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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for El Salvador

Proposed indicative UNFPA assistance: \$6.4 million: \$4.4 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2012-2015)

Cycle of assistance: Seventh

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	2.1	1.4	3.5
Population and development	1.3	0.2	1.5
Gender equality	0.6	0.4	1.0
Programme coordination and assistance	0.4	-	0.4
Total	4.4	2.0	6.4

I. Situation analysis

1. A new government in El Salvador took office in June 2009. The Government has taken a human rights approach and has shown a strong commitment to social inclusion, reproductive health, and gender equity and equality.
2. El Salvador has a per capita gross domestic product of \$6,498. Most social indicators reveal disparities related to socio-economic status and geographical area. From 1991 to 2006, the percentage of households living in poverty decreased from 60 per cent to 35 per cent. However, since 2007 this percentage has increased to 38 per cent.
3. El Salvador is in full demographic transition. In 2010, the population was estimated at 6.2 million. The natural growth rate decreased from 3.2 per cent in 1960-1965 to 1.4 per cent in 2005-2010. Since 1980, high levels of emigration have influenced demographic dynamics. The annual total population growth rate during the period 2005-2010 was 0.4 per cent. There was a 75 per cent reduction due to emigration.
4. International migration to the United States is largely undocumented, posing significant challenges for migrants' human rights. Remittances, which account for 18 per cent of the gross domestic product, are received by one fourth of all Salvadorian households.
5. Life expectancy at birth has increased. In 2010, life expectancy was estimated at 66.5 years for men and 75.9 years for women. The elderly population continues to increase. It is estimated that one of every 12 persons was 60 years or older in 2010, and that one in five persons will be in that age group in 2050.
6. The reduction in the age-dependency ratio presents a window of demographic opportunity for El Salvador. The age-dependency ratio will reach its lowest levels between 2015 (when the ratio will stand at fewer than 60 dependents per 100 people of working age) and 2045, when it will begin to increase. This window offers opportunities in the areas of economic growth, savings and investment.
7. The total fertility rate dropped from 4.2 children per woman in the period 1983-1988 to 2.5 children per woman in 2003-2008. The contraceptive prevalence rate among women 15-44 years old in union has gradually increased to 72.3 per cent.
8. In 2006, the maternal mortality ratio was 71.2 maternal deaths per 100,000 live births. The highest incidence of maternal mortality occurs among young women (52 per cent of maternal deaths occur to women aged 15-24) and among women of lower socio-economic status (70 per cent).
9. On average, women in the lowest socio-economic quintile give birth five years earlier than those in the richest quintile (19 and 24 years, respectively). The fertility rate among the poorest women is 3.7 children per woman, more than double the rate for the richest women, which is 1.4 children per woman. Among the extreme poor, a high percentage of adolescents and young people (60 per cent of women aged 17-18 and 23 per cent of men in the same age group) are not in school and are not employed.
10. Young people and adolescents are among the most vulnerable groups with regard to sexual and reproductive health and rights. One of every 12 girls aged 10-14 has already been pregnant, and four of every 10 girls aged 15-19 has been pregnant. Adolescent fertility is high, at 89 births per 1,000 women per year. One in three children is born to an adolescent, and 64 per cent of pregnancies occurring among women aged 15-19 were not planned or wanted. Lack of sex education, low coverage of services and limited opportunities contribute to early pregnancies.

11. Significant progress has been made in reducing mother-to-child transmission of HIV and AIDS. However, sexual transmission accounts for 98 per cent of cases. Persons aged 15-24 had the second-highest number of detected HIV cases in 2009. While the sex ratio for all cases was 1.7 men to 1 woman, the sex ratio among people aged 15-24 was 1 to 1.

12. El Salvador ranks first in the world with the highest female homicide rate (129.5 murders per one million women). Violence primarily affects youth: 56 per cent of all homicide victims nationwide are 15-29 years old. While the homicide rate is 101 per 100,000 men and 12.3 per 100,000 women, these numbers increase by 50 per cent and 99 per cent, respectively, among men and women aged 15-19.

13. El Salvador is vulnerable to natural disasters. Among countries, it has the highest percentage of people living in high-risk areas (95 per cent), and has the second-highest percentage of people with a high relative multi-hazard mortality risk.

II. Past cooperation and lessons learned

14. UNFPA cooperation with El Salvador began in 1973, and a country office was established in 1984. The sixth country programme covered the period 2007-2011, with a budget of \$11.1 million (\$6.1 million in regular resources and \$5 million in other resources).

