Executive Summary

The year 2013 was marked by improved political stability and some positive outcomes for Senegalese children’s life. In spite of recurrent challenges linked to high political turnover, limited state budget allocation to social sectors, a weak governance environment coupled with persistent high social and geographic disparities, progress was made in advancing the agenda of children’s rights and addressing the bottlenecks that affect vulnerable children in Senegal.

Major results achieved during the period:

- Within the framework of “A Promise renewed”, the plan for accelerated child mortality reduction was adopted by Government and partners; its implementation is sustained by a Compact recently signed between the Government and partners of the health sector, enhancing coordination and resource mobilisation. The plan is supported by recently approved UN essential commodities funding and aims to save 10,000 lives by 2015;
- The political validation of the National Strategy for the protection of vulnerable children represents a key milestone towards building a protection system for the most vulnerable. Its action plan will guide Government institutions and partners to address major issues related to violence against children by promoting integrated services, decentralised and multi-sectorial coordination and a social change approach to stimulate positive practices.
- Following years of evidence-based advocacy and modelling the Government, with UNICEF and other partners’ technical support, has started the implementation of a cash transfer programme for vulnerable families, conditional on school attendance and birth registration. Equally successful was the launch of the free of charge health care scheme for children under age five.

However, a few constraints continue to impact programme implementation:

- Resource mobilisation for Senegal remains a challenge given the highly fragile regional context and the recurrent Sahel food and nutritional crisis;
- Government institutions’ multiple priorities often limit their capacity to manage financial resources and provide the expected leadership to deliver effectively and on time.
- The Strategy for Resilience within the framework of recurrent food security and nutrition crisis, gathering relevant sectors of Government and partners, did not develop as expected.

Partnerships within the health sector (WHO, UNFPA, USAID, LuxDev, Belgium, ECHO, Canada, French Cooperation, JICA) are well established, and continued dialogue has enabled the finalisation of the Compact for the sector. Particularly, the collaboration/partnership with the Canadian Development Agency was instrumental in advocating with Government on the importance of improving the nutritional situation of children. Partnership with NGOs, European Union (EU), UN and USAID expanded to address more consistently issues related to violence against children and women. Likewise, the partnership and collaboration with the World Bank, UNDP, WFP and BIT to jointly advocate and provide evidence and technical support to the development of a social protection and safety nets system were significantly enhanced.

UN coherence and coordination have equally improved, with increasing opportunities for joint programmes; noteworthy is a joint programme with UNFPA on female genital cutting (FGC), and with WFP and FAO on food security and nutrition. Opportunities for joint advocacy with high-level Government officials were perused this year, leading to improved positioning of the UN system within Government.

Country Situation as Affecting Children & Women

Senegal’s population is estimated at 13.7 million inhabitants (WB, WDI 2012) growing at an annual rate of 2.7 per cent. While poverty incidence has significantly decreased (55.2 per cent in 2001 to 46.7 per cent in 2011), the absolute number of poor has increased by 858,000 people during the same period due to insufficient economic growth, rapid population growth and inadequate distribution of income. Inequalities, as measured by the Gini index, stagnated over the same period. According to UNDP (MDG Progress Report 2011), to halve poverty and hunger by 2015, Senegal should accelerate the pace of economic growth to reduce poverty incidence by at least 2 per cent per year. At the current rate, the target will not be reached by 2015.

Significant progress was made in reducing infant mortality which is likely to reach the target (44 deaths per
thousand) by 2015. According to the latest DHS surveys (2010-2011 and 2012-2013), under-five mortality dropped from 72 per cent in 2010-2011 to 65 per cent in 2012-2013. However, the reduction in neonatal mortality – which accounts for approximately 60 per cent of the infant mortality rate - continues to represent a major challenge. Some progress in maternal health was also registered; significant acceleration is, however, required to meet the 2015 target.

According to the latest DHS 2012-2013, 6 per cent of children are affected by stunting (11 per cent in 2010-2011). In spite of the slight overall progress, sharp disparities persist. The nutritional status of children whose parents are in the richest quintile is 2.3 times better than that of children whose parents are in the poorest quintile. The proportion of stunted children is nearly twice as high in rural areas (21 per cent) than urban areas (13 per cent). Mothers’ educational level is one of the major determinants: children whose mothers have no education are more affected by stunting (21 per cent) than those whose mothers had primary education (15 per cent).

In addition, the nutritional status of children is aggravated by the recurrent food security crisis. The national prevalence of Global Acute Malnutrition remains high at 9.1 per cent for children 6-59 months. According to the latest survey (ENSA 2013), 16 districts out of 45 are close to the crisis threshold and four exceed it. In spite of efforts to prevent and treat cases of severely malnourished children, existing barriers prevent better results. These barriers include limited capacity of health staff and community agents, limited access and quality of health services, limited free-of-cost child health coverage and social and cultural norms. Primary education completion rate improved at a slow pace. With the current trend, it would reach 73 per cent by 2015, against the minimum threshold of 90 per cent. The education system continues to face serious challenges on the demand side, with a growing number of children and, on the supply side, a weak governance system. Despite these difficulties, significant progress has been made at all levels, despite a slight decrease in the enrolment rate between 2010-2011 and 2012-2013. According to the DHS 2012-2013, the gross enrolment ratio in primary education has stabilised at 80 per cent, while the net enrolment rate declined from 54 per cent in 2010-2011 per cent to 51 per cent in 2012-2013, raising significant concerns about out-of-school children and exclusion. Net enrolment for the richest quintile is almost double that of the poorest quintile.

The DHS 2012-2013 indicates that the majority of Senegalese children are registered at birth (73 per cent, nearly three out of four). This varies by place of residence, and is also influenced by family social status: 46 per cent registered in households in the lowest quintile compared to 94 per cent in the highest quintile.

The survey also reveals that 15 per cent of children under 18 live with foster parents, and that only 57 per cent of children under 18 live with both biological parents. The proportion of children living with both parents decreases with the level of household well-being until the fourth quintile.

With regard to child labour, 16 per cent of the 12-14 years age group is employed. Housework prevails (81 per cent). Work in business and family lands are also important (19 per cent). Child labour in the 12-14 years age group is more common for boys (19 per cent) than girls (14 per cent), more predominant in rural areas (21 per cent) than urban areas (10 per cent). It is also more common among children who do not attend school (30 per cent) than others (10 per cent). The higher the level of education of the mother, the lower the proportion of working children.

Despite the adoption in 1999 of a law banning female genital mutilation/cutting, the DHS 2012-2013 shows that the prevalence of FGC is at 26 per cent among women between 15 and 49. However, the survey also shows high disparities, with pockets of resistance among specific ethnic groups and regions reaching to as high as 92 per cent prevalence.

The persistence of poverty and inequalities and the increase of climate change threats indicate the importance of implementing a national social protection system that can effectively impact on child poverty/exclusion. Based on strong evidence-based advocacy initiatives by the UN system and particularly UNICEF, progress was made this year as the Government recently began implementation of a community-based child health care coverage scheme and provided cash transfers to 50,000 vulnerable households, with plans to reach 250,000 households by 2017.

The Monitoring Results for Equity Systems (MoRES)/L3M surveys conducted in 2013 in four districts identified
some major bottlenecks; such as, poor communication resulting in insufficient awareness of mothers on essential family practices; poor maintenance of cold chains; long distance to health facilities and schools; non-affordability of pre- and post-natal care as well as assisted delivery; adhesion by parents to traditional education as opposed to the formal education system; limited school infrastructure; and poorly trained teachers. These findings enabled an adjustment of the multi-sectoral district plans, to be based on specific measures. However, the effectiveness of such measures is still difficult to assess due to several factors (comparative timing, conjectural factors etc.).

Country Programme Analytical Overview

During the second year of the CP 2012–2016 the balance between upstream and downstream work was considerably strengthened based on continuous evidence generated by MoRES/L4M, DHS-MICS 2011–2012 and DHS 2013.

At upstream level, the overall child rights agenda was enhanced through the adoption of the:
- Compact for Health, defining an harmonised programmatic and financial framework for the sector;
- Child Survival National Strategy, sustained by an Accelerated National Action Plan for Child Survival, stemming from the APR (launched in June 2013) and buttressed by the Essential Commodities National Plan for MNCH;
- Universal Health Insurance Coverage, upholding free-of-charge health care for children under five and pregnant women;
- National Strategy for Child Protection, sustained by an action plan, a governance structure and coordination mechanism that will promote greater harmonisation and synergy among operators in the Child Protection Sector;
- Institutionalisation of national safety nets to foster education and health care for poor families, with the launch of the National Social Security Programme (PNBSF).

All this was established in the framework of the ‘National Strategy for Economic and Social Development’ and the “Senegal Emergent”, defining the national agenda for Senegal’s advancement toward upper-middle income status. The gender sensitivity of the sectors’ context, coupled with the revision of Penal Code articles related to child marriage, enhanced the national gender equality framework, as women and girls’ immediate and strategic needs and rights are increasingly taken into consideration.

At downstream level, cross-sectoral programmatic strategies implemented by decentralised governments and services, were redefined to address the identified bottlenecks in supply and demand for basic social services, in the health, education and child protection sectors, based on MoRES/L3M findings in four pilot districts of Casamance.

As a result of the right mix of supply inputs, capacity building of service providers and promotion of key family practices, the Country Programme registered an increased coverage in all regions/districts in: community-based high-impact health interventions (immunisation, ITN usage, micro-nutrient supplementation, deworming, pre- and post-natal care); access to improved sanitation facilities at community and schools levels through the CLTS approach; pre-school enrolment; prevention and case management of severely malnourished children and in prevention and management of abuse and violence against children.

Children’s participation in social budgeting and participatory budget monitoring exercises, conducted by local authorities or duty-bearers in nine local governments, created the momentum for increased demand for child-friendly services by rights-holders, in an attempt to consolidate the human rights-based approach and thrust of the CP, while supporting the national agenda on decentralisation. The launching of N-MODA for Senegal, in late 2013, will provide the necessary evidence to stimulate enhanced programmatic coherence and convergence at the downstream level, and for reshaping the Country Programme’s geographic coverage, based on stronger cross-sectoral strategies with an equity focus.

Slow progress in FGM/C abandonment, fragmented institutional anchorage for Child Protection, limited scale of interventions addressing child protection, urbanisation, adolescents and population growth related issues,
remain key challenges to be addressed in the framework of the 2014 Mid-Term review.

**Humanitarian Assistance**

Based on the 2012 and 2013 SMART Surveys, the Severe Acute Malnutrition (SAM) burden for 2013 was estimated at 63,323 under-five children. Due to funding constraints, a 62 per cent target was set for the rehabilitation of SAM children. The MAM caseload was estimated at 255,675 cases for the year. As of end November 2013, 25 to 30 per cent of the SAM annual target caseload had been reached based on: provision of RUTF and essential drugs, WASH activities and communication for behavioural change. The limited capacity of nutrition services, limited coordination among sectors and stakeholders, and lack of effective communication for behaviour change at the community level are the main remaining challenges.

Humanitarian assistance – essentially WASH kits’ and school materials, temporary shelter provision and psychosocial support to affected children – was provided to the 350,000 people and 150 schools affected by flooding in peri-urban and rural areas. UNICEF, as the WASH cluster lead, effectively mobilised national partners and the UN Humanitarian Team for preparedness activities, rapid joint assessments and early response. No cholera cases were recorded in Senegal in 2013. The establishment of the national Humanitarian Framework, involving UN Humanitarian team and state institutions, benefitted from UNICEF’s contribution and technical assistance for regular needs assessment and preparedness planning.

