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Draft country programme document**

Senegal

Summary

The draft country programme document for Senegal is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$26,730,000 in regular resources, subject to the availability of funds, and \$50,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2012-2016.

* E/ICEF/2011/18.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, together with the summary results matrix, no later than six weeks after discussion of the country programme document at the 2011 annual session of the Executive Board. The revised country programme document will then be presented to the Executive Board for approval at the second regular session of 2011.



Basic data[†] (2009 unless otherwise stated)

Child population (millions, under 18 years)	6.3
U5MR (per 1,000 live births)	93
Underweight (% , moderate and severe)	14
(% urban/rural, poorer/richer)	7/17, 21/5
Maternal mortality ratio (per 100,000 live births, 1999-2005)	410 ^a
Primary school enrolment (% net, male/female, 2005)	58/59 ^b
Primary schoolchildren reaching grade 5 (% , 2007)	58
Use of improved drinking water sources (% , 2008)	69
Use of improved sanitation facilities (% , 2008)	51
Adult HIV prevalence rate (% , 2009)	0.9
Child work (% , children 5-14 years old, 2005)	22
Registration of births (% , under 5 years old, 2005)	55
(% male/female, urban/rural, poorer/richer)	56/54, 75/44, 31/81
GNI per capita (US\$)	1 040
One-year-olds immunized against DPT3 (%)	86
One-year-olds immunized against measles (%)	79

[†] Additional data on women and children are available on the website www.childinfo.org.

^a The figure of 410 deaths per 100,000 live births is an estimate adjusted for 2008 by the Maternal Mortality Estimation Inter-Agency Group (WHO, UNICEF, UNFPA and World Bank, along with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. More data are available on the website www.childinfo.org/maternal_mortality.html.

^b Survey data.

Situation of children and women

1. Over the last ten years, Senegal, 49 per cent of whose 13.7 million inhabitants are under 18 years of age, has endeavoured to build a nation based on respect for human rights and free enterprise. Since 2008, progress in this endeavour has been seriously impeded by crises in the economic, energy and financial sectors, which, compounded by droughts and flooding, have slowed growth, disrupted governance and held back human development. The record of implementation of the poverty reduction strategy shows that the programmes for the period 2006-2010 had an uneven social impact and that poverty not only continued to blight 51 per cent of the population but became even more pronounced among the poorest members of society. Projections indicate that no significant improvement may be expected in the situation because economic growth will not exceed 4 per cent, a rate too low to bring about any sustainable reduction in the disparities among social groups or to attain all the Millennium Development Goals. Over the next few years the disparity between poor and less poor, and between Dakar and the rural areas, will persist and will impede efforts to reduce chronic poverty and its transmission from generation to generation. The most critical situation will be faced by some 1.5 million children living in the poorest rural areas in the regions of Tambacounda, Kédougou, Kolda, Matam, Fatick and Sédhiou and certain suburbs of Dakar.

2. Infant and child mortality rates have continued their downward trend since 2005, dropping from 64 to 33 deaths per 1,000 live births for infant mortality and from 121 to 85 deaths per 1,000 live births for child mortality. HIV/AIDS prevalence among children remains low, as only 0.7 per cent of adults are HIV positive. There are 17,810 HIV/AIDS orphans in Senegal. The incidence of child disease is highest in rural areas that lack basic health services, have poor health care, where secondary services are little used, access to sanitation is lacking and inappropriate family practices persist. The prevalence of low weight children (17 per cent) is high throughout the country, but critical in the southern regions (32 per cent in Kolda, 25 per cent in Tambacounda). The percentage of the population with access to safe drinking water is as high as 93 per cent in urban areas and 57 per cent in rural areas. For sanitation the proportion is estimated at 90 per cent for urban areas and 46 per cent for rural areas. In poor areas a child is 2.5 times more likely to die than a child in a rich household. The maternal mortality rate, which had dropped from 510 per 100,000 births in 1992 to 401 in 2005, has only decreased slightly over the past five years because the total fertility rate remains high, at 5.3 births per woman, and because the rate of attended births is no higher than 52 per cent. In poor areas, because of deep-rooted traditions and lack of care, women routinely give birth at home. A review of public spending in the sector shows that the portion of gross domestic product dedicated to health care has never been higher than 4 per cent and that spending has been inefficient and focused on the richer regions.

