



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General

DP/FPA/CPO/SLV/5
22 April 2002

ORIGINAL: ENGLISH

Annual session 2002
17 to 28 June 2002, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

Country programme outline for El Salvador*

Proposed UNFPA assistance: \$5.1 million, \$2.4 million from regular resources and \$2.7 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2003-2006)

Cycle of assistance: Fifth

Category per decision 2000/19: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.7	2.0	3.7
Population and development strategies	0.4	0.7	1.1
Programme coordination and assistance	0.3	-	0.3
Total	2.4	2.7	5.1

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. El Salvador, with a population estimated at 6.5 million, is the most densely populated country in the Americas. From 1995 to 2000, the population of the country grew at an average rate of 2 per cent per annum. International migration, which was particularly heavy during the 1980s, has resulted in an estimated 2.4 million Salvadorians residing outside the country. Although 53.4 per cent of the population of El Salvador is rural, rural-to-urban migration is significant.

2. The per capita gross national income of El Salvador was \$1,990 in 2000. Remittances from Salvadorians living abroad made up approximately 13 per cent of the gross national income. Income distribution in El Salvador is one of the most skewed in Latin America. Marked socio-economic disparities persist among the different departments of the country, between urban and rural populations, and between men and women. Hurricane Mitch in 1998 and the earthquakes in early 2001 underscored the economic, environmental and social vulnerability of the country and contributed to an increase in the proportion of the population living in poverty, which is now 51.3 per cent.

3. Although progress has been made in many areas, El Salvador faces formidable challenges in its efforts to achieve the goals of the Programme of Action of the International Conference on Population and Development (ICPD) and the five-year review of ICPD, as well as the Beijing Platform for Action, the United Nations Millennium Declaration and the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly

special session on HIV/AIDS (New York, 25-27 June 2001).

4. With regard to reproductive health, the maternal mortality ratio and the adolescent fertility rate remain relatively high: the maternal mortality ratio is 120 deaths per 100,000 live births and the adolescent fertility rate is 116 live births per 1,000 women aged 15-19. The total fertility rate is 3.58 children per woman. Access to quality reproductive health services and reliable information on sexual and reproductive health is limited, particularly for adolescents and for rural and disadvantaged populations. According to 1998 data, 53.3 per cent of women who are married or in a consensual union use modern contraceptive methods and 6.4 per cent use traditional ones. The most widely used method is female sterilization, chosen by 32 per cent of women using modern contraceptive methods. The unmet need for contraception is considerable: 14.2 per cent of all fecund women who are married or in a consensual union and want to space or avoid their next pregnancy do not use any method of family planning.

5. Gender inequities exist and gender-based violence is a serious problem. While El Salvador has made considerable legal and institutional progress in this area, through the adoption of the law on the family and through the creation of a national women's institute, continued efforts are necessary. Men's involvement in the protection of their own and their partners' sexual and reproductive health has been limited. Often, fathers do not acknowledge children born out of wedlock.

6. According to estimates by the Joint United Nations Programme on HIV/AIDS

(UNAIDS), the number of people living with HIV/AIDS in El Salvador was 24,000 in 2001. Although few reliable data exist, all available information on the AIDS epidemic in El Salvador points to a serious problem that especially affects young people and that is increasingly affecting women. Gender inequities and the mobility of the population are thought to play a role in the spread of the epidemic, as does the low level of awareness of the AIDS threat.

7. Only limited sociodemographic information is available in El Salvador, and the information that does exist is often not taken into account when public policies and development plans are formulated. The last population and housing census was carried out in 1992, and the country lacks updated information on a number of demographic issues.

II. Past cooperation and lessons learned

8. The previous country programme was initially approved for the period 1997-2001 in the amount of \$6.3 million, of which \$4 million were from regular resources. The programme was extended by one year, to include 2002.

9. One of the key results achieved in the previous programme was a strengthened national capacity to provide standards for the delivery of reproductive health services. National policies and norms on reproductive health were formulated and revised to improve the integration and quality of reproductive health care. Examples include the national reproductive health plan; the national plan on sexually transmitted infections (STIs), including HIV/AIDS; norms on the prevention of cervical cancer; and family planning norms.