**Effective Advocacy**

*Fully met benchmarks*

In support of the equity agenda, evidence-based advocacy initiatives and efforts were mainstreamed in all sectorial programmes, resulting in an improved enabling environment aimed at the fulfilment of children’s rights and increased access to basic social services.

The National Programme of Cash Transfers for Poor Families was launched in October 2013, based on joint advocacy efforts by a consortium (consisting of the private sector, NGOs, donors community, multilateral and bilateral development institutions), as well as technical assistance for improving the social protection Inter-Ministerial Committee, and strong evidence-based studies on targeting, costing and impact estimation (largely produced with the support of UNICEF). This is a noteworthy achievement and a milestone for Senegal, a lower-middle-income country still facing a high poverty rate of 46.7 per cent (2011). The Government is making a national-scale investment in social protection, acknowledging its contribution to inclusive economic growth, human development and reduction of inequalities. In addition, the Government also launched universal healthcare insurance coverage (CMU) and free healthcare for 2.5 million children under five. These two initiatives, along with the national decentralisation reform, promise to bring services closer to the people and ensure the effective removal of financial barriers to access.

Advocacy efforts were pursued to support the Government in refining the Early Childhood Development strategy (parental education and pre-school ), working in close partnership with the Ministry of Education and Ministry of Women, Family and Children. The financial and strategic framework is being revised to better integrate realistic options to increase pre-school access to 50 per cent by 2025. Likewise, UNICEF continues to strongly advocate for the application of quality norms and standards to Qura’nic schools (daaras) and for passage of a law related to modernisation of the daaras.

The advocacy work for free-of-charge child care schemes was strengthened around the response to the nutrition crisis. UNICEF provided technical support to the development of concept documents and supported overall mobilisation on the importance of the issue, through the national forum on reducing barriers to care, the international workshop on social inequalities in health and active participation in the process of developing strategies for Universal Health Coverage.

Advocacy efforts to raise awareness on the situation of malnourished children and the importance of reaching consensus around Resilience were undertaken systematically, in collaboration with other partners. Likewise, field missions with parliamentarians and donors were also supported to reinforce the importance of combatting malnutrition and promoting immunisation.
Advocacy work was on-going at a high ministerial and presidential level and three ministries (Family, Justice and Health) on sensitive child protection issues including child begging and FGM/C. This resulted respectively in an inter-ministerial council on the elimination of child begging, headed by the Prime Minister and involving all key stakeholders including representatives of religious networks and key civil society partners. On the issue of FGM/C, additional evidence-based advocacy initiatives were made with Parliamentarians. Lobbying efforts were undertaken with EU member states, leading to the validation of the national Strategy on Child Protection.

**Capacity Development**

*Fully met benchmarks*

Capacity building remained a key programme strategy at both the national and local levels.

To sustain the national monitoring system on MDGs progress, national partners’ capacities to manage the SenDevInfo database were revamped, with a training for 16 focal points from UNICEF-supported social sectors of the DevInfo National Committee on Dev 7.1 It was an important step in ensuring the institutionalisation and utilisation of the SenDevInfo platform and database, with a view to its effective application in monitoring the targets under the National Strategy for Economic and Social Development (2013-17).

The piloting of MoRES/L3M in four districts (Sedhiou and Kolda regions) was also an opportunity to strengthen the decentralised data management system operated by local public institutions. This was achieved with the establishment of regional dashboards using MoRES results that are used for local development planning and budgeting. Moreover, the MoRES exercise relied heavily on the use of civil servants from the health and education sectors as data collectors and supervisors. Their abilities in data collection using advanced ICT tools in data analysis and reporting were strengthened through specific training activities. This was an effective way to mainstream and institutionalise the approach and survey tools with Government counterparts and transfer knowledge and skills to local partners.

A substantial financial and technical investment was made to support the development of training on child protection for police officers. The curriculum was validated and adopted by the National School of Police and Gendarmerie. Additionally, training tools on child protection were developed for the use of specialised Police Officers. UNICEF also supported training of trainers and specialised training of key partners on issues such as: maternal and child health, pre- and post-natal care (including neonatal emergency care), the CLTS approach, and planning/budgeting for high-level MoH staff.

Considering the importance of the humanitarian situation caused by the nutritional crisis, high priority continued to be given to strengthening the nutrition sector, through enhancement of health workers’ skills in standard procedures for the care of malnourished children, according to the latest protocols recommended by WHO.

In addition, the Education Programme provided capacity building in monitoring and evaluation frameworks to academic inspectors, education sector chiefs and NGOs, in seven of 14 regions of Senegal, especially through implementation of the Child-Friendly Schools (CFS) initiative. Training sessions were conducted to set up baseline data to enable measurement of progress toward results. With the setting and development of results indicators, data collection and coordination schemes with all education actors, both harmonisation of interventions and use of a results-based approach to programming have increased.

The process leading to approval of the national cash transfer programme created momentum for building Government officials and partners’ capacities, through training in social protection and cash transfer instruments. This opportunity led to the training of 19 Government officials and partners involved in the PNBSF's design, thanks to technical and financial contributions from the ILO and UNICEF.
**Communication for Development**

*Mostly met benchmarks*

In 2013, the C4D programme component prioritised child survival. Based on lessons learned, the programme scaled up implementation of the communication for behaviour change approach to Tamba and Kedougou regions, as well as to new areas in the districts of Kolda and Sedhiou, promoting four key family practices associated with child and maternal health (exclusive breastfeeding/ complementary feeding, hand washing with soap, use of ORS/sn and use of bed nets).

Emphasis was put on strengthening the capacity of 73 community-based agents (community development workers, religious leaders, regional and local radios) to ensure sustainability and scaling up of the supported activities. A behaviour change communication plan was also developed and implemented, especially in severely affected districts as a key component of the response plan for the prevention and early treatment of acute malnutrition as a consequence of the food crisis affecting the country. Information/education materials were developed and distributed through different channels to support best family practices for nutrition and WASH.

In addition, communication plans for the introduction of new vaccines were developed and implemented. A communication plan for the elimination of HIV/AIDS mother-to-child transmission was developed to be implemented in 2014. With the support of GAVI, and in the framework of its business plan, the review of the existing country strategic plan of communication for routine expanded programme of immunisation (EPI) started this year and will continue in 2014. Three surveys were conducted on the perception of C4D messages on malnutrition in Matam, Diourbel, Louga and Saint-Louis regions, that included questions on the perception of the population on the new vaccines to be included in EPI in the Country Programme, and on the reasons for poor maintenance of children’s vaccination cards by households.

As for child protection, in collaboration with the NGO TOSTAN, community mobilisation and communication activities were carried out in more than 1,000 villages in the departments of Kolda, Sédhiou, Medina Yoro Foula (MYF), Siguinchor and Matam, resulting in four public declarations of abandonment of the practice of FGM/C and child marriage. UNICEF supported the development of an Islamic argumentation on FGM/C, accompanied by communication tools for use by religious leaders engaged in promoting changes of social norms affecting young girls’ physical integrity.

In relation to primary education, efforts were geared towards improving awareness and mobilisation of communities and schools on issues related to early pregnancies and violence in school, as well as to encourage enrolment and retention in school especially among girls.

**Service Delivery**

*Fully met benchmarks*

The strengthening of health and nutrition services continued to be a priority for 2013. The food security and nutrition crisis triggered the opportunity to continue reinforcing health and nutrition services at regional and district levels, for the rehabilitation of malnourished children in 11 of 14 regions of Senegal. The financial and technical assistance provided to the Ministry of Health and few international NGOs enabled the functioning of 941 Centres, representing an additional 400 new centres compared to 2012, and the treatment of more than 20,000 children with SAM. The hiring and posting of 11 nutrition officers in the most affected regions strengthened national capacities to deliver more effective services to the population in need. Thanks to UNICEF’s technical and financial support, emergency contingency plans in 14 regions were updated, allowing teams from the Ministry of Health to anticipate risks of cholera, diarrhoeal diseases and malaria for more than 150,000 people living in high-risk areas. In addition, National Immunisation Days for Polio took place, with an above 90 percent coverage rate, as 2,746,104 children were vaccinated, 2,542,026 supplemented with vitamin A and 2,273,124 dewormed during the first round; and 2,835,639 children vaccinated during the
second round. Also, 6,074,246 children aged nine months to 15 years were vaccinated against measles and rubella, with an above 95 per cent coverage rate.

In the education sector, service delivery was provided to seven academic regions and 30 departments throughout the country; the CFS approach was implemented in 400 schools. Learning and teaching conditions in seven regions were improved for 103,000 children (amongst them 48,200 girls) and 2,850 teachers, as a result of the provision of school materials. The most vulnerable children were especially targeted:

- 8,000 children from the poorest families were provided with school materials, in regions with high education vulnerability indices such as Kolda and Sedhiou.
- Sensitisation and advocacy campaigns, undertaken in schools and communities with low birth registration rates, resulted in over 1,000 children being registered and increased coverage in most deprived regions.
- Sensitisation campaigns were organised in schools to promote non-violence in schools, and community awareness sessions were held, especially in regions where the CFS initiative is being implemented.

Within the framework of the National Child Protection Strategy, district child protection committees (CDPE) were established in 14 of 45 districts. Their main mission is to facilitate coordination among all actors – decentralised public services (social welfare, justice, civil registration, health, education) as well as civil society organisations - around all child protection issues, as well as to facilitate planning and monitoring of all child protection interventions (response and prevention).

Four districts established effective operational units with the key objective of responding to cases of violence/exploitation, with clear and validate procedures for management of abuse cases. In addition, 900 most vulnerable children had increased access to education and were prevented from early family separation, thanks to the piloting of a cash transfer programme to poor families in Kolda district.

### Strategic Partnerships

**Fully met benchmarks**

The UNICEF Senegal Office continued throughout 2013 to strengthen partnerships with Government institutions at all levels and with donors, UN agencies and civil society. In Health, the excellent collaboration with WHO continued especially with regard to issues related to immunisation, neonatal health, and nutrition. The collaboration and partnership with USAID, the World Bank, JICA, Belgian Cooperation, French Cooperation and Lux Dev have been of particular value for issues related to HHA and the Health Compact. Partnerships with USAID, FAO, WFP, WHO, CIDA, UN Commodities, ECHO, MUSKOKA, Japan, Luxembourg, GAVI and international NGOs, were reinforced around all issues related to the emergency response to the nutrition crisis, the Scaling Up Nutrition Movement (SUN) and the more recent initiative “A Promise Renewed” (APR), with the elaboration of the new child survival plan.

In addition, coordination mechanisms were strengthened for better harmonisation of actions for health through the HHA and IHP+ local mechanism, aiming at contributing more effectively to the achievement of the MDGs and the mobilisation of additional resources. In the field of IHP + in particular, the Health Compact was finalised and signed with the Government. Several joint projects were developed and funded during the year, all contributing to APR. All these initiatives helped to support priority programmes such as vaccinations, nutrition, maternal and new-born health; and allowed the scaling-up of high-impact interventions at health facilities and in communities.