3. In the field of primary education, the overall school enrolment rate has risen to 92.5 per cent, evenly balanced between boys and girls. An analysis of public spending shows that the growth in school attendance has helped bridge gaps in access to education, but has not eliminated the barriers that block access to education for children from poor families (inefficient spending, school fees). The net school attendance rate is no higher than 75 per cent and the school completion rate has remained under 60 per cent for several years. Rates are lower in rural areas because of inadequate school facilities, the poorer quality of teaching and the poverty of families. Over 32 per cent of rural schools are unable to provide a complete elementary school cycle, as compared to 7 per cent in urban areas, and nearly 48 per cent of rural schools have no latrines, as compared to 15 per cent in urban areas. Other factors, such as the inadequate qualification of teachers, the low level of birth registration, the delayed development of preschool education, school violence, poor school governance and the persistence of invisible school fees limit access and militate against attendance, thereby contributing to the exclusion of disabled and poor children.

4. Senegal has more or less brought its national legislative framework into line with the Convention on the Rights of the Child, but the benefits for children in terms of protection are mixed. The practice of female circumcision has declined and is expected to disappear altogether by 2015. Early marriage and the abuse and exploitation of children remain worryingly widespread, however, and their occurrence is even increasing. Nearly 500,000 children live apart from their parents, many of them on the street and labouring or engaged in begging. Many cases of trafficked children have been brought to light, in particular involving children from poor regions and neighbouring countries. Girls are especially vulnerable to labour exploitation and sexual abuse. This is attributable to the gradual disappearance of

family and community protection systems, urban growth, poverty and lack of access to education.

Key results and lessons learned from previous cooperation (2007-2011)

Key results

5. The country programme has lent vigour to activities in support of child survival by enabling national partners more effectively to target vulnerable children by successfully scaling up activities in 55 of the 67 districts, and by giving priority to community-based efforts to combat diarrhoea, acute respiratory infections, malnutrition and preventable diseases through vaccination. In times of fiscal restraint, this support has also helped to maintain immunization and vitamin A coverage levels at above 80 per cent and to broaden the campaign against severe acute malnutrition in areas at risk of food insecurity, which contributed to the lowering of maternal, infant and child mortality rates observed in 2009. The International Health Partnership and the Harmonization for Health in Africa initiative have been strengthened around these positive developments.

6. Following the implementation in 400 primary schools located in the Tambacounda and Kolda regions, considered two of the poorest in the country, of a package of services including improved learning conditions and the introduction of preschool classes, enrolment rates have risen, gender disparities have been narrowed and dropout rates reduced. These results have helped boost the national averages and thus accelerate progress towards attainment of the Millennium Development Goals. They have been used in a campaign to replicate this improved learning environment in all schools.

7. Through such measures as the mapping and analysis of protection systems, minimum quality standards for child care services, the database on vulnerable children, the national action plan against trafficking in women and children and the creation of coordination and planning frameworks in 18 prefectures it has been possible to create a network of more than 100 child protection service providers and to lay the groundwork for protection services that are more responsive to the needs of vulnerable children. Where the practice of female circumcision is concerned, the number of villages which have abandoned this practice has grown from 1,495 to 4,625 and the target of 5,000 is on track for 2015.

8. The need to provide accurate data on poverty, the vulnerability of children and the impact of crises has necessitated an increase in the number of social policies and programmes for the most vulnerable, and the more careful targeting of such policies and programmes. Studies on local arrangements within the communities for the protection of children have helped make this undertaking a national priority, resulting in the launch of several wide-reaching projects for the benefit of children particularly affected by the economic crises and humanitarian disasters linked to climate change.

Lessons learned

9. The introduction of the community-led total sanitation (CLTS) approach has shown that it is entirely feasible to scale up activities when there is evidence of low

cost and good community participation. This boosts ownership by the Government and donors and, working in combination, these factors have led to a rapid expansion of high-impact activities to promote child survival.

10. The decentralized approach adopted by the 2007-2011 programme has helped improve the indicators at the national and regional levels but its impact has been insufficient to reduce the disparities between districts within a given region and between poor and non poor in the same district. To ensure greater equity in access to social services, a stronger focus should be placed on district-level interventions and this approach should be reinforced with arrangements to facilitate access by the poor to these services, such as the removal of financial barriers and the organization of community activities. These interventions are more responsive to local conditions and ensure the wider participation of communities and children. They are more readily supported by policymakers, communities and development partners as potential solutions to problems relating to equity.

11. National level efforts to scale up activities, including vaccination, and to heighten their impact have been undermined by the lack of continuity in national governance and the weakness of local health services. Consequently, cases of polio and measles have re-emerged. More investments are needed to improve local governance and to strengthen services, thereby reducing the disparities between national and local levels.

