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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Senegal

Proposed indicative UNFPA assistance: \$19.5 million: \$11.5 million from regular resources and \$8 million from co-financing modalities and/or other, including regular, resources.

Programme period: Five years (2012-2016)

Cycle of assistance: Seventh

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	6.0	6.0	12.0
Population and development	2.0	1.0	3.0
Gender equality	2.0	1.0	3.0
Programme coordination and assistance	1.5	-	1.5
Total	11.5	8.0	19.5

I. Situation analysis

1. The population of Senegal reached 13 million in 2011. The annual population growth rate is 2.6 per cent. About 58 per cent of the population lives in rural areas. Women represent 51 per cent of the population, while youth under the age of 20 account for 59 per cent. In 2009, the percentage of the population living below the national poverty line was 42.6 per cent (61.9 per cent in rural areas). The gross domestic product of Senegal dropped from 5 per cent in 2006 to 1.5 per cent in 2010.

2. The neonatal mortality rate is 35 deaths per 1,000 live births, and the child mortality rate is 61 deaths per 1,000 live births. The maternal mortality ratio declined from 510 maternal deaths per 100,000 live births in 1992 to 401 maternal deaths per 100,000 live births in 2005, with the ratio varying among regions. The inequitable distribution of health facilities hinders access to emergency obstetric and neonatal care. Obstetric fistula is reported in the regions of Kolda, Matam and Tambacounda.

3. The total fertility rate dropped from six children per woman in 1992 to 5.3 children per woman in 2005. The contraceptive prevalence rate for modern methods increased from 2.3 per cent in 1992 to 10.3 per cent in 2005. The percentage of unmet need for family planning is 39 per cent. Skilled health personnel attended 50 per cent of births in 2009, according to the 2010 Millennium Development Goals Report.

4. The HIV/AIDS prevalence rate was 0.7 per cent in 2005 (0.4 per cent among men and 0.9 per cent among women). The prevalence rate was 20 per cent among sex workers. Among young people between 15 and 24 years of age, the prevalence rate was 0.3 per cent.

5. Youth between 15 and 24 years of age represent 20.8 per cent of the population. Young girls between the ages of 15 and 19 account for 10 per cent of total fertility. The contraceptive prevalence rate among girls aged 15 to 19 is 4.7

per cent. The rate of condom use is 45.4 per cent. This situation puts girls at risk of early pregnancies, sexually transmitted diseases and HIV/AIDS.

6. Disparities exist between men and women. In 2005, the prevalence of female genital mutilation/cutting was 28 per cent, with disparities among regions. The unemployment rate is 20.8 per cent among women and 9.5 per cent among men. The illiteracy rate is higher among women (about 67 per cent) than among men (48 per cent).

7. In 2010, 22 percent of members of the national assembly were women, compared to 19.2 per cent in 2005. The percentage of women in government increased from 20 per cent in 2007 to 30 per cent in 2010. Women account for 40 per cent of the Senate. In 2010, Parliament passed a law requiring gender parity in electoral lists for all elected positions, whether part-time or full-time.

II. Past cooperation and lessons learned

8. Cooperation between Senegal and UNFPA began in 1975. The sixth country programme, which covered the period 2007-2011, contributed to the achievement of poverty reduction strategy objectives, in line with the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals.

9. The sixth country programme strengthened national planning as well as monitoring and evaluation capacity. It also strengthened the national capacity to integrate population issues into the development, implementation, monitoring and evaluation of development frameworks. The programme provided assistance for the general population and housing census and the demographic and health survey through the implementation of the statistical development plan.

10. Challenges include the need to: (a) expand understanding of population and development

linkages; and (b) increase the availability and use of disaggregated data for development.

11. In the area of reproductive health and rights, the reproductive health commodity security budget line was doubled through advocacy efforts. The programme scaled up antenatal, post-natal care and family planning services at all health centres, and scaled up community-based services and adolescent reproductive health and HIV/AIDS prevention initiatives. It also increased the use of reproductive health services.

12. The programme also reinforced life skills and livelihood training for adolescents and youth and contributed to the adoption of healthy sexual and reproductive behaviour. Challenges remain in the areas of: (a) skilled birth attendance; (b) emergency obstetric care; (c) reproductive health commodity security; and (d) social acceptance of family planning.