Strategic partnerships were also developed in the education sector, in relation to Early Childhood Development (ECD) and the standardisation and modernisation of the Qur’anic Schools/daaras. In the area of ECD, a working group involving the ministries of Education and Social Affairs, key NGOs, UNICEF and UNESCO was set up to develop a national strategic and financial framework and revise the strategy developed by the Ministry of Education. This coordination initiative is essential as programmatic interventions in this sector are still limited, not harmonised and lack strategic focus. Moreover, strong partnership and coordination with all partners of the Education sector was established. Noteworthy is the partnership with the Canadian Development Agency and the Canadian Embassy on issues related to exclusion and quality of the education system.
In the area of evidence development, in support to the annual DHS, by late 2013 a strategic partnership was emerging among UN Agencies (UNICEF, UNFPA), USAID, World Bank and the Government’s National Statistics and Demographics Agency (ANSD), through the development of an MoU, which will ensure that capacity for data collection and analysis is gradually transferred to the Government.

Partnerships were strengthened in the area of child protection: with the Islamic Network on Population and the Islamic Institute of Dakar around the Islamic argumentation on FGM/C and child protection/child begging. More strategic partnerships were established with the Ministry of Justice as a major stakeholder on child protection and the Parliament of Senegal. New partnerships were established with the French Embassy and EU member states to lobby for the validation of the National Strategy on Child Protection.

**Knowledge Management**

*Fully met benchmarks*

In 2013, the UNICEF Senegal Office initiated the N-MODA, in partnership with the ANSD and the UNICEF Office of Research in Florence. The project is expected to be finalised in March 2014, and the findings to be used to inform the mid-term review of the Country Programme. N-MODA Senegal, officially launched in December 2013, envisages a multi-partner governance structure and a peer review mechanism to ensure high quality control of the products throughout the process.

In support of the continuous/annual DHS (C-DHS) 2012-2017, UNICEF is supporting the development of an MoU between the Government and the funding agencies, to ensure that technical and financial support to the C-DHS is successfully mainstreamed, with the Government taking over a greater share of the burden for conducting the survey, and with capacity and knowledge transfer taking place throughout.

Besides the production of a number of studies for knowledge products creation, as proposed in the IMEP 2013, the Office started paying closer attention to researching governance structures, in order to improve the quality of research supported by UNICEF. With this perspective, partnership is being established with international research centres and academic institutions, as in the case of, respectively, the above mentioned N-MODA project, and the study conducted by the Laboratory of Research on Economic and Social Transformation of the Cheik Antah Diop University in Dakar, on the inter-generational impact of climate change on poor families, which will be finalised in 2014.

**Human Rights Based Approach to Cooperation**

*Fully met benchmarks*

The HRBA thrust of the UNICEF Senegal Country Programme was illustrated in 2013 at national level by the establishment of an enabling institutional environment for children’s rights, as evidenced by the law reform on the Penal Code, which started in 2005 and continued in 2013 with the validation of a new progressive law proposing key revisions regarding justice for children, including victims, witness and offenders. The validation and publication of the Islamic argumentation (“Argumentaire Religieux) on FGM/C, with training tools for the Imams’ use, is an attempt to promote greater involvement of the Network of Imams and Islamic scholars, as duty-bearers, in processes to change social norms, particularly in relation to FGM/C and child begging.

At decentralised level, within the framework of the national plan of action on FGM/C, the capacity of duty-bearers in the justice and health sectors were strengthened in relation to application of the 1999 law banning FGM/C, while at the local level rights-holders’ capacities were enhanced to demand greater access to basic social services, protection and participation, resulting in four declarations of FGM/C abandonment involving over 500 communities in 2013.
In addition, in 2013, UNICEF supported the Child-Sensitive Participatory Budgeting process in nine municipalities in the poorest region of Casamance, to ensure the inclusion and prioritisation of children’s rights in the decentralised social budgeting process, as well as the effective realisation of the right to participation of children and adolescents. The process focused on building the children’s capacity to claim their rights, while influencing the local budget design process, as well as on enabling local actors and authorities to respond and budget for the identified needs and child-friendly social projects.

The Government was also supported in the preparation of its progress report on the CRC and related protocols.

**Gender Equality**

*Fully met benchmarks*

In 2013, gender equality was a focus throughout the Country Programme. The situation analysis of children in Senegal systematically incorporates the gender dimension, and significant progress was made to mainstream gender into the programming and planning processes.

This is more or less achieved in domains where universal consensus has been reached such as: maternal health, with improving access to services and health care for mothers and young girls, in particular immunisation and prenatal care; free care for caesarean surgery; reviewing of monitoring tools with disaggregation of data by sex; implantation of strategies for the elimination of tetanus; capacity building of women, especially in rural areas; and community nutrition services delivered most often by women.

The education sector is particularly tackling the gender issue through the implementation of the Child Friendly School initiative, with its strong focus on gender-based violence, girls’ education and retention, and promotion of a gender-sensitive learning environment.

In addition, the legal framework for women’s and girls’ rights was strengthened with the revision of the Penal Code’s specific articles related to child marriage, including raising the age of marriage to 18 years, and 16 with parental approval. The reform of the Code foresees a suspension of prescription deadline, including the new possibility for girls to report to legal authorities any sexual assault which happened during their childhood even after reaching the age of 18.

Based on gender-specific data recently generated by DHS/MICS (2010-11) and DHS 2013, standard operating procedures on gender-based violence (GBV) were developed in collaboration with different Government and non-governmental structures and the support of UN Women and UNFPA. Interventions on FGM/C concentrated in geographical areas with high prevalence.

In 2013, the Participatory Budgeting/Child-Friendly Municipality model, sensitive to children’s rights and gender, which was implemented in nine municipalities in the region of Casamance, was based on the principles of gender parity in participatory budgeting, as well as gender parity on Communal Participatory Budget Committees and children’s councils. The model also included support for the expression women and girls’ voices.

**Environmental Sustainability**

*Fully met benchmarks*

In the wider context of more recurrent droughts and flooding in the Sahel, the humanitarian community in Senegal has improved its monitoring of national agricultural production, rainfall and river levels for early warning of natural disasters and potential shortfalls in food availability that can lead to deterioration of the nutrition situation of children.

The Sahel humanitarian community has recognised that environmental factors have deteriorated and may
continue to reduce the resilience of affected population, and has thus launched a three-year Humanitarian Strategic framework and response to continue to support population at risk due to climate factors, thus allowing for more sustainable approaches. The humanitarian planning exercise was adapted to meet the needs of the population when agricultural yields are low, in order to better serve populations affected by environmental factors.

South-South and Triangular Cooperation

N/A
## Narrative Analysis by Programme Component Results and Intermediate Results

### Senegal - 3810

#### PC 1 - Survival of women and children

**On-track**

**PCR 3810/A0/04/801 1.** D’ici 2016, au moins 80 per cent des mères et des enfants, particulièrement les plus vulnérables, utilisent le paquet complet intégré d’interventions de qualité pour la santé de la mère, du nouveau-né et de l’enfant.

### Progress:

Senegal has made progress in the area of Child Survival in recent years. However, analysis of data related to maternal and child health interventions shows that rural areas, the poor, and some regions (such as Tambacounda, Kédougou and Kolda) seem to be the most disadvantaged. Thus efforts are required in the areas of prenatal care, immunisation and assisted deliveries in particular. Maternal mortality declined from 401 per 100,000 in 2005 to 392 in 2010 (the 2015 target is 139), and neonatal mortality from 35 per 1,000 in 2005 to 29 in 2010, towards the target of 12 per 1,000 in 2015. Progress was made in reducing infant and child mortality; the rate went from 121 per 1,000 in 2005 to 72 in 2010 (2015 target is 46 per 1,000). Based on the latest estimates, the current rate is around 65 per 1,000

Specific results include:

- Vaccinations: 70 per cent of children aged 12-23 months received all recommended vaccines, an improvement over 2011 (55 per cent)
- Prenatal care: 52 per cent for the recommended four prenatal visits during pregnancy
- Deliveries: 51 per cent benefited from the assistance of qualified personnel
- Postnatal visit: 69 per cent of mothers benefited from post-natal care (two days after delivery)
- Access to drinking water: Rate at 89.5 per cent (81 per cent for rural areas and 99.6 per cent in urban areas)
- Breastfeeding: Almost 100 per cent of children under six months are breastfed up to 12-15 months, but the exclusive breastfeeding rate is just 38 per cent
- Vitamin A supplementation: 100 per cent of children supplemented with vitamin A and received deworming tablets during the two rounds of national campaigns.

**On-track**

**IR 3810/A0/04/801/001 IR1.1 :** Fin 2016, 100 per cent des mères et des enfants des 64 districts, particulièrement les plus vulnérables, bénéficient d’un accès accru aux soins couverts par les interventions du paquet complet.

### Progress: Principales activités réalisées

- Production, reproduction, diffusion outils et guides pour mise en œuvre des IHI
- Elaboration Politique de santé communautaire, algorithme PTME et PECP (Option B+) et directives nationales sur la délégation de tâches
- Etudes Back Pack+, CAP sur perceptions des populations sur les nouveaux vaccins, possession de la carte de vaccination, ECV
- Installation unités kangourou et coins Nouveau-Né
- Extension de la PECDAM intégrée dans régions de Tambacounda et Kédougou
- Chimo prévention saisonnière du paludisme à Kédougou et Tambacounda avec 42 862 enfants de 3 mois à 10 ans touchés
- Formations sur les soins à domicile mère et nouveau-né, PEC enfants vivants avec le VIH, soins Kangourous, dépistage enfants nés de mères séropositives, DVD/MT et l’approche ACD
- Appui micro-plans eTME dans 18 DS et ACD dans 26 DS les moins performants

- Plan intégré communication PEV de routine et campagnes
- SMV
- Soumissions GAVI pour Rotavirus, 2e dose RR et HPV en démonstration
- JNV/polio plus de 95 per cent enfants de moins de 5 ans vaccinés par passage couplées avec Vitamine A (2 542 026 supplémentés) et déparasitage (2 273 142 déparasités) au premier Campagne Rougeole rubéole 6 074 246 enfants 9 mois à 15 ans vaccinés
- Extension COMBI (4 PFE) à Tambacounda Kédougou

Ces activités ont permis d’améliorer de manière significative l’offre de service ; la cartographie réalisée en fin d’année montre que la proportion de structures offrant 80 per cent des composantes du paquet minimum est passée de 26 per cent à 87 per cent entre 2012 et 2013. Les GAP portent essentiellement sur la PTME, le dépistage du VIH, la PCIME clinique intégrant le VIH, l’assainissement et sont dus à la faible décentralisation de la prise en charge, la faible disponibilité de certains intrants (Sinc, Vitamine A, Aquatab) et l’insuffisance de la C4D.

Pour les structures qui offrent moins de 80 per cent du paquet minimum; les gaps concernent le niveau communautaire. Dès lors, le focus sur le niveau communautaire doit être renforcé.

**On-track**

**IR 3810/A0/04/801/002 IR1.2 :** Fin 2016, au moins 75 per cent des mères, particulièrement les plus vulnérables, bénéficient d’un suivi prénatal et post natal de qualité.

### Progress: En matière d’amélioration de l’accès aux services de consultations pré et post natales de qualité : les activités suivantes ont été menées au cours de l’année:
- Elaboration des guides et protocoles en SMNI
- Formation de sages-femmes et ICP sur la CPN recentrée
- Renforcement des compétences sur les SONUB
- Enquête SONU
- Intégration de l’approche HBB dans les guides et formation des formateurs

Les contraintes majeures notées dans l’atteinte des cibles pour cet IR sont relatives à l’insuffisance des ressources humaines au niveau décentralisé, à la faible disponibilité des intrants et l’insuffisance de stratégies communautaires efficaces pour assurer la continuité dans la fréquentation des structures de santé maternelle et néonatales. Ainsi des efforts soutenus méritent d’être développés pour accélérer les progrès dans l’atteinte des objectifs fixés pour cet IR. C’est dans ce cadre qu’un appui a été donné à l’élaboration du plan national d’accélération de la survie de l’enfant et de celui pour la sécurisation des produits d’importance vitale pour la santé de la mère et de l’enfant; ces plans prennent en compte la problématique de la santé maternelle et née natale en mettant l’accent sur la qualité des services offerts et l’extension du paquet communautaire. Aussi, le renforcement des capacités des prestataires et des acteurs communautaires, la sécurisation des produits d’importance vitale, et une forte implication des communautés à travers les Badjenou Gox, les trad impraticiens, les accouchées traditionnelles, et leaders. Ces plans, à travers les financements du Trust Fund RMNCH, seront exécutés sur 2 ans et devront permettre de réaliser des progrès pour cet IR.