12. The evidence attesting to the situation of vulnerable children and victims of child abuse and neglect, and the use of this evidence in advocacy and negotiations with the Government and development partners, have made it possible to give priority once again to the need to ensure that the country has at its disposal a protection system built around a minimum package of services for vulnerable families, including a strong prevention component. Heightened community outreach and improved communication for development are needed to combat harmful social behaviour and unacceptable standards and to achieve sustainable progress.

Programme of work, 2012-2016

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survival of women and children	7 500	20 000	27 500
Inclusive and quality education	3 500	12 000	15 500
Child protection	5 000	14 000	19 000
Social policies and advocacy	5 000	2 000	7 000
Cross-sectoral costs	5 730	2 000	7 730
Total	26 730	50 000	76 730

Preparation process

13. The preparation of the country programme was facilitated by updating the analysis of the situation of children and women and evaluating the poverty reduction

strategy, the 2010 national report on the Millennium Development Goals and the 2011-2015 national economic and social policy document. The analysis and programmatic priorities set out in these texts were supplemented by the recommendations of the joint midterm United Nations Development Assistance Framework (UNDAF) in 2009, the 2005 recommendations of the Committee on the Rights of the Child, a mapping of vulnerable areas, a comparative analysis of development agencies and discussions with government partners, civil society and development partners. The resulting document is aligned with national priorities and those of UNDAF 2012-2016.

Programme and outcomes of components and strategies

14. The purpose of the country programme is to help Senegal speed up the realization of children's rights and attainment of the Millennium Development Goals in an equitable manner in the priority areas of child survival, education and protection.

15. At the national level, strategies based on building knowledge, advocacy based on real evidence and strengthened partnerships will support the development of more coherent social policies and more effective budgeting processes, thereby reducing geographical and social disparities and keeping the issue of child poverty high on the political agenda. At the sectoral level, greater reliance on capacity building and on human rights and equity based approaches will help ensure that the processes of analysis, planning and budgetary allocations are better adapted to poverty reduction efforts. At the community level, the programme will support the establishment of comprehensive, low-cost child survival, birth registration, sanitation, social protection and parental education services.

16. By analysing social and geographical disparities it has been possible to identify the country's most vulnerable departments, where access to social services must be improved. In these departments, the programme will ensure that 50 per cent of all children in the poorest quintile receive quality care in which health, health, education and protection services are combined in a synergetic manner. This will facilitate the establishment of holistic protection services that both ensure prevention and foster the reintegration of socially excluded children. The improvement of local governance, coordination at regional and local levels, community outreach and communication for development will ensure that interventions are both effective and sustainable. Particular attention will be given to children separated from their parents and to children in Ziguinchor and Sédhiou exposed to the risks of landmines and susceptible to the stress of the persisting insecurity situation.

17. In view of the recurrence of natural disasters, the country programme, working together with United Nations agencies, will help build the capacity for emergency preparedness and response at sectoral, regional and department levels in areas relating to water, education and protection. The risks associated with natural disasters and political and social situations will be updated annually, leading to possible changes in strategies.

Links with national priorities and UNDAF

18. The 2011-2015 national economic and social policy document aims to ensure economic growth and inclusive social protection, with a view to attaining the

Millennium Development Goals. The outcomes and impacts of UNDAF 2012-2016 revolve around these priorities. The Senegal-UNICEF cooperation programme will help operationalize these various objectives, outcomes and impacts.

19. The country programme will be anchored around the following UNDAF outcomes:

- (a) Mothers and children, in particular the most vulnerable, will benefit from a package of quality health interventions;
- (b) Children and adolescents, in particular the most vulnerable, will enjoy good quality basic education and training;
- (c) Vulnerable groups will benefit from an adequate social protection system;
- (d) Vulnerable groups will receive adequate protection against violence, abuse and exploitation;
- (e) National institutions (at central, regional and local levels) will ensure the acceleration of efforts to achieve the Millennium Development Goals in a participatory, transparent and equitable manner.

Links with international priorities

20. The programme will contribute to efforts undertaken by Senegal to comply with the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will also contribute to fulfilment of the UNICEF medium-term strategic plan and compliance with the recommendations of the forums on education for all and the United Nations Girls' Education Initiative, the recommendations of the International Health Partnership and the Harmonization for Health in Africa initiative and the recommendations of the High-level Plenary Meeting of the General Assembly of September 2010 on the Millennium Development Goals. The programme will also contribute to the implementation of the Paris Declaration on Aid Effectiveness and the third High Level Forum on Aid Effectiveness.

Programme elements

21. **Child survival and survival of women.** The child survival component will contribute to implementation of the 2008-2015 national child survival plan and the 2009-2018 national health development plan, with a focus on replication at the national level of the accelerated child survival and child development strategy, with a view to attaining goals 4 and 5 of the Millennium Development Goals. The expected key outcome of this component is that, by 2016, at least 80 per cent of mothers and children will be benefiting from the integrated package of quality interventions for maternal, newborn and child health.

