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### United Nations Children's Fund

Executive Board

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Item 4 of the provisional agenda\*

### **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 \$15,825,000 in regular resources, subject to the availability of funds, and \$31,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

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\* E/ICEF/2006/18.

\*\* In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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*Basic data<sup>†</sup>*  
*(2004 unless otherwise stated)*

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Child population (millions, under 18 years)	5.7
U5MR (per 1,000 live births)	137
Underweight (% , moderate and severe)	17
Maternal mortality ratio (per 100,000 live births)	430*
Primary school attendance (% net, male/female, 2003/2004)	71/67
Primary schoolchildren reaching grade 5 (% , 2001/2002)	80
Use of improved drinking water sources (% , 2002)	72
Adult HIV prevalence rate (% , end of 2003)	0.8
Child work (% , children 5-14 years old, 2000)	33
GNI per capita (US\$)	670
One-year-olds immunized against DPT3 (%)	87
One-year-olds immunized against measles (%)	57

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<sup>†</sup> Additional data on Senegal and its women and children are also available on the website [www.unicef.org](http://www.unicef.org).

\* Preliminary result of Demographic and Health Survey 2005. Year of estimate not known.

### **Situation of children and women**

1. The population of Senegal was estimated at 10,800,000 in 2005, with a rate of urbanization of approximately 40 per cent; young persons under the age of 20 account for 58 per cent of that total. The annual economic growth rate is above 5 per cent for the first time in some 10 years; however, poverty levels remain high (57 per cent in 2002). The situation of children varies widely, the worst indicators being recorded for inland and border regions. Senegal is a democratic country with a broad range of independent mass media and an active civil society. In 2004, the Government signed an accord with the Movement of Democratic Forces of Casamance (MDFC), but lasting peace will be possible only if the clashes between the MDFC armed factions come to an end. A programme to support the economic and social reconstruction of Casamance was launched in 2005.

2. Infant and child mortality remains high despite having decreased by 15 per cent, and is mainly due to malaria, malnutrition, diarrhoeal diseases and acute respiratory infections (ARI). Neonatal mortality accounts for 57 per cent of infant mortality. The prevalence of low weight among under-fives decreased from 18.5 per cent in 2000 to 17 per cent in 2005; 13.4 per cent of children are born weighing less than 2.5 kilograms. Physical labour, malnutrition, anaemia, delivery conditions, illiteracy, excision and early marriages contribute to high maternal mortality, despite a decrease of 15 per cent since 1992.

3. The President's policy to promote early childhood development and the establishment of Cases des Tout-Petits and community-based preschool learning centres have helped to increase access to preschool institutions. The percentage of children between three and five years of age attending an organized programme rose from 8 per cent in 2000 to 20 per cent in 2005. While the Government attaches priority importance to education and the need to improve access to primary education, the quality of education and the completion rates remain inadequate. The

gross school enrolment ratio increased from 71.6 per cent in 2001-2002 to 82.2 per cent in 2004-2005, and the gap between boys and girls decreased from 11 to 4 percentage points. However, the corresponding figure for the regions of Tambacounda and Kolda remains at 19-20 per cent. Only 28.2 per cent of women are literate, compared to 49.1 per cent of men.

4. As a result of early action by the Government, political engagement and public mobilization, the HIV/AIDS prevalence rate is low (0.9 per cent among women, 0.4 per cent among men and 0.7 per cent overall, but as much as 2.2 per cent in Ziguinchor). Some 4,700 persons (including 200 children) receive antiretroviral drugs free of charge. Approximately 20,000 children are HIV/AIDS orphans, of whom 6,000 benefited from services in 2005. Stigmatization remains an obstacle to treatment and screening.

5. The percentage of the urban population with access to drinking water rose from 78 per cent in 2000 to 90 per cent in 2004, and that of the rural population from 56 to 64 per cent. In 2004, 57 per cent of the urban population and 17 per cent of the rural population had access to an adequate sanitation system. The chore of fetching water falls chiefly to young girls, which further hinders their education and their development.

6. A national strategy for gender equity and equality has been developed, under which the participation of women in decision-making bodies is to be strengthened (19 per cent of parliamentary deputies, 27 per cent of municipal councillors and 11.3 per cent of rural councillors are women).