13. In the area of gender equity, the development of specific tools and methodologies contributed to gender mainstreaming in the economic and social policy document. The Government has established a ministry focusing on gender issues. About 92.5 per cent of the communities covered by the programme have agreed to abandon female genital mutilation/cutting. Challenges include: (a) the low implementation rate of adopted laws; and (b) the need to institutionalize a gender-based approach.

14. Lessons learned include: (a) community-based initiatives and collaboration with non-governmental organizations as well as religious and traditional leaders contribute to strengthening the social acceptance and use of reproductive health services and promote gender equality and equity; (b) the development of strategic partnerships facilitates efforts to scale up successful initiatives; and (c) decentralization reinforces programme performance and ownership by stakeholders in programme areas.

III. Proposed programme

15. The proposed programme is based on the economic and social policy, 2011-2015, the United Nations Development Assistance Framework (UNDAF), 2012-2016, and the UNFPA strategic plan, 2008-2013. It supports the efforts of the Government to accelerate progress towards the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development.

16. The goal of the proposed programme is to contribute to sustainable development through improved access to basic social rights, the protection of vulnerable groups and the promotion of better understanding of population issues. The programme includes three components: (a) reproductive health and rights; (b) population and development; and (c) gender equity.

Reproductive health and rights component

17. The outcome of this component is: men, women, adolescents and youth have access to, and use a full range of, high-quality information and services on reproductive health and HIV/AIDS.

18. Output 1: Health facilities in targeted areas provide a full package of integrated, high-quality maternal health and neonatal services to communities, including in emergency situations. This will be achieved by: (a) scaling up community initiatives; (b) scaling up reproductive health service delivery to army health centres; (c) building the managerial capacity of health regions and district management teams; (d) building the technical capacity and skills of health providers in emergency obstetric and neonatal care, post-abortion care, contraceptive technology and holistic care for obstetric fistula; (e) repositioning family planning in the national development agenda and reinforcing reproductive health commodity security; (f) reinforcing the integration of HIV/AIDS and reproductive health, and the prevention of mother-to-child transmission of HIV; (g) developing multidisciplinary

operational research on sociocultural factors and their implications on the use of reproductive health facilities, including those for family planning; (h) reinforcing partnerships with men, traditional leaders, universities, civil society and the private sector; and (i) initiating early responses to reproductive health needs in emergency situations.

19. Output 2: Targeted national and local institutions provide sexual and reproductive health and HIV/AIDS prevention services for adolescents and youth. This output will be achieved by: (a) promoting the integrated programme for communication, life skills and employment for adolescents and youth; (b) reinforcing the delivery of high-quality information and counselling services in the formal and non-formal educational system and in health centres for adolescents and youth; (c) building the capacity of local organizations and community volunteers to manage HIV prevention efforts in targeted communities, including among vulnerable and high-risk groups; and (d) condom programming and the promotion of voluntary counselling and confidential testing for HIV.

Population and development component

20. The outcome of this component is: population issues are better integrated into policies, plans, programmes and strategies for sustainable and equitable development.

21. Output 1: National statistical system institutions have the capacity to produce, analyse and disseminate disaggregated data for development planning. This output supports efforts to implement the statistical development plan by: (a) building the national capacity to produce and disseminate disaggregated data; (b) expanding information systems and databases and producing substantive reports on reproductive health, population and gender; and (c) reinforcing the monitoring and evaluation of national development frameworks and existing international commitments at the national and local levels.

22. Output 2: National institutions and civil society are equipped to integrate population issues into national development frameworks. This output will be achieved through: (a) the development and use of tools to integrate population issues into development frameworks; (b) the promotion of advocacy and policy dialogue on the use of population data for development and strategic positioning of population issues; and (c) the strengthening of strategic partnerships with universities and with research and training institutes.

Gender equality component

23. The outcome of this component is: gender equality and equity, and the rights of women and girls, are promoted to reduce gender-based disparities and violence.

