the Universal Health Coverage in Senegal |

**Nutrition –**

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| **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 which deepens the CRSA 2. A mapping of stakeholder working in Senegal on nutrition is  produced within the SUN platform Senegal 3. Save the Children in Senegal has increased skills to develop nutrition programs, including advocacy for nutrition 4. Save the Children continues to play a key role in SUN platform on nutrition at the national level and in areas of intervention 5. Unrestricted funding is solicited from members to undertake field assessments in targeted geographical areas and fund a national position |

**Livelihoods** -

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| **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. Save the Children in Senegal has increased its capacity to develop and implement livelihoods and food security programs, building on the Mauritania expertise, experience and donor positioning. 2. Unrestricted funding is solicited and opportunities for restricted funding sought to develop the food security portfolio of Save the children in Senegal and fund a technical position |

**Humanitarian** –

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| **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  **New objective for 2015**  Contribute to preventive and responsive interventions regarding Ebola outbreak | 1. Save the Children program staff have built their capacities on DRR and emergency preparedness with the support of the Regional office and Save the Children 2. An Emergency Preparedness Plan is elaborated for Save the Children in Senegal country office. 3. A Disaster Risk Mapping in Senegal is carried out to understand which local and national mechanisms are in place to address disaster or climatic risks 4. Participation in strategic network and coordination mechanism is increased, including in relations with the Household Economic Approach project. 5. The Ebola contingency plan is regularly updated and funds are raised for its implementation |

**Global Indicators**

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| **Theme** | **Global Indicator** | **Requirement** | **Will report for 2015 CAR** |
| Child Protection  *(contact:* [*meri.ghorkhmazyan@rb.se*](mailto:meri.ghorkhmazyan@rb.se)*)* | 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* |
| Child Rights Governance  *(contact: Caitlin Scott* [*CRS@redbarnet.dk*](mailto:CRS@redbarnet.dk)*)* | 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*](mailto:Nitika.Tolani-Brown@savethechildren.org)*)* | Access: Difference from one year to the next in primary enrolment levels in both formal/non-formal SC-supported education institutions for students who were not previously enrolled | Required for Rewrite the Future countries only | *NO* |
|  | 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) | Required for countries participating in the education breakthrough only | *NO* |
| Health and Nutrition *(contact: Mulu Chekol* [*mchekol@savechildren.org*](mailto:mchekol@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* | *NO* |
| EVERYONE Campaign  *(contact:* [*shani.winterstein@savethechildren.org*](mailto:shani.winterstein@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: Carmen.* [*Rodrigues@savethechildren.org*](mailto:Rodrigues@savethechildren.org)*)* | % of affected children who’s needs have been met by Save the Children humanitarian responses | *Report only if targeted CO. Agreement with CO within one week of categorization of new humanitarian response.* | *FYI only* |
|  | % of affected children reached by Save the Children humanitarian responses that strive to meet international quality standards |
|  | % of children and adults reached by Save the Children humanitarian responses reporting satisfaction with the SC response |
| Child Participation  *(contact:* [*marta.arranz@savethechildren.org*](mailto:marta.arranz@savethechildren.org)*)*  [*b.mepani@savethechildren.org.uk*](mailto:b.mepani@savethechildren.org.uk) | % of Save the Children supported projects involving Child Participation and complying with Save the Children minimum Practice Standards quality criteria (i.e. voluntary, safe and inclusive) | *Mandatory* | *YES* |

**III. Quality Framework Improvement Plans**

This section has been completed online using the [online tool](http://www.savethechildren.net/webservices/qf/signin.php).

The online tool will also contain the data from last years Count Office Self-assessment.