7. The Committee on the Rights of the Child will examine the report of Senegal in September 2006. The report refers to the new law on free and compulsory education for children between six and 16 years of age and the strengthening of the law to combat trafficking in persons and similar practices. Despite the progress achieved at the legislative level, a number of troubling issues remain. Some 28 per cent of women between 15 and 49 years of age have been subject to female genital mutilation, with the figure exceeding 90 per cent in some regions. The percentage of children between the ages of five and 14 who work is estimated at 37.6 per cent. The worst forms of labour are carried out by some 500,000 children, of whom a growing number are foreign beggars. In Casamance, 123 districts and 90,000 persons are affected by mines.

8. The vulnerability of the population is exacerbated by emergencies such as cholera, yellow fever, locust plagues and floods. Faced with a lack of opportunities and the closure of traditional channels, and powerless to change their situation, Senegal's young people are attempting hazardous new emigration routes.

9. Senegal may be able to meet some of the targets set out under the Millennium Development Goals, particularly with respect to education, nutrition and access to water. There are two major challenges to the improvement of the situation of children: the effective implementation of existing laws and policies and scaling up successful local experiments. To those ends, it will be necessary to redress the lack of human resources, particularly in remote regions, and to strengthen operational capacity.

## **Key results and lessons learned from previous cooperation (2002-2006)**

### **Key results**

10. Implementation of the Accelerated Child Survival and Development (ACSD) Strategy has helped to reduce child mortality, which is estimated to be between 20 and 25 per cent in the Tambacounda and Kolda regions. This result is attributable chiefly to improved coverage of the Expanded Programme on Immunization, vitamin A supplementation and greater use of insecticide-treated nets, complemented by integrated management of childhood illness (IMCI) at the community level, with particular emphasis on fostering of growth, exclusive breastfeeding and supplementary feeding. The Government plans to extend this approach by further developing those components relating to nutrition and neonatal mortality, drawing on experience gained under the Basic Support for Institutionalizing Child Survival (BASICS) programme of the United States Agency for International Development (USAID) and under the programme to improve nutrition.

11. Senegal's partnership with the African Development Bank, which includes an important agreement on the purchase of equipment, has facilitated implementation, initially in remote regions, of a policy for emergency obstetric and neonatal care, which was recently supplemented by the provision of Caesarean sections and delivery services free of charge in five regions.

12. Consumption of iodized salt has increased from 31 to 57.5 per cent. A food fortification strategy is taking shape in parallel with the creation of a national committee for food fortification. Senegal was declared free of poliomyelitis in 2004 and of dracunculiasis in 2005.

13. A holistic and intersectoral early childhood development policy has been drawn up in collaboration with the National Agency for the Cases des Tout-Petits. Access of children between the ages of three and six years to development and stimulation activities, nutrition and sanitation monitoring and simple hygienic practices has increased in three pilot departments through parental involvement and supervision by trained community workers.

14. The programme has improved the quality of education through implementation of a basic package of integrated services, a strategy that now forms part of sectoral policy. Decentralized management and training have been strengthened, water points and toilet blocks have been installed in 460 schools for use by 250,000 pupils (of whom the majority benefit from school canteens under the World Food Programme (WFP), deworming and iron supplements), teaching guides on life skills (including HIV/AIDS prevention) have been developed and 1,800 teachers have been taught how to use them. The programme has contributed to the development and testing of a curriculum for Koranic schools which includes language learning and everyday life skills.

15. The Ministry for Youth, the United Nations Population Fund (UNFPA) and UNICEF have carried out a joint pilot project to assist some 8,000 adolescents. Advocacy and support for the development of a youth policy has led to renewed focus on issues affecting young persons.

16. The programme has contributed to the development of legislation, policies and plans addressing the trafficking and sexual exploitation of children and child begging. The strategy of local responses to the worst forms of labour in pilot departments is now institutionalized and supported by the national budget. The proportion of children under five years of age whose births are registered increased from 60.9 per cent in 2000 to 78.5 per cent in 2004. In an approach based on human rights education, some 1,000 villages have made a public commitment to abandon the practices of excision and early marriage, bringing the total number of villages that have done so to more than 1,700 of the 5,000 where excision is practised, and this approach is now a global UNICEF strategy.

17. In Casamance, the programme has strengthened the capacity of communities to handle pressure and to prevent and manage conflict, through the training of 2,000 volunteers from 15 community networks. In collaboration with Handicap International, more than 40,000 children and their families in 120 villages have been sensitized to the dangers of mines, and the number of mine-related accidents decreased from 43 in 2002 to 19 in 2005.