24. Output 1: National institutions and civil society are equipped to provide an enabling institutional, legislative and regulatory setting for gender equality and equity, culture and human rights. This output will be achieved by: (a) mainstreaming gender and human rights, including gender-sensitive budgeting, in the development framework; (b) reinforcing partnerships with stakeholder networks and civil society for advocacy, and lobbying and enforcing laws for gender equity and equality; (c) harmonizing national laws and international commitments; (d) building partnerships with universities and other institutions to promote culturally sensitive research; and (e) developing initiatives for the empowerment of women, including the promotion of reproductive health services and prevention of gender-based violence.

25. Output 2: National institutions and civil society provide services to prevent and respond to gender-based violence. The output will be achieved by: (a) scaling up and reinforcing monitoring and warning systems; (b) reinforcing communication and social mobilization efforts that seek to eliminate gender-based violence; (c) advocating the enactment and enforcement of laws against violence; (d) building national capacity to scale up

the holistic response to gender-based violence; and (e) involving men in initiatives that seek to prevent violence and promote reproductive health.

IV. Programme management, monitoring and evaluation

26. The Government and UNFPA will identify areas of interventions and implementing partners for the programme at central and local levels, including the public sector, civil society organizations and United Nations organizations, based on their comparative advantages and in line with annual workplans. UNFPA will audit annual workplans, in line with the harmonized approach to cash transfers.

27. The programme will promote national execution and results- and evidence-based management, and will set up accountability and risk-mitigation mechanisms. UNFPA will also promote joint programmes with other United Nations organizations in the areas of maternal health, gender-based violence and other areas identified through mutual agreement with the Government.

28. The Ministry of Economy and Finance will coordinate the programme. Other concerned ministries will provide technical coordination for each component. UNFPA will align the monitoring and evaluation plan with the United Nations Development Assistance Framework and with national monitoring and evaluation mechanisms.

29. UNFPA and the Government will organize field visits, coordination meetings, annual reviews and a midterm review, in line with the review of the United Nations Development Assistance Framework. UNFPA and the Government will also conduct a final evaluation of the programme in 2015, and will establish a mechanism to document and disseminate success stories. The programme will seek to strengthen national capacity in monitoring and evaluation. UNFPA will develop and implement a resource mobilization plan.

30. The UNFPA country office in Senegal consists of a representative, a deputy representative, an international operations manager, an assistant representative, programme officers and support staff. UNFPA may also recruit national project personnel to strengthen programme implementation. National and international consultants, subregional institutions, the subregional office in Dakar, Senegal, the regional office in Johannesburg, South Africa, and technical units based at headquarters will provide integrated technical and programmatic support.