**On-track**

IR 3810/A0/04/801/003 IR1.3 : En fin 2016, au moins 75 per cent des enfants âgés de moins de 5 ans, particulièrement les plus vulnérables, ont un accès accru aux services de prévention et de prise en charge de qualité de la malnutrition.

**Progress:**

**Activités réalisées dans la prise en charge de la malnutrition:**

- Renforcement capacités des prestataires, disponibilité en intrants et outils de gestion adaptés dans les formations sanitaires pour faciliter la fonctionnalité de 941 CREN et UREN ; ce qui a permis de prendre en charge 19 000 MAS
- Prise en charge communautaire : 1 149 533 enfants de moins de 5 ans suivis régulièrement dont 250 243 de 0-23 mois pour Suivi Promotion de la Croissance et 190 585 femmes/gardiens d’enfants pour activités de communication
- Protocole PECMAS et ANJE révisés et adoptés
- Elaboration Stratégie sur la résilience et la lettre de politique Nutrition
- Enquête nutritionnelle intégrant sécurité alimentaire

**Pour les micronutriments:**
- 2 542 026 enfants de moins de 5 ans supplémentés en Vitamine A ; 2 273 124 déparasités -
- Soutien à la routinisation de la vitamine A
- Plan COMMUNICATION idation du sel et renforcement contrôle qualité
- Renforcement du suivi évaluation et contrôle qualité fortification industrielle huile et farine

Grâce à la crise nutritionnelle, des ressources importantes ont été mobilisées ce qui a contribué à renforcer de manière très significative l’offre de service de prévention et de prise en charge de la malnutrition par le renforcement de capacités, le C4D, et la mise à disposition des intrants. Aussi la politique de gratuité des soins chez les moins de 5 ans récemment adoptée par le pays permettra de lever les barrières financières dans l’utilisation des services. Les efforts de pérennisation doivent être poursuivis à travers la révision des outils du système d’information sanitaire et des curricula de base des écoles de formation en santé pour prendre en compte la nutrition, et l’intégration des intrants dans le circuit de distribution des médicaments essentiels génériques. Aussi, il est nécessaire de renforcer la résilience et d’investir sur les 1 000 jours à travers la mise en place de L’ANJE et l’amélioration de l’alimentation complémentaire.

**On-track**

IR 3810/A0/04/801/004 IR1.4 : En fin 2016, au moins 50 per cent des ménages des sones les plus vulnérables adoptent des pratiques d’hygiène adéquates

**Progress:**

**Activités réalisées en WASH**:
- 70 techniciens formés sur l’approche ATPC
- 750 leaders naturels locaux formés
- 365 villages déclenchés et 172 villages FDAL - Revue annuelle du PEPAM
- Célébration de la journée mondiale du Lavage des mains dans 19 communes d’arrondissement de Dakar et dans la région de Tambacounda
- Célébration journée mondiale des toilettes dans une école de Tambacounda avec la participation de 2 500 élèves du primaire-
- Plus de 1 000 points d’eau contrôlés
- Plus de 1 000 gestionnaires de points formés sur le traitement de l’eau
- Plus de 300 causeries et 2 500 VAD pour la promotion du traitement de l’eau à domicile
- Distribution de plus de 25 000 kits d’hygiène à des familles affectées par les inondations et à des couples mère-enfants malnutris aigus sévères.

Les stratégies majeures ont consisté au renforcement des capacités avec formation en ATPC; Contrôle de la qualité de l’eau des puits modernes et forages dans les sones affectées par crise nutritionnelle et inondations; Promotion de bonnes pratiques d’hygiène; Missions d’évaluation rapide et enquêtes durant les urgences; Préparation et réponse aux urgences. Ces interventions ont permis aussi d’intégrer l’approche ATPC dans la stratégie nationale d’assainissement comme porte d’entrée des projets d’assainissement en milieu rural.

Dans le domaine des urgences WASH, le soutien de l’UNICEF, a permis l’actualisation des plans de contingence de 14 régions permettant aux équipes du ministère de la santé d’anticiper sur les risques de choléra, de maladies diarrhétiques, et paludisme pour plus de 150 000 personnes exposées dans les sones les plus à risque.
Même si des études devront être menées pour mesurer la proportion des ménages qui adoptent de pratiques d’hygiène favorables, la situation épidémiologique calme relative aux maladies diarrhéiques et au paludisme laisse présager une amélioration dans l’adoption des comportements favorables.

**On-track**

**IR 3810/A0/04/801/005 IR1.5 : D'ici 2016, les capacités nationales sont renforcées pour l'amélioration du système de planification, de budgétisation ete suivi du CDMT-santé et une meilleure prise en compte de l'équité dans les programmes de santé**

**Progress:**

**Planification/budgétisation et suivi :**

- Deux Revues semestrielles tenues
- Lancement de la promesse renouvelée (APR) avec l’élaboration d’un plan d’accélération Survie de l’enfant 2013-2015 eu du Scorecard ; Dans le même cadre, le plan de sécurisation des produits d’importance vitale a été élaboré et le financement acquis pour les 3 ans
- Appui à la CACMU (gratuité des soins pour les 0-5 ans, le ciblage des indigents, DECAM, stratégie nationale CMU, plan communication de la CMU, renforcement des capacités dans les domaines de l’Equité et la protection sociale
- Organisation du colloque internationale sur les Iniquités sociale en santé en Afrique
- Revues annuelles conjointes (RAC) dans les régions et RAC nationale tenues
- Renforcement du SNIS (formation SIGS, collecte des données, reproduction des outils de gestion)
- Finalisation et Signature du Compact-Santé
- Renforcement du mécanisme de coordination (HHA et IHP+, Projets conjoints, plan conjoint de MEO et de suivi)
- Suivi du budget Santé et de sous composantes (passage du CDSMT au DPPD qui est le Document de Programmation Pluriannuelle des Dépenses du secteur de la santé et de l'action sociale). Les objectifs du DPPD sont entre autres d'améliorer la gouvernance, renforcer le système de santé et enfin améliorer les conditions socio-économiques des groupes les plus vulnérables.

**PC 2 - Inclusive and quality education**

**On-track**

**PCR 3810/A0/04/802 2.** D’ici 2016, au moins 80 per cent des enfants d’âge scolaire, particulièrement les plus vulnérables, ont accès à une éducation de base de qualité.

**Progress:**

Progress was made regarding access and quality to education, but rates remain critically low. According to the EDS-continuous survey, Gross Enrolment Rate (GER) for children 6-11 years-old into primary school is only 78 per cent.

Equity trackers indicate that there are still huge disparities in term of access and quality in education in Senegal. Access to education for children from the lowest wealth quintile is only rated at 59 per cent, against 99.3 per cent for the highest quintile.

Achievement rates increased slightly compared to last year (to 66.3 per cent from 65 per cent in 2012) but learning achievement is still a challenge and need to be addressed in 2014 by improving learning and teaching conditions. The most recent results for the end of primary school exams shows that only 33.9 per cent of children passed, which is drastically low.

Poor school performance is also due to a lack of adequate and efficient resource management and a need for stronger sectoral diagnosis by Academic inspectors, as well as close pedagogical support for teachers. The new pedagogical approach introduced (Competency-based Approach ) has not yet been mastered by teachers, who are not fully prepared to use it in their classrooms, as most of them have not even received an appropriate initial training.

MoRES analysis revealed that poverty and financial constraints are still significant bottlenecks to access to education, especially for the most vulnerable families.

Lack of qualified teachers and teacher mobility were also identified as bottlenecks.

Lack of strong monitoring and evaluation indicators established by the MEN make it difficult to measure the efficiency of resources invested in the education sector by all partners.

**On-track**

**IR 3810/A0/04/802/001 IR2.1 :** D’ici 2016, les filles et les garçons d’âge scolaire, particulièrement les plus vulnérables, bénéficient d’une réduction des barrières à l’accès et au maintien à l’école.

**Progress:**

Regarding ECD, coordination and partnerships were strengthened in 2013. A working group was set up, gathering the ministries of...
Education and Social Affairs as well as main partners acting in the field of Early Childhood Development.

- The strategic and financial framework is being revised to support and guide the strategy defined by the Ministry of Education to reach 50 per cent pre-school access in 2025 (around 12 per cent today).
- UNICEF supported access to pre-school in 2013 for 2,620 pre-school classes, representing around 50 per cent of all children attending pre-school (192 000 nationwide). Yet, the ECD sector remains quite under-developed in Senegal and the inter-sectoral approach has to be strengthened in 2014, closely working with the Child Survival and Protection sections.

Access to primary education increased, especially regarding access to first grade. Gross enrolment reached 93 per cent according to the national school census.

UNICEF strongly supported the sensitisation campaigns and social mobilisation, especially amongst the most vulnerable areas such as Kedoughou, Matam, Tambacounda, Sedhiou, Singuinechor and Kolda. The admission rate increased from 108 per cent in 2012 to 116 per cent in 2013 (116 per cent for girls and 102 per cent for boys).

Academic inspections in seven regions were supported in their efforts to improve access to quality education, as well as 30 Departmental Education Inspectors.

Weak learning and teaching environments are constraints observed to retain children in school. UNICEF and other donors such as JICA, USAID, AFD, PAQUET (GPE-funded project) are addressing these issues to create a better school environment and improve learning achievement.

Constraints remain in school management performance and transparent governance at central and local levels. The new sector plan tends to address these issues by issuing performance contracts with academic inspectors and school directors to better measure the efficiency and use of the funds invested into the activities and their results.

Constrained

IR 3810/A0/04/802/002:IR2.2 : D’ici 2016, des modèles alternatifs pour l’éducation des filles et garçons déscolarisés et marginalisés sont développés et mis en œuvre par les partenaires nationaux

Progress: The study on out-of-school children was postponed to 2014, as there was no consensus amongst the financial and technical partners on the feasibility and the funding in 2013.

Focus has been concentrated on daaras (Qur’anic schools) and the advocacy towards the Government and the Ministry of education to have norms and standards assessed and agreed by the Ministry of education enabling the support to provide to modern daaras.

One identified bottleneck is the law on the daaras modernisation, which has been awaiting a vote since 2010. If the law passes, decrees on norms and standards can then be issued and applied.

Alternative models have not been evaluated, as there is a lack on data regarding children not attending formal education. This will be taken up by the Islamic Development Bank for children attending Qur’anic schools and by the Ministry of Education as part of the PAQUET sector plan.

UNICEF was appointed as lead of the thematic group on daaras and excluded children within the Local Education Group, which brings together all financial and technical partners. This group is key ensuring that advocacy for children’s rights is carried out at the highest levels of Government. UNICEF’s contribution in 2014 will be mainly oriented towards strong advocacy, quality control on norms and standards in support to the Ministry of Education.