15. UNFPA has made important contributions towards: (a) improving the generation, analysis and use of sociodemographic information, largely through cooperation in the planning, implementation and dissemination of the 2007 population and housing census; (b) developing sexual and reproductive health programmes to reduce maternal mortality, support the right of people to decide the number and spacing of their children and to prevent HIV and AIDS; (c) mainstreaming gender concerns in the judicial sector; and (d) creating new opportunities for dialogue and for the participation of political and

social actors to promote and protect women's rights.

16. The evaluation of the 2007-2011 country programme emphasized the importance of: (a) continued cooperation for institutional development on national statistics; (b) sexual and reproductive health strategies linked to national development policies and programmes; (c) support for policy dialogue among various sectors on population and development issues; (d) sexual and reproductive health and gender equity; and (e) participatory mechanisms for government and non-governmental organizations to propose and advocate the design, approval, implementation and dissemination of policies, laws and programmes in UNFPA core programme areas.

III. Proposed programme

17. The proposed programme is based on national priorities and on lessons learned from the 2007-2011 UNFPA country programme. It is aligned with the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the UNFPA strategic plan, 2008-2013.

18. The proposed programme, which takes a rights-based, gender-sensitive approach, has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. The country programme, which covers the period 2012-2015, is aligned with the government programme cycle.

Reproductive health and rights component

19. The expected outcome is: national policies, programmes and mechanisms to promote and protect sexual and reproductive health and rights are updated and implemented, emphasizing poor and vulnerable populations as well as young people and adolescents.

20. Output 1: Government capacity is enhanced to increase access to high-quality sexual and

reproductive health information and services for poor and vulnerable populations in targeted rural and urban areas. UNFPA will support: (a) the design and implementation of institutional programmes and policies on sexual and reproductive health; (b) strategies to improve the quality and integration of sexual and reproductive health services; (c) actions to reduce costs and improve logistics within the reproductive health commodity security strategy; (d) mechanisms to promote the participation, joint responsibility and strengthening of civil society organizations, including women's non-governmental organizations, youth networks, men's organizations and faith-based organizations, to advocate and protect rights related to sexual and reproductive health; and (e) strengthening people's capacity to demand high-quality services and to participate in their sexual and reproductive health care.

21. Output 2: Adolescents and youth have improved access to information, education and services for their sexual and reproductive health care, according to their needs and characteristics. UNFPA will support: (a) comprehensive sex education development, implementation and evaluation within the formal and non-formal educational systems; (b) increased access to scientific information and high-quality services on sexual and reproductive health; and (c) the promotion and protection of the human rights of adolescents and youth, including migrants.

22. Output 3: National institutions are able to integrate sexual and reproductive health services, gender equality issues and the prevention of gender-based violence and care for its survivors into risk reduction, emergency preparedness, humanitarian response and recovery plans. UNFPA will support: (a) technical assistance and training activities; (b) activities to strengthen civil and community organizations to enhance youth participation; (c) information and educational materials; (d) the donation of dignity kits, sexual and reproductive health equipment, and commodities for

emergencies; and (e) risk analysis, sexual and reproductive health care and gender-violence prevention models within the context of emergency preparedness and humanitarian response and recovery.

Population and development component

23. The expected outcome is: government institutions integrate population dynamics into national policies, plans and programmes.

24. Output 1. Institutional capacity is strengthened to manage, generate, analyse and disseminate sociodemographic information. Support will include: (a) technical assistance and training for national statistical information development and administration; (b) efforts to improve the quality and coverage of the vital statistics system; (c) the incorporation of demographic dynamics into policy design and implementation; (d) support for the preparatory phase of the next population and housing census and other relevant surveys; (e) the development of specialized modules on household surveys or other data sources; (f) the training and updating of human resources; (g) the generation, discussion, publishing and dissemination of studies on population and development issues; (h) the collection of data and statistics in emergency situations as well as on migrant populations; and (i) the generation of specific youth indicators and support for the design and implementation of a monitoring entity to follow up on the national policy on youth.

25. Output 2. Institutional capacity is strengthened to address emerging population issues, particularly population age structure and international migration. UNFPA will support: (a) advocacy and mechanisms to promote the inclusion of the needs and rights of adolescents and youth in policy dialogue and public policies; (b) the implementation of national and local youth policies; (c) the design, implementation, and evaluation of policy and intervention models for international migration and human trafficking issues; (d) the creation and functioning of

protection and care programmes for migrants; and (e) the strengthening of national support mechanisms for migrants.

Gender equality component

26. The expected outcome is: government institutions integrate gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, into national policies, development frameworks and laws.