RESULTS AND RESOURCES FRAMEWORK FOR SENEGAL

DP/EPA/CPD/SEN/7

National priority: accelerating access for all persons to basic rights and social services, social inclusion and sustainable development UNDAF outcome: in programme areas, mothers and children, particularly the most vulnerable, receive a complete package of high-quality, integrated health interventions				
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>Outcome: Men, women, adolescents and youth have access to, and use a full range of, high-quality information and services on reproductive health and HIV/AIDS</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Percentage of births attended by skilled health service providers Baseline: 50 per cent; Target: 90 per cent • Contraceptive prevalence rate Baseline: 10.3 per cent; Target: 15 per cent • Number of cases of mother-to-child transmission of HIV prevented per year Baseline: 267,128; Target: 427,747 • Number of cases of sexually transmitted diseases prevented among youth Baseline: 2,083,132; Target: 2,314,349 	<p>Output 1: Health facilities in targeted areas provide a full package of integrated, high-quality maternal health and neonatal services to communities, including in emergency situations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of UNFPA-supported health facilities delivering a full package of integrated reproductive health and HIV/AIDS interventions Baseline: 60 per cent; Target: 80 per cent • Percentage of UNFPA-supported health facilities that deliver basic obstetric and neonatal care. Baseline: 50 per cent; Target: 80 per cent • Percentage of health facilities with adequate stocks of at least three contraceptive methods. Baseline: 40 per cent; Target: 80 per cent • Percentage of UNFPA-supported structures with skilled service providers for basic and complete emergency obstetric care Baseline: 40 per cent; Target: 70 per cent • Percentage of pregnant women who attended four mandatory prenatal consultations Baseline: 40 per cent; Target: 70 per cent • Percentage of districts supported by community initiatives Baseline: 60 per cent; Target: 100 per cent <p>Output 2: Targeted national and local institutions provide sexual and reproductive health and HIV/AIDS prevention services for adolescents and youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of schools and social and educational structures supported that deliver HIV/AIDS prevention services and life-skills training Baseline: 30 per cent; Target: 80 per cent • Percentage of social and educational structures given assistance that have specific programmes on behaviour change communication Baseline: 0 per cent; Target: 50 per cent • Voluntary counselling and testing coverage rate Baseline: 20 per cent; Target: 30 per cent 	<p>Ministry of Health; Ministry of Youth</p> <p>Civil society organizations; local government areas and communities; midwifery associations; private sector</p> <p>United Nations organizations</p>	\$12 million (\$6 million from regular resources and \$6 million from other resources)
National priority: reinforcing governance at central and local levels to support sustainable human development UNDAF outcome: national institutions (at central, regional and local levels) have the capacity to promote governance policies and human development programmes in a participatory, transparent and equitable manner, in line with international commitments				
Population and development	<p>Outcome: Population issues are better integrated into policies, plans, programmes and strategies for sustainable and equitable development</p>	<p>Output 1: National statistical system institutions have the capacity to produce, analyse and disseminate disaggregated data for development planning</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of UNFPA-supported structures that have functional databases with disaggregated data. Baseline: 25 per cent; Target: 100 per cent • Number of in-depth reviews conducted using the general population and housing census and the demographic and health survey. Baseline: 0; Target: 5 	<p>Ministry of Economy and Finance; National Agency for Statistics and Demography</p>	\$3 million (\$2 million from regular resources and \$1 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
	<p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Percentage of national development and sectoral strategies developed or reviewed that address population issues <p>Baseline: 50 per cent; Target: 75 per cent</p>	<p><u>Output 2:</u> National institutions and civil society are equipped to integrate population issues into national development frameworks</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of substantive studies and research reports produced on population, reproductive health and gender issues <p>Baseline: 0; Target: 4</p> <ul style="list-style-type: none"> Number of specific tools and methodologies for integrating population issues into development initiatives <p>Baseline: 1; Target: 3</p>	<p>Population and development networks; training and research institutions</p> <p>United Nations organizations</p>	
Gender equality	<p><u>Outcome:</u></p> <p>Gender equality and equity, and the rights of women and girls, are promoted to reduce gender-based disparities and violence</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of national development frameworks that address gender issues <p>Baseline: 20 per cent; Target: 80 per cent</p> <ul style="list-style-type: none"> Rate of female genital mutilation/cutting <p>Baseline: 28.5 per cent; Target: 15 per cent</p>	<p><u>Output 1:</u> National institutions and civil society are equipped to provide an enabling institutional, legislative and regulatory setting for gender equality and equity, culture and human rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of UNFPA-supported institutions that have an operational plan for institutionalizing gender. Baseline: 2; Target: 7 Number of facilities with staff who have attended training courses on gender mainstreaming <p>Baseline: 2; Target: 7</p> <ul style="list-style-type: none"> Existence of an operational action plan for implementing Security Council resolution 1325 on women, peace and security. Baseline: 0. Target: 1 <p><u>Output 2:</u> National institutions and civil society provide services to prevent and respond to gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Percentage of reported victims of violence who receive care at facilities supported by the programme <p>Baseline: 2 per cent; Target: 20 per cent</p> <ul style="list-style-type: none"> Number of training facilities for health workers that have developed curricula on gender-based violence <p>Baseline: 0; Target: at least 2</p> <ul style="list-style-type: none"> Percentage of functional monitoring and warning committees <p>Baseline: 20 per cent; Target: 50 per cent</p>	<p>Ministries of: Economy and Finance; Family Affairs; Gender; and Health</p> <p>Civil society organizations; local government areas and communities; population networks</p> <p>United Nations organizations</p>	<p>\$3 million (\$2 million from regular resources and \$1 million from other resources)</p> <p>-----</p> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>