



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

Distr.: General
16 October 2006

Original: English

UNITED NATIONS POPULATION FUND

Country programme for Senegal

Proposed UNFPA assistance: \$17.7 million: \$10 million from regular resources and \$7.7 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Sixth

Category per decision 2005/13: A

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

	Regular resources	Other	Total
Reproductive health	5.00	5.00	10.0
Population and development	2.75	1.45	4.2
Gender	1.25	1.25	2.5
Programme coordination and assistance	1.00	-	1.0
Total	10.00	7.70	17.7

I. Situation analysis

1. Senegal is politically stable, despite its proximity to subregional conflicts. The estimated population is 10.8 million, with 60 per cent living in rural areas. The annual population growth rate is 2.5 per cent, and the total fertility rate is 5.3 children per woman. The poverty rate declined from 67.9 per cent to 57.1 per cent between 1995 and 2002. The economic growth rate is less than the 7 per cent needed to reduce poverty by half by 2015.

2. The maternal mortality ratio decreased from 510 to 434 deaths per 100,000 live births between 1993 and 2005, due in part to increased community involvement in reproductive health service delivery, including emergency obstetric care. The modern contraceptive prevalence rate is low (10.3 per cent), and the rate of unmet need for family planning is high (39 per cent). Infant mortality is high, at 61 deaths per 1,000 live births. Obstetric fistula is also a problem, particularly in the poor, hard-to-reach regions of Kolda and Tambacounda.

3. The overall HIV/AIDS prevalence rate is low (0.7 per cent in 2005). However, the rate is 0.9 per cent among married women of reproductive age, more than twice as high as among men (0.4 per cent). There are higher levels of HIV infection among commercial sex workers and other high-risk groups. These higher levels of infection, combined with the low use of condoms among the general population (22.6 per cent), threaten to raise the overall prevalence rates for sexually transmitted infections and HIV/AIDS.

4. Gender inequality has increased the vulnerability of women to poverty. While the principle of gender equity is recognized in the Constitution, it has not been fully achieved. The incidence of gender-based violence and female genital cutting (which has a 28 per cent prevalence rate) is high, and women's representation in

government and political institutions is low. Twenty-nine of 140 parliamentarians, and nine of 40 ministers, are women. The illiteracy rate is high, especially among women (71.2 per cent among women, versus 50.9 per cent among men).

5. Fifty-eight per cent of the population is under the age of 20. Young people are more likely to be exposed to social and economic difficulties, making them vulnerable to poverty. The proportion of the total fertility rate attributed to adolescent girls is 10 per cent. Fifty per cent of pregnancies occur before the age of 19, and the modern contraceptive prevalence rate among girls aged 15-19 is only 4.7 per cent. The condom use rate among adolescents is higher for boys than it is for girls (45.4 per cent versus 34 per cent).

II. Past cooperation and lessons learned

6. UNFPA assistance to Senegal began in 1975. UNFPA promoted the Programme of Action of the International Conference on Population and Development (ICPD) by supporting: (a) partnerships and policy dialogues; and (b) national policy and programme development on reproductive health, population and gender. The programme helped to improve the quality of maternal health services in the Tambacounda and Kolda regions by: (a) integrating the reproductive health minimum initial service package in all health centres; (b) enhancing the capacity of health providers to provide emergency obstetric care; and (c) piloting community-based reproductive health services in 252 villages, with support from the Government of Japan.

7. The programme also supported the national HIV/AIDS response by introducing voluntary counselling and testing in 60 per cent of youth counselling centres, in partnership with the Japanese International Cooperation Agency (JICA) and Family Health International, with funding from the United States Agency for International Development

(USAID). The programme established kiosks in many of the administrative regions to increase the access of migrants and mobile populations to information and condoms.

8. The programme increased the access of youth to reproductive health information, counselling and services by strengthening youth counselling centres and by piloting reproductive health services in secondary schools. In collaboration with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), UNFPA piloted an integrated approach that addressed the needs of young people in reproductive health, basic education, livelihoods and life skills. The Government integrated the lessons learned from these interventions into the national youth policy.

9. Support to the 2002 census and the fourth demographic and health survey increased the availability of data. This, along with research, helped to position population, reproductive health and gender issues in poverty reduction strategy papers and other development frameworks.