27. Output 1. The capacity of the Government and civil society is enhanced to mainstream gender issues in social policies, development strategies and national legislation, with an emphasis on the protection of human rights and care for adolescent and young women. UNFPA will support: (a) training, strategy development, the exchange of best practices and technologies, and coordinating mechanisms for the National Policy on Women and other relevant economic and social policies; (b) creating opportunities for analysis, dialogue, coordination and advocacy among government and social actors promoting gender equality, women's empowerment, reproductive rights and men's responsible participation; (c) developing the capacity of women's non-governmental organizations, youth networks, men's organizations and faith-based organizations to reinforce sociocultural norms that promote gender equality and reproductive rights; and (d) developing information and statistical systems, and promoting studies and discussion on gender equity and on monitoring and evaluation mechanisms.

28. Output 2. Government institutions and civil society have increased capacity to prevent, detect, address and promote the eradication of gender-based and sexual violence, particularly against adolescents and youth. UNFPA will support: (a) education, communication and awareness strategies to promote and protect the rights of women, adolescents and youth, including their right to a life free from violence, including in emergency and post-emergency settings; (b) training, strategy development and the

exchange of experiences, technologies and coordinating mechanisms to detect, prevent and address sexual violence; and (c) the strengthening of national and local information systems, and knowledge management on gender-based and sexual violence.

IV. Programme management, monitoring and evaluation

29. UNFPA will apply a results-based approach to implement and monitor programme performance and administration, according to the recommendations of the current programme evaluation, the new country programme evaluation plan and the UNDAF monitoring and evaluation plan. UNFPA and the Ministry of Foreign Affairs will establish a joint committee for strategic guidance and to monitor progress through the conducting of annual meetings.

30. UNFPA and the Government will implement the programme jointly, using the national execution modality when possible. National and international consultants will provide technical cooperation in programme implementation. The UNFPA regional office in Panama City, Panama, will facilitate the provision of technical and programmatic support.

31. The UNFPA country office in El Salvador consists of a representative, an assistant representative, national programme officers and support staff. UNFPA will earmark programme funds for national programme staff as well as for support staff in order to strengthen programme implementation and resource mobilization.

RESULTS AND RESOURCES FRAMEWORK FOR EL SALVADOR

<p>National priorities: (a) equity and poverty reduction; (b) governance; (c) security of citizens; and (d) environmental sustainability and disaster-risk reduction UNDAF outcomes: (a) poverty-reduction policies implemented; (b) instruments in place for strengthening democracy, governance and citizens' ability to demand respect for human rights and gender equality; (c) improved capacity for sustainable policy planning, implementation, evaluation and accountability; (d) mechanisms to prevent, address, sanction and eradicate violence against women, children and adolescents are implemented; and (e) disaster-reduction strategies, plans and mechanisms</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome 1:</u> National policies, programmes and mechanisms to promote and protect sexual and reproductive health and rights are updated and implemented, emphasizing poor and vulnerable populations as well as young people and adolescents</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of integrated health networks offering services for sexual and reproductive health care and addressing gender-based and sexual violence <p>Baseline: no integrated health networks in 2010; Target: at least four health service networks have been developed and are in operation within rural and urban communities</p>	<p><u>Output 1:</u> Government capacity is enhanced to increase access to high-quality sexual and reproductive health information and services for poor and vulnerable populations in targeted rural and urban areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Comprehensive sexual and reproductive health-care model is developed and validated in integrated health service networks <p>Baseline: no existing comprehensive sexual and reproductive health-care model for the service-provision network Target: comprehensive sexual and reproductive health-care model is developed and validated</p> <ul style="list-style-type: none"> Reproductive health commodity security strategy for comprehensive health service networks is developed and validated <p>Baseline: no strategy exists; Target: strategy is formulated and validated by 2015</p> <p><u>Output 2:</u> Adolescents and youth have improved access to information, education and services for their sexual and reproductive health care, according to their needs and characteristics</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Comprehensive sex education model is developed and validated <p>Baseline: no comprehensive sex education model has been developed; Target: comprehensive sex education model for service provision has been developed and validated</p> <ul style="list-style-type: none"> A mechanism that provides sexual and reproductive health information and services operating in health service networks <p>Baseline: no specific mechanisms for adolescents in health service networks; Target: sexual and reproductive health information and services mechanism has been developed and validated</p> <p><u>Output 3:</u> National institutions are able to integrate sexual and reproductive health services, gender equality issues and the prevention of gender-based violence and care for its survivors into risk reduction, emergency preparedness, humanitarian response and recovery plans</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Proposal for national humanitarian response plan incorporates sexual and reproductive health care, gender issues and the prevention of sexual violence and care for its survivors <p>Baseline: no plan exists Target: proposal is developed for a national humanitarian response plan that incorporates sexual and reproductive health care, gender issues and the prevention of sexual violence and care for its survivors</p>	<p>Armed forces; civil protection agency; Ministries of Education; Health; Interior; and Labour; national civilian police; National Institute for Women's Development; Ombudsman Office for Human Rights; Secretariat for Social Inclusion</p> <p>Civil society networks; non-governmental organizations (NGOs); universities</p>	<p>\$3.5 million (\$2.1 million from regular resources and \$1.4 million from other resources)</p>