18. The programme has strengthened national capacity to monitor the situation of children and women and the progress made towards attaining the Millennium Development Goals by contributing to the creation of a national monitoring and evaluation network, a study on evaluation capacity (in collaboration with the International Organization of la Francophonie), the Government's adoption of DevInfo and the introduction of that system initially in areas of concentration.

### **Lessons learned**

19. The success of the strategy for the reduction of infant and child mortality can be attributed to the choice of high-impact and cost-effective interventions, the strengthening of training and supervision, technical innovation (e.g., community treatment of acute respiratory infections (ARI)), community participation and social mobilization (e.g., child survival days).

20. The partnership with the University of Dakar ensured the credibility and dissemination of operational research findings that community health workers are able to deal effectively with ARI using antibiotics. This experiment will be scaled up with the addition of community treatment for malaria.

21. A review of the grandmother-inclusive and positive deviance approaches being followed showed a beneficial impact on childcare practices through family and community capacity-building in rights-based approaches promoting local solutions.

22. Implementation of the essential package, including water and sanitation, in association with the World Food Programme (WFP), has improved teaching quality and reduced school dropout.

23. The decentralized approach pursued in conjunction with the Belgian Survival Fund allows easier identification of the obstacles that hinder access to services and targeting of marginalized communities. The involvement of local actors has improved results delivery and sustainability and paved the way for the further decentralization of education and health planned by the Government for 2007.

24. Assessment of the project for adolescents shows that a convergent service approach combining life skills, peer education, reproductive health services and

vocational training has a positive effect on knowledge, attitudes and behaviours conducive to HIV/AIDS prevention.

25. The presence of the sub-office in Zinguinchor and of two consultants in Kolda and Tambacounda has enhanced implementation quality and results delivery.

## Programme of work, 2007-2011

### Summary budget table

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Infant survival and development	5 000	11 000	16 000
Basic education and gender equity	3 800	10 200	14 000
Legal protection and measures to combat violence and the worst forms of child labour	2 675	5 700	8 375
Social policies and advocacy	2 650	2 700	5 350
Cross-sectoral costs	1 700	1 400	3 100
<b>Total</b>	<b>15 825</b>	<b>31 000</b>	<b>48 825</b>

### Preparation process

26. The United Nations Children's Fund (UNICEF) has actively contributed to the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) process, inter alia, as a focal point for the monitoring and evaluation plan. Using as guidelines the poverty reduction strategy paper (PRSP) and the Millennium Development Goals, UNDAF has served as the strategic framework for the programme. Main strategies and activities have been developed through UNICEF's involvement in elaborating the PRSP and in the sectoral group work of development partners. The policies of the Ministry of Economy and Finance, the Ministry of Planning and Sustainable Development and partner ministries have guaranteed the coherence and synergy of activities, as has the dialogue with development partners. The programme takes into account issues raised by the Committee on the Rights of the Child during its consideration of Senegal's periodic report and draws on problems raised in that same context by children and non-governmental organizations (NGOs). The programme also takes into account the wealth of surveys, studies and assessments relating to the components of the programme under way or carried out by other actors in these areas.

### Objectives, expected main outcomes and strategies

27. The aim is to further realization of the rights of Senegalese children and women to survival, development, protection and participation. The programme seeks to achieve national outcomes in connection with the Millennium Development Goals and the PRSP through activities in the areas of concentration aimed at reducing disparities and promoting innovation, as well as through advocacy and capacity-building in order to scale up successful activities. The programme aims to accomplish the following outcomes, primarily in the areas of concentration: (a) a

one-third reduction in the under-five mortality rate and an improvement in maternal health; (b) a reduction of 20 per cent in the under-five malnutrition rate; (c) elimination of the disparities between boys and girls in primary school and a primary-school completion rate of 85 per cent; (d) significantly improved hygiene practices and an increase of 50 per cent in household access to adequate sanitation and drinking water facilities; (e) protection of children from abuse and violence, in particular through wholesale abandonment of the practices of excision and early marriage; (f) protection of children from trafficking and the worst forms of child labour, especially begging, child domestic labour and sexual exploitation; (g) the effective application of human rights principles and gender equity in the policies and programmes of public institutions; (h) national and local capacity-building for steering, monitoring and evaluating the implementation of plans and programmes in order to achieve outcomes for children.