10. The following lessons were learned from the fifth country programme: (a) the concentration of technical assistance in the Tambacounda and Kolda regions increased the quality and impact of programme monitoring; (b) to strengthen maternal mortality reduction interventions, it is important to increase access to and demand for basic services, notably through community-based reproductive health services; and (c) the development of strategic partnerships and the strengthening of synergies between programme components are key to increasing the impact of interventions and the efficient use of resources. Positive experiences will be scaled up on the national level.

III. Proposed programme

11. The programme is based on the common country assessment (CCA), the United Nations

Development Assistance Framework (UNDAF), the ICPD Programme of Action and the Millennium Development Goals. It is aligned with the national poverty reduction strategy and the national population policy. The goal is to reduce poverty, targeting the most vulnerable populations, by promoting human rights, gender equality and equity, and sustainable development. The focus will be on: (a) improving the socio-economic conditions of women; (b) increasing access to basic social services; and (c) promoting good governance.

12. The proposed programme has three components: (a) reproductive health; (b) population and development; and (c) gender. It adheres to a human rights-based, culturally sensitive approach. Advocacy activities and responses to humanitarian crises are mainstreamed throughout the programme. The principal strategy is to bring assistance closer to beneficiaries through the decentralization process. While the programme will focus on specific regions, some activities will be carried out nationwide. Gender, data collection, research and behaviour change communication will serve as thematic axes in the programme components.

Reproductive health component

13. The outcome of this component is to increase the utilization of reproductive health services within the context of decentralization and poverty alleviation. UNFPA and the Government will implement this component in the Tambacounda and Kolda regions, in collaboration with the United Nations country team, and in the Matam Region and the Thies-Saint Louis Belt, in cooperation with the Government of Luxembourg.

14. Output 1: Access to reproductive health services is increased in accordance with the national road map to accelerate the reduction of maternal mortality. This output will be achieved by: (a) increasing the availability of high-quality maternal and neonatal services,

including those aimed at managing obstetric fistula; (b) improving access to reproductive health information and services through outreach strategies, and establishing a community-based financial approach; (c) supporting the national plan to reposition family planning, including reproductive health commodity security; (d) increasing the demand for reproductive health services through behaviour change communication, targeting men, in particular, through networks of journalists, religious leaders, traditional communicators and parliamentarians; and (e) building the capacity of maternal and neonatal health practitioners and improving their managerial capacity.

15. Output 2: Access to information and services that address the needs of young people is provided in accordance with national strategies. This output will be achieved by: (a) developing youth-friendly reproductive health services in youth counselling centres, schools and health facilities; (b) increasing demand by strengthening the quality of sex education through behaviour change communication and life skills; and (c) promoting the right of adolescents to participate in an innovative, integrated programme that combines reproductive health services, life skills, basic education and livelihoods.

16. Output 3: HIV/AIDS prevention among women, young people, migrants and other vulnerable groups is reinforced, with a focus on subnational levels. This output will be achieved by strengthening behaviour change communication at service delivery points, bus and truck stations, and youth counselling centres. The programme will strengthen the service capacity to prevent and manage sexually transmitted infections; decentralize efforts to prevent mother-to-child transmission; and reinforce voluntary testing and counselling services and reproductive health commodity security.

Population and development component

17. The programme outcome is: the national planning, monitoring and evaluation system is strengthened to strategically position population, reproductive health and gender issues in development frameworks. This component supports the national effort to promote good governance, along with local and participative development.

18. Output 1: The national data collection system is strengthened to systematically produce disaggregated data to monitor the Millennium Development Goals, poverty reduction strategy papers, and sectoral development programmes at national and subnational levels. The programme will: (a) develop a partnership with the National Statistics and Demographic Agency to take into account issues related to data collection, analysis and dissemination; (b) build national capacity to produce and disseminate data to monitor development programmes; and (c) support the harmonization of monitoring systems for development frameworks.

19. Output 2: The strategic positioning of population, reproductive health and gender issues is reinforced in development frameworks. This output will be achieved by: (a) strengthening the national capacity to use data in development processes; and (b) promoting policy dialogues aimed at integrating planning, monitoring and evaluation systems at national and subnational levels.