Out-of-school children will be given the opportunity to access accelerated learning programs, which will be provided to over-aged children to ease their re-integration into school, as planned in the Annual Work Plan for 2014.

On-track

IR 3810/A0/04/802/003:2.3 Ecole Amie des Enfants, les directeurs, des enseignants et les parents d’élèves font un suivi rapproché des performances des écoles et assurent le passage à l’échelle de l’initiative des écoles amies des enfants

Progress:

The CFS approach has been developed in 383 schools in seven regions (Dakar, Matam, Tambacounda, Kedoughou, Singuinechor, Sedhiou and Kolda).

Some 103,000 children (48,200 girls) and 2,850 teachers have benefited from this approach. The objectives of developing such an approach lie in the five dimensions: gender, child-centred pedagogy, community involvement, and inclusion. The approach also developed child-led governments in schools, which are key to establish democratic and citizenship values in schools, so that children learn how to interact in a safe and sound environment and also responsibilities by being involved in the school project.

This approach strengthens efforts made in the education sector to alleviate bottlenecks in access, quality and school governance. Indeed, the approach developed in almost 400 schools demonstrates that sensitisation campaigns for school access amongst the community have been critical to increase access to education for the poorest and most disadvantaged children in the regions targeted.

Quality education has been reinforced by improving the learning and teaching conditions of the children. Communities are more committed through their parent-teachers associations, which were re-activated in 387 schools.

Baseline data was also established, together with partners and school directors. Academic inspectors to assess schools benefiting from
the approach measure school attendance and progress made during the school year, regarding also the school environment inputs. In 2014, support to schools will be provided to implement the CFS approach in an additional 100 schools, mostly in Dakar and the suburbs. The quality of education will also be strengthened through Phase II of the PSI (Paquet de Service Integres) in 1,000 schools in the seven targeted regions. This is conditional on funding received in 2014 from the Canadian Embassy.

PC 3 - Child protection

On-track

PCR 3810/A0/04/803 3. D'ici 2016, au moins 70 per cent des enfants identifiés et ayant été en contact avec un service quelconque de protection bénéficient d'un système de protection renforcé pour la prévention et la prise en charge des situations de vulnérabilité.

Progress:
In December 2013, efforts made to improve and strengthen the political, legal and institutional child protection environment led to the adoption of the national child protection strategy, with its budgeted action plan, as the official framework for child protection interventions in Senegal. Regarding legal reforms, the process of revision of juvenile justice penal law was completed with the validation of the project of law by the Minister of Justice.

Regarding child protection service delivery system, a training of trainers was provided to 40 police officers and gendarmes from the National Police and Gendarmerie Schools. Some 455 field workers in 14 Departments in were trained on child protection. In these departments services are being delivered through an integrated approach based on the minimum package of services and the minimum standards of vulnerable children care.

The Government's adoption of the National Child Protection Strategy has facilitated the approval of minimum standards for the protection of vulnerable children and the validation of the coordination mechanisms at department level; namely, District Child Protection Committees, of which 14 have been established. Capacity building of different stakeholders around the District Child Protection Committees in 14 Departments resulted in 9,027 cases of vulnerable children being identified by the Committees; more than 50 per cent of these children were provided with different services, including birth registration, emergency care and psychosocial support.

The national prevalence of FGM/C slightly decreased to 26 per cent (DHS/MICS2010/11); however, it remains high in geographical areas of resistance and among specific ethnic groups. The social movement in favour of abandonment continued throughout 2013, resulting in four public declarations of abandonment involving around 1,000 people. The national prevalence rate for birth registration increased to 75.5 per cent, with 4,198 children registered in 2013, with UNICEF support, due to inter-sectoral work between the protection, health and education sectors, the mass sensitisation campaign in Thies and Tivaouane and grass-roots birth registration initiative developed by JED and Maison de Justice of Tivaouane in Mboro and Tiovouane departments.

On-track

IR 3810/A0/04/803/001 4. D'ici 2016, les enfants, particulièrement les plus vulnérables, bénéficient d'une prise en charge accrue de leurs besoins dans le ciblage et la budgétisation des politiques sociales et des mécanismes de protection sociale.

Progress:

The National Child Protection Strategy, as a national framework for child protection, was adopted by the Prime Minister, including its action plan and national and district coordination mechanisms. The adopted action plan of the national strategy will shape and orient child protection actors' interventions during the coming three years. The coordination issue being one of the weaknesses of child protection sector is being addressed through the adoption by the Inter-ministerial-Council of the National Coordination Mechanism, as well as the validation of District Child Protection Committees.

Within the framework of the validated minimum standards for the protection of vulnerable children, an integrated child protection system is being tested in four Departments. Ten other Departments are integrating the standards in their approach through the coordination by the district child protection committees.

Regarding legal reforms, the process of revising juvenile justice penal law was completed with the validation of the project of law by the Minister of Justice. This new progressive law proposing key revisions regarding justice for children, including victims, witness and offenders was validated by the Ministry of Justice and related partners.

On-track

IR 3810/A0/04/803/002 3.2 Renforcement Capacites Services: d'ici 2013 les services ont des capacités renforcées et assurent une meilleure prise en charge des filles et garçons victimes de maltraitance, d'abus et de violences conformément aux protocoles et standards.

Progress:

National Standards for the care and protection of vulnerable children were technically validated by the three key ministries (family, justice and social affairs) and finally adopted by the Prime Minister in the inter-ministerial-council. In four Departments (Guediawaye, Kolda, Thies, Tivaouane) key stakeholders around the district child protection committees were trained on the national minimum standards and are delivering services accordingly.

A specific child protection manual for community actors was developed with the national School of Social Workers, based on the
experience of the integrated child protection services delivery system, which had been implemented in two experimental Departments (Guediawaye and Kolda). The manual will be revised and training tools developed in 2014. A curriculum and training package on child rights and child protection for the initial training of police officers and gendarmes was validated, and a pool of 40 trainers of trainers was established. A second training package was developed for specialised training of on-the-job of police officers and gendarmes, and will be validated in 2014. In the 14 targeted Departments, 980 child protection actors, state and non-state, have been trained to deliver integrated protection services through networking and referral systems.

**On-track**

**IR 3810/A0/04/803/003 IR3.3 : D’ici 2016, les filles et les garçons en situation de vulnérabilité, notamment ceux des régions d’intervention du programme, ont un accès accru aux services de protection.**

**Progress:**

Based on lessons learnt from work in two pilot Departments (Guediawaye and Kolda) where efforts to strengthen the delivery of child protection services started in 2011, efforts to build coordination and monitoring systems at the Department level continued in 12 departments in 2013, including: Thiès, Tivaouane, Kaolack, Siguinchor, Vélingara, Saint-Louis, Pikine, Sédhiou, Dakar, Mbaké, Medina Yoro Foula. As shown in the child protection mapping study, key challenges remain in relation to access and availability of services, which are mainly concentrated in the capital. The integrated child protection services delivery system is being implemented, within the framework of national minimum standards for the protection of vulnerable children, in four Departments (Guediawaye, Kolda, Thiès and Tivaouane) with coordination by all stakeholders and services by the Child Protection Committee, led by the mayor.

A minimum package of services was tested in two Departments (Guediawaye, Kolda). In the remaining 12 departments District Child Protection Committees were established; however, the child protection services delivery system is only partially functional and standard operating procedures for child protection need to be established. In the 14 Departments where District Child Protection Committees have been established more than 9,000 children have been identified through the network of services, and 50 per cent of these children received at least one service, such as birth registration, emergency care or psychosocial support.

Beside specific child protection services, cash transfers were included in the package of services in vulnerable communities in the department of Kolda as a strategy to improve access to education and prevent early family separation. Some 900 most vulnerable children benefitted from monthly cash transfers and were monitored by District Child Protection Committees.

**On-track**

**IR 3810/A0/04/803/004 IR3.4 D’ici 2016 les familles et les communautés dans les régions d’intervention abandonnent les pratiques néfastes en adoptant des normes sociales positives.**

**Progress:**

In the targeted 14 Departments, the child protection community-based mechanisms, namely Village Child Protection Committees/Community Management Committees/monitoring committees), have been established to address the different forms of harmful practices including child begging, child labour, FGM/C and child marriage. Around 331 community-based mechanisms have been established and trained child protection according to standards. In four Departments these community-based actors are implementing prevention actions through sensitisation, community mobilisation on, and detection and referral of, children at risk. In the two experimental departments of Kolda and Guediawaye, these child protection committees (at village, district or rural community level) have been trained and integrated into the district child protection committees’ mechanisms.

Communication tools accompanying the Islamic argumentation on FGM/C were validated following a consultation with Imams and Islamic scholars in the 14 regions of Senegal. A total of 875 religious are now committed to ending FGM/C in their localities. Communication tools accompanying the Islamic argumentation on child protection were validated, and the first training of radio preachers has been conducted.

Four public declarations on the abandonment of FGM/C took place in 2013 in the region of Kolda, involving more than 1,000 people. By the end of 2013 a total of 5,814 communities that declared their commitment to abandon FGM/C and child marriage had been reached.

**On-track**

**IR 3810/A0/04/803/005 IR 3.5 : D’ici 2016, les services de protection utilisent un système performant de suivi de la situation des enfants marginalisés et victimes d’abus, d’exploitation et de violences.**

**Progress:**

A referral system for cases of violence and exploitation has been established at the community level in 351 communities covered by the FGM/C program. Referral mechanisms are established and capacity building of members has been conducted.

National data collection system is under construction in 14 Departments through the mechanisms of District Child Protection Committees. Monitoring tools were developed and tested at decentralised level. Three emergency care shelters for children in the region of Dakar (Yakaruu Guneyi, Univers’elles, Village Pilote) and six partner NGOs (Samusocial, ENDA JA, World Vision, JED, AMAT, Tostan) developed functional monitoring and data collection mechanism. However this remains a challenge among all child protection partners and will be considered as one of the priorities for 2014.
**PC 4 - Social policies and advocacy**

**Progress:**

2013 was a challenging year for the PSP programme, for reasons of limited internal capacity (due to staff attrition), rapid changes in Government (a newly set-up Ministry of Planning, emerging out of parts of the Ministry of Economy and Finance) and major data collection efforts (population census), as well as the launch of a number of major flagship schemes ("Family Security Allowance") by the Government, which all left very little absorptive capacity for other activities. A number of activities could not be realised in 2013 and were postponed to 2014. The annual planning and review exercise recommended strengthening capacity of partners in work plan performance monitoring and a more rigorous, criteria-based approach to the choice of activities for 2014. Despite these challenges, in 2013, overall performance against most targets was positive and improving.

Target 1 could not be achieved. Analysis of public finance and support to social sector budgeting was not a priority of the work plan for 2013, but should be re-launched in 2014, because while a positive evolution was recorded for the share of social sector budgets on average over the last several years, being at 30 per cent for the last available year (2012), an alarming trend of stagnation and decrease of the share is noted, especially for education and health, over the last two-to-three years. In view of the ongoing fiscal consolidation efforts of the Government, stronger support is required with regard to budget reform and safeguarding of social sector spending. A positive shift is that the Budget Law 2014 announces an increase by 65 per cent of the allocations for social protection, albeit from a very low base, in support of the main social protection flagship schemes of the Government (Family Security Allowance and Universal Healthcare Coverage). Financing of these schemes remains a challenge, and support for identifying sustainable financing sources is required in 2014.