Another important result was the post-emergency response by the Ministry of Public Health and Social Assistance after the earthquakes in 2001. With UNFPA support, mobile reproductive health services were able to reach the affected population and were also able to expand the coverage of the reproductive health programme. The disasters that struck the country during the previous programme brought to light the environmental and social vulnerability of the country, as well as the serious gaps in available sociodemographic information. One of the most important lessons learned from past cooperation was that UNFPA, as the sole United Nations organization with a mandate in population, should address some of the priority issues pertaining to population and its linkages with poverty and the environment.

III. Proposed programme

10. The proposed country programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations, and is aligned with national policies and priorities, as well as ongoing reform processes. The programme is based on a population assessment that complemented the information contained in the common country assessment (CCA) conducted in 2001. The current programmes of UNDP and the United Nations Children's Fund (UNICEF) have been taken into account during the formulation of the programme. Harmonization with the programme cycles of the other United Nations Development Group member organizations will be achieved in 2006.

11. The goal of the proposed programme is to contribute to human development, with a

focus on disadvantaged populations, using a gender equity and human rights approach. The main strategy employed in the programme will be national capacity-building through training, technical assistance and advocacy, both in the Government and in civil society, including non-governmental organizations (NGOs) and the academic community. The programme will also promote intersectoral cooperation. The aims and strategies of the programme are in accordance with the multi-year funding framework of UNFPA.

12. The proposed programme builds on previous UNFPA assistance to El Salvador and consists of two subprogrammes, one in the area of reproductive health, and the other in the area of population and development strategies.

13. The outcomes related to reproductive health are: (a) to contribute to the improved sexual and reproductive health of poor populations, through increased exercise of reproductive rights; and (b) to facilitate a favourable environment for the promotion of sexual and reproductive health and gender equity. This will be accomplished within the context of national development priorities and ongoing reform processes.

14. The outputs of the reproductive health subprogramme are: (a) updated sexual and reproductive health programmes, plans and norms that incorporate a gender and human rights perspective; (b) public sector management capacity strengthened to provide high-quality and integrated sexual and reproductive health services based on gender equity and human rights; (c) strengthened capacity in the public sector and in NGOs to develop formal and non-formal sexuality education activities for

adolescents, based on gender equity and human rights; (d) national STI/HIV/AIDS prevention strategies bolstered, especially those targeting adolescents and young people; (e) enhanced social and political support for the implementation of the national reproductive health plan and the national plan for the prevention and control of STIs/HIV/AIDS, and for efforts to develop a national strategy on integrated sexuality education; and (f) governmental and civil society organizations strengthened to act as advocates for gender equity and for sexual and reproductive health and rights.

15. The outcomes related to population and development strategies are: (a) to contribute to the effectiveness of public policies by promoting consideration of the structure and dynamics of the population; and (b) to facilitate a favourable environment for the consideration of population issues and gender equity.

16. Specific outputs of the subprogramme on population and development strategies are: (a) an increase in the number of specialists able to perform policy-relevant analyses of population structure and dynamics from a gender perspective and ICPD approach; (b) studies on aspects of internal and international migration and other population issues that allow for evidence-based advocacy on the linkages with national development policies and priorities; and (c) consideration of population factors in environmental policy, spatial planning and other public policies.

17. Gender will be a cross-cutting theme throughout the proposed programme. The programme will emphasize gender equity concerns, such as gender-sensitive reproductive health services, male

participation in sexual and reproductive health promotion, responsible fatherhood and the prevention of gender-based violence. The programme will also support the analysis, from a gender perspective, of sociodemographic data disaggregated by sex and by age.

18. The proposed programme will complement the activities supported by other United Nations partners, particularly UNICEF, UNDP, the Pan American Health Organization, the International Organization for Migration and UNAIDS. Coordination with bilateral donors active in the areas of the proposed programme, particularly the United States Agency for International Development, will be ongoing. The co-financing funds foreseen for the programme were estimated on the basis of preliminary discussions with donors.