Population and development	<p><u>Outcome 1:</u> Government institutions integrate population dynamics into national policies, plans and programmes</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Percentage of new national public policies, programmes and plans that incorporate demographic perspectives <p>Baseline: 0 Target: to be determined</p>	<p><u>Output 1:</u> Institutional capacity is strengthened to manage, generate, analyse and disseminate sociodemographic information</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Existence of a proposal to institutionalize the national statistics system <p>Baseline: national statistics law of 1955, Executive Decree 1 of June 2009 Target: Proposal document on the new institutionalization of the national statistics system <ul style="list-style-type: none"> Number of new sociodemographic products elaborated and/or improved <p>Baseline: 2009 vital statistics registry assessment, household surveys, existing system of indicators and thematic information sources in 2010 Target: reduction in vital statistics that are under-registered, two new modules developed for the household survey, and systems of sociodemographic, youth and gender indicators are created</p> <p><u>Output 2:</u> Institutional capacity is strengthened to address emerging population issues, particularly population age structure and international migration</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of policy documents related to intergenerational change and population age structure, population mobility and international migration generated by or with the support of UNFPA <p>Baseline: number of documents generated in 2007-2010; Target: 20% more than in 2007-2010 <ul style="list-style-type: none"> Number of studies related to intergenerational change and population age structure, population mobility and international migration generated by or with the support of UNFPA <p>Baseline: number of documents generated in 2007-2010; Target: 20% more than in 2007-2010</p> </p></p>	<p>Civil protection agency; Migration Office; Ministries of: Economy; Foreign Affairs; and Labour; Statistics Office; Technical and Social Inclusion Secretariats of the Presidency</p> <p>NGOs; youth organizations</p>	<p>\$1.5 million (\$1.3 million from regular resources and \$0.2 million from other resources)</p>
Gender equality	<p><u>Outcome 1:</u> Government institutions integrate gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, into national policies, development frameworks and laws</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Percentage of national public policies, programmes and laws adopted by the Government to support gender equality <p>Baseline: existing number in 2010; Target: to be defined and agreed to by the Government</p>	<p><u>Output 1:</u> The capacity of the Government and civil society is enhanced to mainstream gender issues in social policies, development strategies and national legislation, with an emphasis on the protection of human rights and care for adolescent and young women</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number UNFPA-supported public institutions that have implemented gender equality measures <p>Baseline: number of UNFPA-supported institutions that have implemented gender equality measures during 2007-2010 Target: three institutions have implemented gender equality measures in 2012-2015 <ul style="list-style-type: none"> Number of UNFPA-supported studies, assessments and policy documents that promote and institutionalize gender mainstreaming <p>Baseline: number of documents prepared in period 2007-2010 Target: increase baseline figure by 30% during 2012-2015</p> <p><u>Output 2:</u> Government institutions and civil society have increased capacity to prevent, detect, address and promote the eradication of gender-based and sexual violence, particularly against adolescents and youth</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of integrated medical, legal and judicial centres addressing cases of gender-based and sexual violence <p>Baseline: one in 2010; Target: five in 2015 <ul style="list-style-type: none"> Number of reports produced by the unified information system on gender-based violence <p>Baseline: 0 (system in progress); Target: eight in 2012-2015 (two per year) <ul style="list-style-type: none"> Number of public servants with improved knowledge of and capacity to prevent and address gender-based violence <p>Baseline: 80 in 2011; Target: increase to 200 persons by 2015</p> </p></p></p>	<p>Attorney General's Office; judicial sector technical office; Ministries of: Education; Health; and Labour; Ombudsman's Office; Social Inclusion Secretariat; Statistics Office; Supreme Court; Women's Institute</p> <p>Civil society networks; NGOs; universities</p>	<p>\$1 million (\$0.6 million from regular resources and \$0.4 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.4 million</p>