Target 2 is fully achieved. 2013 saw the stabilisation of the MoRES/L3M decentralised monitoring system in the poorest region of Casamance in four Departments, which resulted in a strong partnership with regional and district authorities for the monitoring of bottlenecks in supply and demand for basic social services and the production and utilisation of performance dashboards in local planning and budgeting. The effectiveness of response measures could not be measured in 2013 for objective reasons of time limitations and insufficient financing of activities.

**On-track**

**IR 3810/A0/04/804/001 IR 4-1** Les départements ministériels utilisent les évidences produites sur la situation des enfants et les OMD pour la planification, le suivi et l'évaluation de politiques sociales sensibles à l'équité et au droit des enfants.

**Progress:**

2013 was a lower tide year for PSP in terms of support to national data collection, analysis and reporting on the situation of children and women, as compared to the major efforts invested into decentralised monitoring (MoRES/L3M). The National SenDevInfo Committee had a thin agenda in 2013 and its work is expected to be reinforced in 2014, including in support of the monitoring of performance under the National Strategy for Economic and Social Development (SNDES). In the meantime, DHS-C data were used to inform the annual review of SNDES.

Target 1 is close to achieved. The most noteworthy effort was the Continuous DHS, implemented under the strong leadership of the Government and within the framework of an emerging MoU for the gradual transfer of competencies and the takeover of the larger financing burden by the Government. Following more than two years of support to the quarterly Real-Time Impact Vulnerability Assessment Surveys (RIVAS), the project continued autonomously starting from Q2 2013. An evaluation of the project's effectiveness in terms of informing policies is required before its extension or scale-up. Due to the Population Census of 2013, a number of data collection and analysis activities could not be realised. However, the census data offer a unique opportunity to conduct secondary analysis on the situation of children in conjunction with other poverty and socio-economic survey data, which will be explored in 2014.

Target 2 is fully achieved. In 2013, a study on the evaluation of child-related policies in Senegal was conducted and is expected to inform the modelling and forecasting studies as well as sectoral policy-making in 2014.

Target 3 is half-way to completion; partnerships with research institutes and academic institutions should be strengthened in 2014.

**On-track**

**IR 3810/A0/04/804/002 IR 4-2 :** D'ici 2016, les partenaires nationaux disposent de meilleures capacités nationales de coordination, de ciblage des familles vulnérables, de planification, de suivi et d'évaluation sont renforcées et assurent une meilleure prise en compte des droits de l'enfant dans les programmes de protection sociale.

**Progress:**

In 2013, UNICEF continued to play a strategic role in social protection sector coordination. Thanks to the evidence produced and technical assistance provided throughout the last three years, UNICEF is now seen as a key partner by the major actors of the sector.
and was nominated in 2013 by the donor group as a member (along with WFP) of the Technical Committee of the Inter-Ministerial Steering Committee on Social Protection.

In 2013, in its capacity as lead partner for the UN Social Protection Programme, UNICEF launched an update of the programme, with a view to adjusting it to the priorities of the Government. In 2013, to respond to the needs of capacity strengthening in the sector, UNICEF delivered a training programme on social protection and cash transfers in partnership with ILO for the benefit of the social protection sector members.

Nonetheless, the sector remains weak in terms of capacity and results and increased coordination is required by the Government. Therefore, Target 1 is achieved but the qualifier of 'functional' is contentious.

In 2013 the Government allocated FCFA5 billion for implementation of the "Family Security Allowance" for 50,000 households with a perspective of expanding the coverage to 250,000 households by the end of 2017. The speed with which this programme was launched left many gaps, including in terms of effective targeting, accompanying measures and an M&E framework, which UNICEF intends to support in 2014 through the set-up of the Social Protection Laboratory in Casamance, the intervention zone of the Country Programme. The key partners in this will be the newly established Delegation of Social Protection and Social Solidarity, leading the implementation of the Family Security Allowance flagship scheme, regional and local authorities and decentralised and de-concentrated services. Target 2 was achieved, but the programmes will require significant support and investment to become fully functional in terms of effective targeting, financing mechanism and monitoring and evaluation of results.

**Progress:**

In 2013 alliances with the civil society were strengthened mostly around the pilot Initiative "Child-Friendly Municipalities" and support to "Child-Sensitive Participatory Budgeting", which continued in 2013 covering nine localities: Dabo, Coumbacara, Sare Yoba Diega, Ndorna Pata, Velingara Linkering, Sédhiou Dienéd (and Oussouye beginning at the end of 2013). With the support of UNICEF's partners (the national NGO Institute for Environmental Development and the Programme for Community Action and Environmental Transformation), tools were developed to encourage children's participation and prioritisation of children's issues in local planning and budgeting. At the national level, strategic partnerships were forged with the Decentralisation Donor Group, and a National Thematic Group on Child-Sensitive Participatory Budgeting was established, but the institutional anchoring with the Ministry of Decentralisation has yet to be built.

Thus, Target 1 was exceeded, even though the range of areas of intervention is limited. In 2014, partnerships with civil society should be further explored and extended to cover issues around citizen control of budgets and flagship schemes in social protection.

Target 2 was partially achieved. The pilot programme is expected to be extended in 2014 and its national anchoring with the Ministry of Decentralisation established. In addition, collaboration with the National Union of Associations of Elected Officials, as champions for the children's agenda, was developed.

Target 3 was partially achieved. MoRES/L3M surveys implemented in four Departments (Kolda, Vélingara, Medina Yoro Foulah and Sédhiou) provided the much-needed data on bottlenecks affecting supply and demand of basic social services and allowed the regional and district authorities to plan for corrective measures. A scale-up MoRES/L3M event was organised with key local partners, which concluded that an effective strategy of institutionalisation at the national level and sustainable financing should be adopted in early 2014.

**PC 800 - Cross-sectoral costs**

**PCR 3810/A0/04/800 Cross Sectoral/Programme Support** supports the operational and logistic elements of the programme, and the improvement of the management capabilities of UNICEFF staff and partners. Implementation costs relevant to programme execution are covered, as well as costs related to the running of the country office.

**IR 3810/A0/04/800/003 Effective and Efficient Governance and Systems**

**Progress:** Au cours de l’année 2012, le bureau a pu organiser trois missions de End-User Monitoring qui ont couvert l’ensemble du territoire national et les deux secteurs (Education et Survie) pourvoyeurs d’intrants dans les services sociaux de base. Deux missions ont pu être lancées depuis Dakar et une mission depuis Siguinchor. Les sections du programme ont également régulièrement organisé des missions spot-check dans le cadre des procédures HACT. Enfin, une fiche a été mise en place afin de procéder au risk-assessment des partenaires bénéficiant de transferts de fonds dans le cadre du HACT.

**IR 3810/A0/04/800/002 Effective and Efficient Management and Stewardship of Administrative and Financial Resources**

**IR 3810/A0/04/800/003 Effective and Efficient Management of Human Capacity, including training, learning and staff development, staff well-being, and staff safety and security.**
IR 3810/A0/04/800/888 Efficient and Effective HR Management

IR 3810/A0/04/800/889 CS Human Resources - Dakar effective programme implementation, operational support and management - Dakar

IR 3810/A0/04/800/890 CS Ops & Mgmt Support to Programme support to programme activities and the functioning of the Country Office, to ensure effective management of the programme and office.

- On-track

IR 3810/A0/04/800/891 Assure UN/UNICEF visibility, collaboration, programme execution and management in the region of Casamance, through the Unicef sub-office in Siguinchor. Provide cross-sectoral and operational support for risk-aware programme activities and effective management.

**Progress:**

Le sous-bureau de Siguinchor a pu bénéficier d’un renforcement de ses équipes avec les recrutements de staff dans les domaines de la survie et de la protection. Ainsi le sous-bureau de Siguinchor a pu conduire pour l’ensemble des secteurs (Survie, Education et Protection) l’analyse des goulots pour les quatre départements d’intégration. Ces analyses par goulots ont ensuite permis à l’équipe d’élaborer des plans de travail locaux avec les Comités Départementaux de Suivi et d’Harmonisation qui ont bénéficié de sessions de renforcement de capacités en approches droits humains, droits de l’enfant et HACT.
The Office’s objectives and priorities were established during the Annual Management Review (AMR) held early in the year. Following Annual Programme and Management Reviews, programmatic and management priorities are identified, consolidated in the Annual Management Plan, and priority tasks and responsibilities are reflected in Staff’s performance assessment systems (PAS) for the year.

During the AMR, the statutory committees were reviewed and collaboratively updated. The formal composition for these was issued in March 2013. A Partnership Cooperation Agreement (PCA) Review Committee was added to the statutory committees this year, to carry out a full and thorough review of proposed PCAs and required supporting documentation and assessment mechanisms. Staff were formally allocated roles and membership on statutory committees and roles allocated in Vision via a letter from the Representative, which the staff member signed and returned for the files, retaining a copy for him/herself. Briefings on the various committees were held not only for members to understand the functioning of the committee and their roles and responsibilities, but also to permit other staff to understand how to prepare submissions to the committees and the oversight role each committee plays in making recommendations to the Representative.

The CMT met regularly and discussed a range of standard management indicators, identified constraints, and proposed solutions. Significant focus this year was given to the improvement of HACT implementation and development and execution of assurance activities, with a real focus on determining risk levels of partners below the level for micro-assessments, and determining actions to reinforce partner capacities and reduce risks related to partners.

Following an internal audit in Dec 2012, for which the final report was received in Q2 of 2013, the CMT and Office team focused on agreed actions to improve various elements of governance as identified by the audit. A mid-year report on these activities was submitted in July and a response is expected shortly.

The audit noted good functioning in terms of defining priorities and monitoring these through the programme and operations meetings as well as the CMT, as well as the development of workflow reviews and guidance/checklist documents to facilitate appropriate processing of key transactions. The audit also recognised that roles within Vision were clearly allocated and that the Office had zero conflicts in terms of segregation of duties. Finally it was recognised that the Office’s initiative to hire an external HR firm to prepare staff for recruitment activities for the transition from the old Country Programme to the new cycle was recognised by DHR as a practice for replication elsewhere.

As part of the enterprise risk management element of Office management, the risks pertaining to the country environment, the political situation and its relevance to programming and staff safety and security were updated using the Maplecroft tables on risk factors by country, which was found to be an objective measure of trends (improving and deteriorating) as well as a flag to elements that staff within UNICEF might not have considered. The risk environment was therefore updated and the risk library revised.

The Deputy Representative assured that the various teams updated the Early Warning/Early Action plan, and that minimum preparedness in terms of basic stocks for various scenarios were in place, as well as JDs for some staffing that might be needed to facilitate surge/emergency staffing.

The Business Continuity Plan was updated mid-year and shared with all staff, some additional equipment was procured and installed to improve this. In addition, as staffing changes occurred, the BCP was updated to reflect any changed responsibilities. Furthermore, this year UNDSS recognised that a system-wide warden service does not function, and requested that each agency create its own, following specific guidelines. Fortunately the Office already had its own warden system with defined geographic areas and staff residences localised on a private Google Earth map; and could easily adapt the system to comply with the format
proposed by UNDSS.

The MOSS and MORSS for Senegal were updated this year as well, in an exercise in which the Representative participated. Changes were minimal and compliance by the Office is easily manageable, with the exception of the desired set-back space for the building, which is a problem for nearly all UN agencies in Dakar. New premises were identified and a process for approval of the site was underway as of December 2013.

With regard to the office in Siguinchor, a review of the security risk level took place jointly with UNDSS, PAM, UNICEF and UNDP Regional Security. While the level remains the same, the environment has become slightly less secure. Recommendations for improvement/mitigating measures were identified and in process of implementation. In addition, UNDSS organised an assessment mission for MOSS and MORSS in Senegal, and visited each agency, reviewing documentation and relevant activities for risk management and staff safety and security. UNICEF Senegal was among the top agencies, according to the results of the assessment mission report.