28. The programme will build on human rights principles through the following strategies: national and local capacity-building, improvement of the legislative and legal framework, promotion of the implementation of the Convention on the Rights of the Child, gender equity, promotion of social dialogue and public debate, and development of the potential of all actors, including children. The programme will adopt the decentralized approach pursued by the Government by allocating resources to local actors and holding them accountable for the results.

29. The programme targets the most vulnerable, in particular children and adolescents, in four highly impoverished regions (Matam, Tambacounda, Kolda and Ziguinchor), the UNDAF areas of concentration, where almost 25 per cent of the population lives. Given the link between emergencies and poverty, the programme will strengthen the early warning system and disaster-risk reduction and management capacities. The contingency plan will be regularly updated.

#### **Links with national priorities and UNDAF**

30. Based on PRSP II, the programme is driven by UNDAF's three main areas of activity: (a) wealth creation, poverty reduction, social protection and sustainable development; (b) basic social services; (c) governance and promotion of the New Partnership for Africa's Development (NEPAD). The outcomes correspond with UNDAF's areas of activity, with focus on the second of those areas. The sectoral strategic frameworks are: the national programme for development of the health sector, aimed at reducing maternal, infant and child mortality; the 10-year programme for education and training, aimed at achieving the objectives of Education for All by improving access, quality and management; the national programme for good governance; the millennium programme for drinking water and sanitation; the 10-year programme for family and social development; the national strategy for gender equity and equality; the national strategy for social protection; the sectoral policy letter on youth; the strategic HIV/AIDS plan; and sectoral plans for attainment of the Millennium Development Goals, including the road map.

#### **Links with international priorities**

31. Almost the entire programme budget will be devoted to achieving the Millennium Development Goals and to implementing the Convention on the Rights of the Child. The four components described below address the priority themes defined in the medium-term strategic plan, with the exception of HIV/AIDS (which

is included in all four components). The positioning of the programme to support the poverty reduction strategy paper (PRSP) and the sectoral programmes is in line with the contemporary aid context, notably the Paris Declaration, for which Senegal is a pilot country.

### **Programme elements**

32. **Early-childhood survival and development programme.** The programme builds on the Accelerated Strategy for Child Survival and Development (SASDE) and aims primarily to reduce maternal, neonatal and infant/child mortality through the implementation of a package of high-impact interventions. The programme will be implemented in conjunction with the World Bank (especially in the areas of nutrition and malaria), the African Development Bank (ADB), the Islamic Development Bank (IDB) (which is financing measures aimed at strengthening the system), Belgian Cooperation, Japanese Cooperation, the United States Agency for International Development (USAID), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), World Vision and Africare, within the framework of the new Partnership for Maternal, Newborn and Child Health. The programme focuses on three regions with high mortality rates, in which the improvement of the relevant indicators will help greatly towards improving the country's overall performance. The expected results are: (a) adoption of behaviour conducive to the prevention and management of common illnesses and child malnutrition; (b) quality pregnancy and post-partum care will be achieved through coverage rates of 70 per cent for women receiving four prenatal consultations, 80 per cent for deliveries and 5 per cent for Caesarean deliveries; (c) an 80 per cent immunization coverage rate, including a high coverage rate for Integrated Management of Neonatal and Childhood Illness (IMNCI), will be achieved in hospitals and in the community; (d) correct prevention and management of malaria will be achieved through a coverage rate of 80 per cent for the intermittent preventive treatment of pregnant women, 80 per cent utilization of insecticide-treated mosquito nets by vulnerable communities, and the correct treatment, using dual-agent therapy, of 80 per cent of malaria cases; and (e) hygiene practices and access to sanitation systems will be improved.

33. The programme will have three components:

(a) Within the health system, the programme will help ensure a maternal, newborn and child health-care continuum by forming partnerships and strengthening planning and budgeting capacities. An integrated package of high-impact interventions (Expanded Programme on Immunization (EPI) "plus", IMNCI, malaria prevention, "prenatal plus" consultations, with the gradual introduction of services for the prevention of mother-to-child transmission of HIV (PMTCT)), will be offered at the clinical level (health centres and health posts) as part of fixed, advanced strategies. Emergency obstetric and neonatal care will be expanded, in cooperation with ADB, WHO and UNFPA, with a particular focus on care of the newborn. Together with the World Food Programme (WFP), USAID, the nutrition enhancement programme and the Micronutrient Initiative, efforts will be made to achieve universal salt iodization, as well as to increase the vitamin A and iron/folic acid components of food.