22. To achieve these results it will be necessary to ensure high coverage of effective health interventions and to secure funding that is both adequate and readily available. To this end, the country programme will help build national capacity to implement the recommendations of the public expenditure review calling for the improved planning, costing and prioritization of child-oriented activities in the midterm expenditure framework; accordingly, priority will be given to primary health care for children. The programme will promote efforts to review the

modalities for community involvement in health care costs, with a view to removing barriers to essential health care for the poor. Working together with partners in the International Health Partnership and the Harmonization for Health in Africa initiative, the programme will provide technical and logistical support to revitalize, on a nationwide scale, the benefits of the expanded programme on immunization and to ensure the wide replication of scaled up, community-oriented activities. Emphasis will be placed on the prevention among children of malaria, diarrhoea, acute respiratory infections, malnutrition and HIV/AIDS and on care for children with those conditions, following innovative approaches and promoting sustainable behaviour change.

23. The programme will support better targeted interventions benefiting the more vulnerable and designed to improve the availability and use of essential health services in areas of high infant, child and maternal mortality in the more disadvantaged regions of Kolda, Sédhiou and Kédougou. It will also help partners to implement district-level plans which combine community activities, services at clinics and health centres, efficient monitoring systems, and changes in behaviour conducive to the prevention and treatment of children's diseases. These services will provide a continuum of care, including efforts to control common children's diseases, to prevent mother to child transmission of HIV/AIDS, the provision of HIV-related paediatric care, the promotion of good practices, community sanitation and efforts to combat malnutrition in infants and young children. A certain geographical flexibility will be exercised in implementing the nutrition sub component, to ensure an appropriate response to any changes that may affect Senegal.

24. **Inclusive and quality education.** Senegal has made enormous strides in the education of boys and girls but is still facing problems with school attendance rates and in reducing disparities in access between the country's departments and the social groups within these departments. The programme will help partners meet these challenges and aims to achieve the following result: by 2016, at least 80 per cent of school-age children, in particular the most vulnerable, will have access to good quality basic education and will complete primary school.

25. Working together with its partners, the programme will help the Ministry of Education remove barriers hindering children's access to quality education by analysing the nature and extent of these barriers and by carrying out advocacy work with a view to their removal. It will facilitate implementation of the recommendations of the education expenditure review by remapping the school districts and revamping the information system, using these processes as tools to combat social exclusion.

26. To facilitate the return to school of children who have dropped out or who live on the margins of society, the programme will support the development and testing of innovative bridges between formal and informal education systems. To improve the quality of education and school performance, the country programme will support the revision of the national human resource development plan, will join the debate on local languages and will launch a plan to scale up the child-friendly schools project, which will also cover preschool classes. A national plan will be set in place to suppress school violence, and in particular violence against girls.

27. In the regions of Kolda, Sédhiou, Kédougou and some suburbs of Dakar the programme will assist partners with the implementation of local plans for the

development of basic education, pooling the resources of the Government, local communities and donors with a view to establishing the necessary human and financial resources needed by disadvantaged communities. The schools will receive support for development plans based on the child-friendly school concept, including a package of activities aimed at improving learning conditions, creating a safe environment to encourage the reintegration of dropout children, making the school part of the system for the protection of children at risk and ensuring the participation of children and parents. Local authorities, principals, teachers and parents will be empowered to monitor the performance of children, teachers and schools.

28. Protection of children. Poverty and recurrent shocks have weakened traditional protection systems and exacerbated the problems suffered by children. The programme will help the country respond to those challenges by promoting the speedy development of a holistic child protection system, including in the areas of welfare and juvenile justice, and combining arrangements both for prevention and for assistance. The expected outcome of this component is that, by 2016, children, and in particular children forced to beg, to undergo female circumcision or to perform labour and children in conflict with the law, will be less susceptible to violence, exploitation, neglect and harmful practices.

29. The programme will assist the Government in its efforts to strengthen the institutional framework for child protection by revising existing regulations and bringing them into line with international recommendations. It will contribute to the development of a child protection strategy and the creation of a midterm expenditure framework, in order to improve resource mobilization and to increase the availability of protection services. To ensure the equitable distribution of resources and services necessary to prevent abuse, violence, exploitation and discrimination and to respond to those practices, the programme will support the development of an integrated services system, with the definition of a package of services that comply with minimum standards, and the development of a care and referral system with the necessary protocols for such a system, which will also include the national education system. The programme will also strengthen the capacity of professionals, semi professionals and community stakeholders and support the establishment of a data management and case monitoring system, the creation of special national birth registration arrangements and the management of a cash transfer programme for vulnerable children and families. It will also foster positive changes in social norms by creating a social movement that targets such harmful practices as begging, girl child labour and female circumcision.