Evaluation

The Office has an annual IMEP, monitored and updated on a quarterly basis. The 2013 IMEP was overly ambitious, with 31 planned activities in all categories. Evaluations, representing only 13 percent of the planned activities, registered a 50 percent completion rate. Two of the four planned evaluations were conclude, with reports/findings shared and discussed with relevant partners and stakeholders.

The evaluation of the Joint UNFPA–UNICEF Programme on FGM/C was conducted with objectivity by a team of external international and national consultants, steered by the technical support of both agencies’ Evaluation Units in NYHQ. The evaluation report outlined the joint programme’s valuable approach based on the Tostan experience in FGM abandonment, its added value to both agencies’ Programmes of Cooperation and the key results achieved toward FGM/C abandonment. But it also raised some concerns related to the programme coordination’s mechanisms with the state partners, its weak institutional anchorage and the need for greater partnership diversification through strategic networking and community participation in interventions design, implementation and monitoring. These recommendations are already being considered in the Child Protection Programme current implementation, and will constitute key references for the Country Programme 2014 Mid-Term Review exercise.

The end-cycle Evaluation of the MDG Fund-supported Joint UN programme on Young Child Nutrition and Food Security (NESA), conducted by a team of external national consultants, was also completed with reports and recommendations shared, discussed and validated with relevant partners. The evaluation’s observations are being used to reshape Nutrition interventions design, while focusing on improving coordination mechanisms among stakeholders in the Nutrition sector, and strengthening the C4D component for increased intake of nutrition services at community level.

It should also be noted that in 2013, many of the studies, evaluations and assessments included in the IMEP 2013 were postponed to 2014. This raises the question of the criteria and quality review of the proposals to be included in the IMEP, as well as of the adequacy of resources allocated for these activities.

In 2014 the CO will emphasise ensuring good quality ToRs for evaluations and on the recruitment of well-qualified evaluators, with technical assistance from the Regional Office. A mechanism to follow up evaluations’ recommendations will be put in place and monitored by the M&E unit.

Effective Use of Information and Communication Technology

The programme is increasingly integrating ICT innovations into programme activities, particularly in the fields of Social Policy, Education and Health. Examples include use of the SenDevInfo platform and also one developed specifically for one SCO target region: KoldaDev. In the conduct of the MoRES/L3M surveys (facility-based assessment and lot quality assurance sampling), PDAs were utilised for data collection and analysis.
In the more classic use of ICT for operational purposes, the planning of a project for interconnection of telephony and Internet system between UN agencies was initiated in 2013. Several ICT meetings were organised, a road map established, but execution has not yet begun. This project should reduce the costs of telecommunications for the agencies in the longer term.

The Office’s ICT systems permit easy access to systems remotely whether for routine or business continuity purposes. Remote access to resources (email, VISION, Internet, etc.), is used by colleagues without difficulty with their laptop, VASCO keys for Citrix access, and USB-key Internet for particularly for section heads and staff designated as part of the business continuity/emergency response team. This allows them to be operational 24 hours a day and also contributes to the achievement of results. E-mail is configured on personal devices (smartphone, iPhone, etc.) of the colleagues who so desire. DHCP and Wi-Fi were implemented this year to enhance staff mobility.

The Office uses the long-term agreements (LTAs) managed by ITSSD and Supply Division for equipment and software. For maintenance, LTAs with local structures exist in collaboration with the Regional Office.

Office equipment is managed taking into account environmental considerations. This year the equipment proposed for disposal via PSB was recycled to an IT training centre/association and therefore did not need to be incinerated.

Applications and materials used meet ITSS standards. For business continuity, an internet link exists between the Regional and Country Offices. Therefore, if the CO internet connection goes down staff can use internet automatically from the Regional Office. The Office also implemented the Skype PBX integration so that staff can be reached on their fixed phones via Skype. Skype was integrated into the visualisation systems in conference rooms in both Siguinchor and Dakar, enabling better remote “presence” in discussions held virtually. Use of Skype with greater frequency should also reduce telephony costs in the long term.

Finally, with the addition of additional ‘digisenders’, faxes have become obsolete and related telephone costs are no longer incurred. In addition, use of the ‘digisender’ expedited processing of documents and has replaced the need to send some documents between the CO and zone office in Siguinchor, and between the CO and HQ offices, reducing pouch and DHL costs as well.

**Fund-raising and Donor Relations**

During 2013, the CO maintained a productive relationship with country-based and overseas donors. As a result, by the end of the second year of the CP cycle, the CO had mobilised US$19,447 693 of Other Resources (OR), representing 42 per cent of the Board Approved ORR budget (US$46,500 000). This sets the CO on track to achieve the 75 per cent target of OR ceiling at the end of the Programme cycle, provided the same pace is maintained in fundraising efforts over the next three years.

With 97 per cent utilisation rate on grants expiring during the reporting period, the CP showed high capacity to make optimal use of mobilised resources. This is due to the efficient mechanism put in place to monitor funds utilisation, consisting of weekly reviews of grants status by the Country Management Team, followed by detailed planning for grant balances’ consumption or extension requests during monthly Programme Coordination meetings.

Submission of timely and quality reports to donors, combined with direct interactions with country-based donors’ representatives (EU/ECHO, donor countries’ such as Canada, France, Japan, Spain, Switzerland, USA, and others) and efficient organisation of field visits for visiting donors, particularly Natcoms and donor country government officials – as was the case in 2013 for the UK Natcom, Canada national assembly members and Minister of International Development Affairs – are at the core of the CO’s fundraising strategy. This has contributed to nurturing dynamic and productive donor relationships, illustrated by the funding secured for: the emergency response to the Sahel Nutrition Crisis with EU/ECHO; education and nutrition programmes with Canada; child survival interventions, malaria control and nutrition with Japan; and child protection interventions with the French and German Natcoms, among others.
Although the CO registered only 79 per cent of donor reports submitted on time to donors in 2013, this had little impact on the CP fundraising efforts, as the timely reports submission shortfall was tied to reporting on joint programmes with other UN Agencies, for which UNICEF’s contribution was submitted on time to the managing agency, and late submission was out of UNICEF’s control.

UNICEF’s regular participation in the Donors’ Coordination Group created opportunities for programme funding harmonisation and balance, resources leveraging, coordination with public and private sectors and greater synergy with international financial institutions such as the World Bank on specific initiatives, such as the national Social Protection Programme.

Management of Financial and Other Assets

The internal audit found Operations to be functioning well overall, with some improvements to be made. These relate to the functioning of the Contract Review Committee (CRC), as files were not always submitted with the required supporting documents, which delayed the appropriate cases reviews. It was noted also that the CRC often worked under pressure, jeopardising the integrity of the contract review process. The contract review workflow process and tools were re-presented to staff during the annual management review, to achieve a common understanding of the work process' requirements for supply, individual or institutional contracts. Furthermore, the Office used the CRC for reviewing PCAs, which was not appreciated by the audit team, and the Office agreed to, and did, create a functional PCA committee in June 2013.

Regarding funds use, as of closure of accounts’ date, the CO registered a 90 percent utilisation (commitments plus actuals) rate of all RR funds received for the reporting year (US$6,437,856 utilised over US$7,175,273 RR funded amount for 2013), with 97 percent utilisation of all grants expiring in 2013, including 99 percent of all ORR and 96 percent of all OR-E (excluding ECHO funds expiring in March 2014). The Office managed also to spend nearly all its Support/Institutional Budget (BMA) with less than 1 per cent uncommitted/unspent at year end.

The DCT situation improved tremendously, with DCT over nine months decreasing from 22 percent in May 2013 to 6 percent by closure of accounts, as a result of an efficient DCT tracking mechanism set in place and regularly monitored by the CMT. Programme Budget utilisation and DCT status were monitored on a weekly and monthly basis, using data and reports generated by the Manger Dashboard. A special internal Task Force was also set up to plan and monitored necessary actions to be taken by the CO management in order to recover outstanding DCTs from implementing partners, with increased accountability of Programme Specialists for DCTs’ monitoring and recovery.

The Office instituted a guide on the documentation needed for processing various categories of payments (DCT, travel, invoices, etc.) to assure common understanding of and compliance with documentation requirements. This guide, reviewed with all staff, was placed on the Office’s shared drive for easy access by all staff. Bank reconciliations were carried out as per institutional schedule, with the appropriate segregation of duties required by Vision. In 2013, only one item exceeding the maximum duration for reconciling items prior to its resolution was registered. Petty cash is regularly reconciled and replenished, and spontaneous cash counts are carried out as a control measure.

While the Office experienced challenges with a number of problematic liquidation issues due to technical issues between late 2012 and mid-2013, by mid-year the finance team had developed significant expertise, enabled the CO to resolve in-house a number of cases and types of problems that occur repetitively, and there are now only rare cases that require the assistance of the regional Vision expert or escalation of service calls to HQ DCT experts.

Work on assurance activities for DCT/HACT progressed significantly. An initial Assurance Plan was issued in Q2 which included some of our more significant partners. LTAs for micro-assessments and HACT audits were issued in 2013, with selected partners. Multi-sectoral teams consisting of programme and operational staff visited partners and carried out a first round of spot-checks. Spot-check reports provided useful information on common issues experienced by partners and indications of work we can support to improve/develop...
partner capacity and reduce risk. Field visits to projects were also performed on a monthly basis by Programme staff to ensure quality control of programme results and adequacy of financial management mechanisms set in place by implementing partners for efficient resource management. Field visits were often coupled with spot-checks on partners’ accounts, end-users’ monitoring for supply items, as well as monitoring and recovery of delinquent DCTs, to maximise the time and resources spent on travel. Partners’ training on HACT was performed on a continuous basis due to high turnover of partners’ staff. The Assurance Plan was updated by end-2013, to include all partners deemed “active” in Vision, using funding levels and a standard decision tree to determine initial risk levels for partners not yet formally assessed. A database to document assurance activities by partners will be developed to facilitate reporting on risk levels, assurance activities, and capacity-building planning. Additional human resources, for quality assurance activities, with a specific focus on support to DCT/HACT, are scheduled for 2014, following the 2014 Mid-Term review of the CPAP.

### Supply Management

Activities related to Supply and Logistics were fully completed in 2013 and executed as part of the Senegal Office Supply Plan without any delays or constraints. Emergency response was fully conducted including inputs related to the food crisis (Plumpy Nut, F75 and F100) and those for flooding (bowls, hygiene kits, hand-washing material, soap, bleach, etc.). These emergency items were supplied in a timely manner and distributed to the beneficiaries without delay. The acquisition of these inputs was facilitated by the use of LTAs established by SD and those agreed upon with local suppliers.

The total value of goods received was US$4,012,649.65.

<table>
<thead>
<tr>
<th>Raw Labels</th>
<th>Amount in $ US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>12,589.61</td>
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<tr>
<td>Education</td>
<td>264,325.07</td>
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<tr>
<td>Social Policy</td>
<td>7,051.99</td>
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<tr>
<td>Nutrition</td>
<td>1,914,102.65</td>
</tr>
<tr>
<td>Health</td>
<td>1,597,453.76</td>
</tr>
<tr>
<td>Wash (Emergency)</td>
<td>108,570.64</td>
</tr>
<tr>
<td>Operational Supplies</td>
<td>108,555.43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,012,649.35</strong></td>
</tr>
</tbody>
</table>

Of this amount, items for the food crisis (Plumpy Nut, F75 and F100) cost US$1,318,162.65, and vaccines, vaccine carriers and cold rooms cost US$1,160,423.79.