20. Output 3: National capacity for analysis, research and management of population, reproductive health and gender programmes is strengthened. This will be accomplished by: (a) supporting training and research; (b) funding partners for the Institute for Training and Research on Population and Reproductive Health; and (c) improving the quality of training at the Institute.

Gender component

21. The outcome of the component is to promote a sociocultural and legislative environment that leads to gender equity and equality and reduces gender-based violence. UNFPA will undertake activities related to this component primarily in Kolda and Tambacounda, and also undertake a few national-level activities.

22. Output 1: Improve socio-economic conditions and the application of legal measures for women and girls, including the reduction of gender-based violence, in conformity with international conventions. This will be achieved by: (a) promoting an environment that reduces the vulnerability of women and girls and increases gender equality and equity, by concentrating on the legal, social and service sectors; (b) advocating the rights of women and girls among policymakers; (c) sensitizing the population, including medical, police and social workers, on gender-based violence and female genital cutting; (d) building the capacity of non-governmental organizations (NGOs) and local development agencies that provide services to prevent and manage gender-based violence; and (e) reducing the vulnerability of women and girls by promoting their inclusion in economic activities.

IV. Programme management, monitoring and evaluation

23. UNFPA is collaborating with the United Nations country team in the Tambacounda and Casamance regions, in accordance with the UNDAF framework. UNFPA is also supporting the Matam region and the Thies-Saint Louis Belt, in cooperation with the Government of Luxembourg. National execution will be the implementation modality. Technical ministries and their decentralized structures, along with NGOs, will implement programme components. The Ministry of Planning and Sustainable Development will provide technical coordination, and the Ministry of Economics and Finance will coordinate financial aspects of the programme.

24. The programme will consolidate partnerships with donors and national partners, and will mobilize additional resources from national, bilateral and international sources. UNFPA and the Government have formulated a resource mobilization plan.

25. A steering committee headed by the Ministry of Planning and Sustainable Development will supervise programme implementation and monitoring. The committee will meet regularly to make technical and financial adjustments to the programme and to evaluate its progress. In addition to the fourth demographic and health survey, the programme will undertake a qualitative survey. Monitoring and evaluation will be undertaken in conformity with results-based management.

26. The Directorate of Debt and Investment will supervise financial execution. The Directorate of Economic and Financial Cooperation will play a central role in resource mobilization. Both directorates are in the Ministry of Economics and Finance.

27. The UNFPA country office consists of a representative (who is also the country director of the UNFPA office in the Gambia), an assistant representative, an operations manager, three national programme officers and several support staff. UNFPA has approved a deputy representative post and a national programme post for HIV/AIDS. UNFPA will recruit a community development expert and a communications and marketing expert to increase programme effectiveness. In addition, UNFPA will provide an expert on population, gender and reproductive health and an administrative/financial assistant for the United Nations joint regional office in Tambacounda. The UNFPA Country Technical Services Team in Dakar will provide technical support to the country programme.