**IV. Overview of Costs and Funding (secured, likely secured, pipeline and non-award funding) –** *Attach Annexe A Master Budget*

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|  | **2015 Master Budget (USD) - Senegal** | | | | | | | | |  |
|  | **Costs** | **Funding** |  |  |  |  |  | |  | **Comments** |
|  | **Secured** | **Likely Secured** | **Pipeline (new activities)** | **Pipeline (existing activities)** | **Pipeline** | **Non award funded** | **Funding Gap** | |
|  |  |  |  |  |  |  |  | |  |  |
| Cross-Thematic | 530,352 | **200,044** | 0 | 165,311 |  | 165,311 | 148,116 | | 16,880 | 1) In 2015 the budget is estimated to $6.19m, which means an increase of 20% compared to  2014 forecast  2) Budget the Gap is related to the key personnel positions in the country and office running costs  3) NTC for 2015 is 21% of the budget which represent an improvement compared to 2014 ( 24%).  4) The overall Non Award fund for 2015 will be $200k with an additional request of $80k for programme development investments. Note also that Save Sweden contribution of $300k from Member general fund planned in the section pipeline. This fund will be needed in 2015. |
| Health | 343,392 | **343,392** | 0 | 0 |  | 0 | 0 | | 0 |
| Child rights governance | 197,060 | **197,060** | 0 | 0 |  | 0 | 0 | | 0 |
| Child protection | 3,822,579 | **1,976,801** | 0 | 1,845,778 |  | 1,845,778 | 0 | | 0 |
| Non-Thematic | 1,302,582 | **551,081** | 0 | 435,394 |  | 435,394 | 131,884 | | 184,223 |
|  | 6,195,964 | 3,268,378 | 0 | 2,446,483 | 0 | 2,446,483 | 280,000 | | 201,103 |  |
|  |  |  |  |  |  |  |  |  |  |  |

**V. Overall Risks and Mitigations** *- Please limit to one page.*

**Strategic and Operational Risks and Risk Management**

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| **Risk** | **Resulting Effect** | **Existing key mitigation** |
| Lack of resources (human and financial) to support the CO program development | - Inability of the CO to achieve its ambition in term of program growth  - Loss of opportunities to build the CO capacities | Seek of alternatives solutions to fill the country gaps such as consultancy, short term TAs assignment, proposal development funds.  Elaborate a strong CSP which will attract members and donors  Regional Office to make available technical assistance when booked timely and will timely inform if not available so that process won’t be delayed |
| Decrease of the CO visibility due to a weak branding strategy | -Negative impact on SC reputation  -Reduced the chances for the CO to have new donors | Agree on a joint communication and branding strategy with partners  Adapt an effective communication strategy towards the donors  Improve the partnership management |
| Under-delivery, disallowance, fraud and reputational risk due to weak partnership management | - Poor impact of the program  - Loss of fund and reputation  - Loss of donors | Complete of partner capacity assessments and reinforce control measures ;  Set up strong monitoring tools, and promote joint monitoring visit on the field with a finance staff  Standardize procedures to support partners with follow-up regarding the donor – in line with donor requirements |
| Ebola outbreak spread out in Senegal | - Redirecting or stop the program implementation  - Low execution of the CAP | Update the contingency plan according to the emergency trend  Review the CAP to take into account the humanitarian situation |
| Mauritania country program operational costs don’t cover the SEN CO management needs | - Poor quality in program delivery  - Inability of SEN CO to operate effectively | Risk analysis and due diligence to undertake  A clear plan to cover the gap before transfer Mauritania programs to Senegal |

**VI. Annexes** *(please submit as a separate attachment)*

**Annexe A: Master Budget – Excel** The Master Budget template is available on citrix: \\sci-abw-001\shared\Templates\Planner Postback Templates.

Technical guidance on the Master budget template as well as finance guidance on the budget process is available on: [OneNet > SCI > Finance > Documents > Country Office Forecast and Budget](https://onenet.savethechildren.net/sci/finance/SCDocuments/Forms/AllItems.aspx?View=%7B438FBB8A%2D527A%2D4E9C%2D879C%2D3539875DB22D%7D) > Country Office Forecast and Budget.

**Annexe B: Organisational chart – (please submit your own version, there is no standard template)**

**Annexe C: Evaluation Overview – Excel (please submit the template accompanying this guidance)**