The total weight of goods received was 632 tons:
- Ocean freight: 35 cases with a weight of 619 tons
- Air cargo: 50 cases with a weight of 12 tons.

Transit and clearance cost of such goods at the local level was approximately US$91,953.15 (CFA- XOF 43,701,838).

The total amount of purchases in 2013 was US$4,133,200.52 (against US$2,341,299.92 in 2012).

<table>
<thead>
<tr>
<th>Raw Labels</th>
<th>Amount in $US</th>
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</thead>
<tbody>
<tr>
<td>Program Supplies</td>
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<tr>
<td>Operational Supplies</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4,133,200.52</strong></td>
</tr>
</tbody>
</table>
These purchases were as follows:
• Offshore Orders: US$3,552,393.2
• Direct Order: US$230,805.32
• Local Orders : US$350,001.95

Local contracts issued to local suppliers for goods and services included those for:
• Printing: US$13,730.46
• Transit and clearance: US$84,756.84,
• Internal Transport: US$94,313.75,

Procurement services were primarily for the Ministry of Health, for a total of US$16,922,712.71.

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Sum of Procurement Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI - DIRECTION DE LA PREVENTION</td>
<td>476,687.31</td>
</tr>
<tr>
<td>GAVI - DIRECTION DE LA PREVENTION MEDICALE</td>
<td>13,788,383.20</td>
</tr>
<tr>
<td>Cellule de Lutte contre la Mainutri</td>
<td>21,841.15</td>
</tr>
<tr>
<td>IntraHealth International Inc</td>
<td>6,713.53</td>
</tr>
<tr>
<td>Ministry of Health - Senegal</td>
<td>2,629,087.52</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>16,922,712.71</strong></td>
</tr>
</tbody>
</table>

The warehouse was well managed and no space issues were encountered despite increased purchases; this was possible due to effective management of distribution activities to beneficiaries.

For 2013, 1,420 tons of products were distributed for a value of US$3,717,797.24 in favour of 139 Government services and NGO partners. Internal transport required chartering 78 trucks with private carriers at an estimated cost of US$101,709.98 (CFA-XOF 48,338,885).

<table>
<thead>
<tr>
<th>Raw Labels</th>
<th>Amount in $US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection</td>
<td>46,676.67</td>
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<tr>
<td>Communication</td>
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<td>Education</td>
<td>215,319.95</td>
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<tr>
<td>Social Policy</td>
<td>62,775.16</td>
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<td>Nutrition</td>
<td>2,145,593.14</td>
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<tr>
<td>Health</td>
<td>1,578,516.97</td>
</tr>
<tr>
<td>Wash (Emergency)</td>
<td>530,063.84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,596,219.74</strong></td>
</tr>
</tbody>
</table>

The stock value of the warehouse on 31 December 2013 was US$129,919.77, the lowest of the year and indeed, over several years. This was possible due to concentrated efforts to expedite deliveries and a perfect synergy of action between the Programme and Supply & Logistics units.
Regular deliveries of items to beneficiaries helped minimise stock levels and facilitate the conducting of the physical inventory, which took only three hours.

In collaboration with programme colleagues, seven End-User Monitoring missions were performed. The EUM report is in the course of finalisation and will be used in supply planning for 2014.

### Human Resources

The Country Programme 2012-2016 sets various posts profiles adjusted to current programme and office's needs, as some posts were abolished and new ones created. Recruitment to establish a full staff structure is on-going. Competencies for posts were carefully taken into consideration as part of the PAS planning stage, progress documented, and needs for improvement identified.

At PAS planning phase, the Office's programme and management priorities are reflected in staff's yearly outputs and activities, while individual training needs, for better performance or career development, were discussed and proposed. Training proposals are set in the Office training plan, revised by the CO training committee and later approved by the Representative. The HR section provides support to all staff for PAS development, execution and productive discussions.

In 2013, staff training focused on VISION, to fill internal capacity gaps. Individual staff trainings in 2013 were via both external and internal programmes, and included 10 staff in the Programme Section (Child survival, Child Protection, Education, Social Policy and coordination) and four staff from the Operations Section (Operations, ICT, Administration, Supply). Among the individual trainings offered internally was one staff who completed the Leadership Development Programme and two staff for the Dynamic Leadership Certificate. In addition, four staff members recently participated in the PPP training offered by the Regional Office. The "Managing Performance for Results" workshop scheduled for 2013, in collaboration with the Regional Office, was postponed to 2014 due to time constraints.

The CMT followed up monthly on the progress of PAS (completion of prior year, development of current year, mid-year and year end). In addition, progress with regard to the Office training plan is monitored by the training committee regularly and the CMT quarterly.

As part of the Early Warning/Early Action plan, staffing needs for various scenarios were identified and staff profiles to respond to these considered. For those where the Office recognised that there could be additional staffing needs, generic JDs were adapted to ease of use in recruitment of surge staff if needed. In addition, a few staff were nominated as emergency support staff in various domains to be deployed if necessary as part of the Regional Immediate Response Team.

Adequate resources are available for staff support in case of need; Peer Support Volunteers among staff members were identified and trained this year, and the Regional Staff Counsellor is readily available. Activities relevant to HIV/AIDS in the workplace were undertaken jointly with other UN Agencies, and the 10 minimum standards shared with staff by the office's HIV/AIDS focal person.

The Global Staff Survey findings were reviewed and shared with staff by the CMT, in collaboration with the Local Staff Association. A specialised HR consulting firm was hired to review the survey's results, identify
potential sources of concern and propose appropriate solutions. This exercise was completed and will be followed by a staff retreat, scheduled for Q1 2014, for team-building, self-knowledge and communication promotion. One end-result of the retreat will be a work plan for the Office including activities for continued improvement of staff morale.

**Efficiency Gains and Cost Savings**

While there is an active Operations Management Team, this group tends to look more at issues affecting agencies (such as harmonisation of DSA or consultant rates, completion of salary surveys) than at joint or common services. Past efforts to create LTAs collaboratively have taken much longer than would normally be necessary due to the need for collaboration and conflicting priorities and schedules.

However, common services between the UNICEF Regional and Country Offices in Senegal do exist. The CO for example, carried out the bid processes for renewal of administrative services on behalf of both offices. The firm hired to inventory the warehouse and PPE has done the PPE work for both offices, though contracted by the SCO. Plans for additional common services and a business service centre are in place, and meetings took place in 2013 to move these forward. Since a new building was identified as a potential space to consolidate both offices into one site, it is expected that these efforts will be expedited and implemented in 2014.

Value for Money principles were applied to the purchase of supplies and in consultant and institutional contracting. A briefing was held for all staff when the new texts relevant to selection of consultants were issued, emphasising that sole source is no longer an option (unless a formally designated emergency country) and that recruitment exercises are to be “real”. The requirement for technical and financial offers submitted separately, with a predetermined weighting at the time of the development of the TORs, was consistently applied.

There has been some resistance among staff in complying with this, as well as resistance from consultants who have previously worked for other UN agencies or for UNICEF, and who feel that a financial proposal including a package/reduction in proposed travel costs seems unfair or peculiar in comparison to former practices or those currently implemented by other agencies. It will be interesting to see if/how many other UN agencies apply this principle and practice of best value for money, as it would greatly ease understanding of and compliance with this principle.

Furthermore, it has been noted that since these texts were approved and applied, the number of consultants recruited by the office has significantly decreased.

In terms of efficiency, a committee was formed to look at the role and procedures of Programme Assistants (PAs). Analysis of time per transaction type (travel, DCT, purchasing, SSA contracts) both in Vision and outside of Vision, multiplied by the number of transactions initiated in 2013 by section indicated that in fact, the CO is short-staffed in terms of PAs. We are looking at the possibility of specialisation by transaction in a rotational sense, to avoid burnout and to improve efficiency. However, the current structure does not permit the CO to create a pool, as it does not have enough PAs to put some in a pool and still have some dedicated to direct support to specific programmes and partner liaison, so another modality will need to be devised.

**Changes in AMP & CPMP**

As 2014 is the year of the mid-term review, there are likely to be changes made either mid-year or to the 2015 AMP/CPMP. In addition, as mentioned earlier, a building has been identified that could house the Regional and Country Offices and consolidate them, allowing for further changes to structure, transaction processing/common services, and staffing. At this time, however, the details on these changes are not yet known.
### Summary Notes and Acronyms

**Acronyms**

- **ACF** - Action Contre la Faim
- **AMR** - Annual Management Review
- **ANSD** - National Agency for Statistics and Demography
- **APR** - A Promise Renewed
- **BCP** - Business Continuity Plan
- **BP CLAE** - Participatory Budgeting / Child-Friendly Municipality
- **C4D** - Communication for Development
- **CCC** - Core Commitments for Children
- **C-DHS** - Continuous Demographic and Health Survey
- **CFA** - Franc, currency of the two West and Central Africa monetary zones
- **CFS** - Child-Friendly School
- **CLTS** - Community-Led Total Sanitation
- **CMT** - Country Management Team
- **CMU** - Universal Healthcare Insurance Coverage
- **CPAP** - Country Programme Action Plan
- **CPMP** - Country Programme Management Plan
- **CRC** - Contract Review Committee
- **DCT** - Direct Cash Transfer
- **DHS-MICS** - Demographic and Health Survey-Multiple Indicator Cluster Survey
- **ECD** - Early Childhood Development
- **ECHO** - European Community Humanitarian Office
- **EFP** - Essential Family Practices
- **EU** - European Union
- **FAO** - Food and Agriculture Organisation
- **FCFA** - Franch, currency of the two West and Central Africa monetary zones
- **FFM** - French Funds Muskoka
- **FGM** - Female Genital Mutilation
- **FGM/C** - Female Genital Mutilation/Cutting
- **GAVI** - Global Alliance for Vaccines and Immunisation
- **GER** - Gross Enrolment Rate
- **HACT** - Harmonised Approach to Cash Transfers
- **ICT** - Information Communication Technology
- **IFI** - International Financial Institution
- **ILO** - International Labour Organisation
- **ITN** - Insecticide-treated nets
- **ITSS** - Information Technology Skills Standards
- **LLIN** - Long-lasting insecticidal nets
- **LQAS** - Lot Quality Assurance Sampling
- **LSA** - Local Staff Association
- **LTA** - Long-Term Agreement
- **LuxDev** - Luxembourg Development Agency
- **MDG** - Millennium Development Goal
- **MDTF** - Multi-Donor Trust Fund
- **MEN** - National Education Ministry
- **MIC** - Middle-income country
- **MNCH** - Maternal and Neonatal Child Health
- **MOH** - Ministry of Health
- **MoRES/L3M** - Monitoring of Results for Equity Systems / Level 3 monitoring
- **MORSS** - Minimum Operating Residential Security Standards
- **MOSS** - Minimum Operating Security Standards
- **NESA** - Nutrition, Enfant et Securite Alimentaire
- **N-MODA** - National- Multiple Overlapping Deprivation Analysis
- **ORS/Sn** - Oral rehydration salts / sinc
- **PAS** - Performance Assessment System
- **PCA** - Partnership Cooperation Agreement
- **PDAs** - Personal Digital Assistant
- **PISEN** - UN Joint Programme on Nutrition Education and Health
### Document Centre

**Evaluation**

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## Lessons Learned

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<td>$1 invested by UNICEF into support to social protection reform can generate a more than 100 times-fold investment by the Government</td>
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