(b) Within the community and in the household, the demand for and utilization of services will be increased through the participatory promotion of key

community IMNCI practices, exclusive maternal breastfeeding and the provision of supplementary foods, the use of impregnated mosquito nets, care of the newborn, oral rehydration therapy and recognition of disease risk signs. A pilot experiment to integrate the early childhood care and development components will be expanded. Coverage of community services to treat acute respiratory infections (ARI), which were launched with the help of USAID, will initially be expanded from four to 18 districts (out of 56). Local elected officials and actors will be trained to carry out their health-care responsibilities more effectively, within the context of the decentralization process.

(c) In order to reduce morbidity and mortality linked to water and the environment, access to drinking water, excreta disposal systems and the promotion of hygiene will be either strengthened, or expanded to cover communities in the target zones, in the light of lessons learned from the school environment project. The promotion of access to and effective use of latrines by communities will be an important focus and will involve innovative strategies such as the creation of demand for sanitation and the provision of support for small businesses to meet this demand.

34. **Basic-education and gender-equity programme.** This programme will be implemented with a view to promoting universal access to quality primary education, as well as improving completion rates, with a focus on the four regions of concentration. Based on advocacy, capacity-building and lessons learned from the field, the programme will support a national coalition to provide greater access in primary schools to the essential package of services (water-sanitation-hygiene; life skills, including HIV/AIDS prevention; school health; school feeding; pedagogy; community management and participation, etc.). In order to reach children who are outside the formal system, educational alternatives will be developed and included in national policies. The transition to the package will be supported by the World Bank, French Cooperation, ADB, Aide et Action, l'Eau Vive, World Vision and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

35. This programme will have three components:

(a) Community early-childhood efforts, designed to achieve the following results: (i) increased attendance at integrated community facilities providing for early-childhood development on a gender-equity basis; and (ii) strengthening of an environment that is safe, protective and respectful of children's rights, and promotes good preparation for school. This component will strengthen the capacity of families to guide the development of children between three and six years of age and will support local communities and grass-roots initiatives designed to sustain these efforts;

(b) Quality basic education, designed to achieve the following results: (i) the essential package of services will be implemented in 50 per cent of elementary schools; (ii) the disparities between boys and girls will be eliminated; (iii) learning achievement will be improved, and completion rates will be increased from 48 per cent (2003) to 85 per cent; and (iv) an appropriate curriculum will be developed, and learning conditions in non-formal education structures, especially Koranic schools, will be improved;

(c) Promotion of the rights and capacities of adolescents, in conjunction with UNFPA, designed to achieve the following results: (i) the daily life skills of

adolescents will be strengthened, especially with regard to the prevention of HIV/AIDS and reproductive health; (ii) adolescents will receive literacy instruction and training in the most promising employment areas; and (iii) adolescents will be empowered to participate in decisions affecting their lives.

**36. Programme to increase the legal protection of children and combat violence against children and the worst forms of child labour.** This programme will strengthen the protection of vulnerable children against all forms of abuse, violence and exploitation. The programme will be national in scope, and the main expected results are: (a) national capacities and local response in the pilot departments will be strengthened with a view to combating trafficking and the worst forms of child labour, particularly begging, child domestic labour and sexual exploitation; (b) the abandonment of excision and child marriages will be accelerated; (c) the legal and social protection of children will be strengthened through harmonization of national laws with international instruments and through their effective enforcement; (d) registration of births will become more widespread; and (e) the peace and reconstruction process in Casamance will be strengthened through the provision of support to programmes aimed at combating the use of mines and light weapons, and local capacity-building for conflict prevention and management.

37. The programme will build on experience acquired under the current programme: (a) expansion of partnerships to combat child begging and to rehabilitate street children; (b) effective collaboration with Parliament and the legal training centre; (c) convergence of actions with the World Bank, the International Labour Organization (ILO), the International Organization for Migration (IOM), UNFPA, the United Nations Office on Drugs and Crime (UNODC) and the United Nations Development Programme (UNDP); (d) consensus on the strategy for the abandonment of excision; (e) national attention to the effective enforcement of laws. The programme addresses the aspects of prevention, protection and rehabilitation, and includes a component on psychosocial support for children who are victims of abuse and violence. The strategies will focus on training of actors and communities, proper coordination of social communication campaigns on the upscaling and promotion of local responses and decentralized cooperation.