RESULTS AND RESOURCES FRAMEWORK FOR SENEGAL

UNDAF outcome: vulnerable populations in the United Nations priority areas have access to and use quality basic social services, with the aim of achieving Millennium Development Goals 2, 3, 4, 5, 6 and 7				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> To increase the utilization of reproductive health services within the context of decentralization and poverty alleviation</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of births attended by skilled health personnel to reach 55% in Kolda; 53% in Tambacounda; 65% in Saint Louis; and 58% in Matam • Modern contraceptive prevalence rate to 13% in Kolda; 10.5% in Tambacounda; 15% in Saint Louis; and 5% in Matam • HIV prevalence rate in general population : 2% in Kolda and less than 1% in Tambacounda, Saint Louis and Matam • Percentage of young people aged 15 to 24 using condoms during last sexual encounter <p><u>Baseline:</u> Fourth demographic and health survey; health statistics; poverty reduction strategy paper; CCA/UNDAF 2007-2011</p>	<p><u>Output 1:</u> Access to reproductive health services is increased in accordance with the national road map to accelerate the reduction of maternal mortality</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Proportion of women having four prenatal care visits (in Tambacounda 40%; Kolda 45%; Saint Louis 60%; Matam 50%) • Caesarean section rate increased to at least 5% at national level • Number of community-based health insurance mechanisms in place and functioning: two health insurance mechanisms in two rural communities per district • Number of solidarity funds put in place and functioning for referrals: 75% of villages covered by community-based reproductive health outreach workers • Reduction of unmet family planning needs to 25% on national level <p><u>Output 2:</u> Access to information and services that address the needs of young people is provided in accordance with national strategies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Increase rural and urban health delivery points offering youth-friendly services to 100% • 100% of youth counselling centres offering an integrated programme for adolescents and young people <p><u>Output 3:</u> HIV/AIDS prevention among women, young people, migrants and other vulnerable groups is reinforced, with a focus on subnational levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • 90% of population aged 15-24 who correctly identify one method of preventing HIV sexual transmission • At least 10% proportion of clients with sexually transmitted infections are treated appropriately and counselled in Kolda, Tambacounda and Matam 	<p>Ministries of: Health; Economy and Finance; other sectoral ministries; local government</p> <p>Networks; non-governmental and community-based-organizations</p> <p>UNICEF; UNDP; WHO; United Nations World Food Programme; International Labour Organization; United Nations Development Fund for Women; World Bank; Office of the United Nations High Commissioner for Refugees; United Nations Office for the Coordination of Humanitarian Affairs</p> <p>African Development Bank; USAID; European Union; Governments of: Japan; France; Luxembourg; and Belgium</p>	<p>\$10 million (\$5 million from regular resources and \$5 million from other resources)</p>

UNDAF outcome: vulnerable populations in the United Nations priority areas have access to and use quality basic social services, with the aim of achieving Millennium Development Goals 2, 3, 4, 5, 6 and 7				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome 2: The national planning, monitoring and evaluation system is strengthened to strategically position population, reproductive health and gender issues in development frameworks</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Effective use of data for development and research for the strategic positioning of population issues in development frameworks and the regular updating of Millennium Development Goals and poverty reduction strategy paper monitoring systems <p>Baseline: Poverty reduction strategy paper; CCA/UNDAF 2007-2011; national programme for socio-economic development</p>	<p>Output 1: The national data collection system is strengthened to systematically produce disaggregated data to monitor the Millennium Development Goals, poverty reduction strategy papers, and sectoral development programmes at national and subnational levels</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Proportion of surveys generating systematically disaggregated data to monitor the Millennium Development Goals, poverty reduction strategy papers, and other sectoral strategies at national and subnational levels <p>Output 2: The strategic positioning of population, reproductive health and gender issues is reinforced in development frameworks</p> <p>Output indicator:</p> <ul style="list-style-type: none"> At least four national strategies on: (a) poverty reduction; (b) the promotion of gender equality and equity; (c) youth development; and (d) health Integrate data on population, reproductive health and gender issues in the planning, monitoring and evaluation systems of the above strategies <p>Output 3: National capacity for analysis, research and management of population, reproductive health and gender programmes is strengthened</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Each year at least 50 students are trained in the areas of population, reproductive health and gender 	<p>Ministry of Economics and Finance; Ministry of Planning; Ministry of Health; other sectoral ministries; regional and local government</p> <p>UNDP; UNICEF</p> <p>Universities</p>	<p>\$4.2 million (\$2.75 million from regular resources and \$1.45 million from other resources)</p>
Gender	<p>Outcome: To promote a sociocultural and legislative environment that leads to gender equity and equality and reduces gender-based violence</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> To have reduced gender-biased legislation <p>Baseline: CCA/UNDAF 2007-2011; poverty reduction strategy paper; national strategy for gender equality and equity</p>	<p>Output 1: Improve socio-economic conditions and the application of legal measures for women and girls, including the reduction of gender-based violence, in conformity with international conventions</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Discriminatory measures related to salaries and social protection are modified The decree for the application of laws on reproductive health and gender-based violence is adopted by 2011 in conformity with the principle of gender equity and equality 	<p>Ministries of: Family; Justice; Youth; Interior Affairs; Health; and Education; Committee on gender-based violence</p> <p>USAID; Governments of: Japan; Canada; Luxembourg; France; Belgium; and the Netherlands</p>	<p>\$2.5 million (\$1.25 million from regular resources and \$1.25 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>