19. UNFPA has a proven ability to provide support in areas of particular concern for the country, such as maternal mortality reduction, HIV/AIDS prevention, contraceptive procurement and logistics management, and the collection and analysis of sociodemographic data and their integration into development policies and plans.

IV. Programme management, monitoring and evaluation

20. The proposed programme will be nationally executed for the most part. Programme implementation will be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The responsibility for overall monitoring and evaluation of the programme will rest with the UNFPA country office, in close cooperation with the

executing and implementing institutions. A country programme evaluation will be conducted in the fourth quarter of 2005 and the CCA will be initiated in 2005.

21. The UNFPA office in San Salvador is composed of a Representative (the UNDP Resident Representative), a non-resident Country Director based in Honduras, a national programme officer and support staff. To ensure the transfer of technical and programme management knowledge to national counterparts and to ensure efficient monitoring and execution of the programme, a programme support team will be established. The team will consist of national project personnel covering reproductive health, population and development strategies, advocacy and gender. National and international consultants will provide technical assistance, along with the UNFPA Country Technical Services Team in Mexico City.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR EL SALVADOR

UNDAF Objective: (UNDAF not yet completed)				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to human development, focusing on disadvantaged populations, and employing a gender-equity and human-rights perspective	<p>[Reproductive health]</p> <p>1. In the context of national development priorities and reform processes, contribute to improved sexual and reproductive health of poor populations, through increased exercise of reproductive rights</p> <p>2. In the context of national development priorities and reform processes, facilitate a favourable environment for the promotion of sexual and reproductive health and gender equity</p>	<ul style="list-style-type: none"> • % of service delivery points offering family planning and STI/HIV/AIDS services and counselling; prenatal, delivery and emergency obstetric care; and cervical cancer detection • Increased use of sexual and reproductive health services, particularly counselling, for family planning and STI/HIV/AIDS prevention • % of deliveries attended by trained personnel • Number of key actors in relevant institutions in favour of promoting sexual and reproductive health and gender equity 	<ul style="list-style-type: none"> • Updated sexual and reproductive health programmes, plans and norms that, in the context of health-sector reform, incorporate a gender and human-rights perspective • Public sector with strengthened management capacity to provide quality integrated sexual and reproductive health services based on a gender-equity and human-rights perspective • Taking into account national priorities, strengthened capacity in the public sector and NGOs to develop sexuality education activities (formal and non-formal) for adolescents, based on a gender-equity and human-rights perspective • National STI/HIV/AIDS prevention strategies bolstered, especially those targeting adolescents and young people • Social and political support garnered for the implementation of the national reproductive health plan and the national plan for the prevention and control of STIs/HIV/AIDS, and for nationwide efforts towards the development of a strategy on integrated sexuality education • Governmental and civil society organizations strengthened as advocates for gender equity and for sexual and reproductive health and rights 	<p>Total Resources \$5.1 million (\$2.4 million from regular resources and \$2.7 million through co-financing modalities and/or other, including regular, resources)</p> <p>Total for reproductive health subprogramme: \$3.7 million (\$1.7 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources)</p>

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Same as above	<p>[Population and development strategies]</p> <p>1. In the context of national development priorities and reform processes, contribute to the effectiveness of public policies by promoting consideration of the structure and dynamics of the population</p> <p>2. In the context of national development priorities and reform processes, facilitate a favourable environment for the consideration of population issues and gender equity</p>	<ul style="list-style-type: none"> Decrease in the proportion of the population living in areas of high environmental risk Number of key actors and relevant institutions in favour of considering population issues and gender equity 	<ul style="list-style-type: none"> Increased number of specialists able to perform policy-relevant analyses of population structure and dynamics that include a gender perspective and ICPD approach Studies on aspects of internal and international migration and other relevant population issues that allow for evidence-based advocacy on the linkages with national development policies and priorities Population structure and dynamics are explicitly considered in spatial planning policies Social and political support garnered for the consideration of population structure and dynamics in sectoral and national policies, e.g., those on poverty reduction, spatial planning and the environment 	<p>Total for population and development strategies subprogramme: \$1.1 million (\$0.4 million from regular resources and \$0.7 million through co-financing modalities and/or other, including regular, resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>

* * * * *