**38. The social policies and advocacy programme** will strengthen national capacities for the effective implementation of human rights principles, as well as the capacities of local elected officials and other actors to participate more effectively in the decentralization and management of local development. It will devote ongoing attention to the integration of children's rights into the formulation and implementation of policies and programmes, particularly the PRSP, the national strategy for social protection, the national plan for local development, and local development plans. The main expected results are: (a) policies and programmes will be implemented on the basis of the ongoing analysis of the situation of children, and the lessons learned; (b) policies, programmes and budgets will contribute to the application of the Convention on the Rights of the Child; (c) progress made towards achieving the Millennium Development Goals will be measured at the national level, decentralized and widely publicized; and (d) partnerships and coordination for the achievement of human rights will be strengthened through participatory strategies of communication and advocacy.

39. There will be national and local capacity-building in the areas of planning, management, follow-up and evaluation, with a particular focus on strategies for reaching vulnerable and marginalized families and children. Within this framework, the programme will help strengthen the early-warning and crisis-management system. Advocacy and social dialogue will be supported with a view to promoting the participation of children and women, and taking greater account of their rights in policies, programmes and budgets. A knowledge-management strategy will be put in place with a view to making more effective use of studies and evaluations and making information available through DevInfo. A communication strategy will be introduced in order to increase awareness of children's rights and increase society's commitment to their effective achievement.

40. **The cross-sectoral costs** will relate to operational costs not directly linked to project activities, covering staff salaries and travel, training and purchase of office equipment.

41. **Partnerships** will be pursued with national and international NGOs and associations, as well as with training and research institutions, the national network for follow-up and evaluation, and the national media, both public and private. Cooperation with NGOs will utilize their national and regional platforms. At the decentralized level, regional development agencies, local communities, grass-roots media, women's groups and youth groups, and basic grass-roots organizations will be the main partners. Partnerships with United Nations agencies will be strengthened by building on the experience of preparing a joint programme of action for the Tambacounda region. Planned joint actions notably concern implementation of the essential package of services in schools (WFP), adolescents (UNFPA), activities to combat the use of mines (UNDP), nutrition (World Bank, WFP, WHO), and health (ADB, WHO, UNFPA). Collaboration will be developed with partners within the framework of the existing thematic groups.

#### **Programme monitoring, evaluation and management**

42. The follow-up and evaluation mechanisms of the PRSP, the Millennium Development Goals and the United Nations Development Assistance Framework (UNDAF) make up the overall framework for the integrated follow-up and evaluation plan. The main follow-up indicators for measuring the programme's impact will be evaluated through multiple indicator cluster surveys (MICS). Standard data systems will be used for day-to-day project follow-up activities. Programme management will focus on the results, the identification of best practices and lessons learned, utilization of the results of studies and evaluations, and learning. In the first year of its implementation, it will be important to address the existing weaknesses in the quality and availability of data, particularly in the areas of protection and vulnerability. Joint research and joint studies, especially those of research institutes, will be encouraged. The programme will support a limited number of impact assessments and foster the use of rapid review and participatory evaluation. Consolidation of the national follow-up and evaluation network, implementation of DevInfo at the regional level, publication of regional reports on progress made towards achieving the Millennium Development Goals and the PRSP will be the components of a strategy of national capacity-building.

43. **Management of the country programme** will be undertaken within the context of the new mechanisms put in place, under UNDAF, with the Ministry of the

Economy, the Ministry of Finance and the Ministry of Planning, notably joint annual reviews and a joint midterm review. Implementation of the four programmes will be carried out in accordance with the management modalities established under the national health development plan, the 10-year programme for education and training, the 10-year programme for family and social development, the PRSP and the national local development initiative, and will be funded out of the corresponding medium-term expenditure frameworks (MTEFs). Collaboration with regional development agencies will be strengthened, as will coordination at the departmental level. The combined presence on the ground of the United Nations system will be strengthened by the establishment of offices in Tambacounda, Kolda and Ziguinchor.

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