30. The programme will help national partners increase the supply and improve the quality of the package of community based protection services in the departments of Tambacounda, Kédougou, Kolda, Sédhiou, Matam, Fatick, Saint Louis, Thies and Dakar, with emphasis on more efficient coordination, monitoring the performance of decentralized services, according professional status to social workers, ensuring the provision of quality services and carrying out prevention activities.

31. Social policies and advocacy programme. An analysis of the dynamics of poverty has shown that children were significantly and chronically affected by many hardships attributable to the weakness and inefficiency of social services and deficiencies in the systems for the planning, allocation and use of available resources. The programme will help to redress this situation, aiming for the

following result: by 2016, children, in particular the most vulnerable, will receive better care thanks to the targeting and budgeting of social protection systems and social policies.

32. The programme will assist the relevant ministries and civil society to strengthen their capabilities in their endeavours to formulate, implement and measure the impact of child-friendly policies, while focusing on marginalized children. This will be achieved through the conduct of accurate budget analyses, use of the so-called “marginal budgeting for bottlenecks” tool in the health and education sector, operationalization of the midterm expenditure framework of the Ministry of Family Affairs and analysis of the barriers preventing access by children to social services and locking them in the cycle whereby poverty is transmitted from generation to generation. To ensure a more adequate response to the needs of socially excluded children, in departments covered by the sectoral components on survival, education and protection, the programme will help build the capacity of regional development agencies and local communities to monitor the situation of children and to carry out participatory planning and budgeting.

33. The programme will support the development of tools for the regular monitoring of the situation of children, the conduct of surveys (population surveys and multiple indicator cluster surveys — MICS) and the preparation of reports on the situation of children for submission to international committees. Advocacy and building alliances with civil society, the private sector, influential commentators and the media will keep the issue of children’s rights at the centre of the national agenda.

34. **The cross-sectoral costs** will relate to the operational and logistical aspects of the programme and the improved management capacity of UNICEF staff and partners. They will also subsume support costs for the implementation of the programme and some operating costs of the country office.

Major partnerships

35. The programme will be implemented in partnership with the ministries of economy and finance, health, education, family affairs and justice and their decentralized and local offices. A strengthened partnership will be forged with the Ministry of Decentralization and Local Communities and the union of local elected officials, in matters relating to decentralization and the Local Child-Friendly Communities initiative. UNICEF will strengthen its partnership with the United States Agency for International Development, the World Bank, the delegation of the European Union, the Belgian, Canadian, French, German, Italian, Japanese, Luxembourg and Spanish development agencies, the African Development Bank, the World Health Organization, the World Food Programme, the United Nations Population Fund, the International Labour Office, the International Organization for Migration, the United Nations Educational, Scientific and Cultural Organization, the United Nations Entity for Gender Equality and the Empowerment of Women, the Office of the United Nations High Commissioner for Human Rights, the Food and Agriculture Organization of the United Nations and the United Nations Development Programme, in matters related to health, education, nutrition and social protection. Cooperation will be stepped up with United Nations agencies in the conduct of joint programmes on health, nutrition and social protection. By joining efforts with non governmental organizations (Plan International, Save the

Children, World Vision, ChildFund International, Action Aid) and members of the national coalition of children's non-governmental organizations, the partnership will be able to pool the assistance resources available and enhance the cost-effectiveness of its health, education and protection activities.

Programme monitoring, evaluation and management

36. By analysing trends in the immunization, school enrolment and academic success indicators and those on the number of child victims of violence and abuse that have been properly taken into care, it will be possible to track the progress of the programme. To measure progress at the department level other indicators will be used, such as those on the availability of children's services and on their use by children and those on parents' awareness of best practices. Emphasis will be placed on the use of data disaggregated by region, age and sex to ensure the effective monitoring of the programme's impact on the reduction of disparities.

37. By identifying trends in budgetary allocations to children's programmes and the related budgetary performance under the social sectors' midterm expenditure framework it will be possible to measure the impact of the social policies. The programme outcomes matrix and the integrated monitoring and evaluation plan, which are linked to the UNDAF matrix, will be used as instruments to monitor progress towards the strategic outcomes. Internal instruments for programme monitoring and evaluation and the national monitoring system will be strengthened. Coordination arrangements under the control of the Government, at both national and local levels, will be strengthened to ensure a more effective division of labour between partners and to boost the effectiveness of their joint work.
