



Economic and Social Council

Distr.: Limited
7 July 2010

Original: English

For discussion

United Nations Children's Fund

Executive Board

Second regular session 2010

7-9 September 2010

Item 6 (c) of the provisional agenda*

Summary of midterm reviews of country programmes

West and Central Africa region

Summary

This regional summary of midterm reviews of country programmes conducted in 2009 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

* E/ICEF/2010/15.

Introduction

1. This report of the West and Central Africa Regional Office (WCARO) covers the midterm reviews (MTRs) conducted in 2009, reviewing the 2007-2011 country programmes in the Central African Republic, Gabon, Gambia, Sao Tome and Principe and Senegal.
2. The MTRs were undertaken in 2009 within the context of a global food and commodity price crisis starting in 2008 and followed by a worldwide economic recession. These global events, to varying degrees, are affecting the economic growth prospects in West and Central Africa, exacerbating social vulnerabilities, disparities and inequities in the countries of this poorest region in the world. Apart from Gabon and, to a lesser extent, Senegal, the ability for these countries to reach the Millennium Development Goals remains a serious challenge.
3. It is against this backdrop that the MTRs were an opportunity for the country programmes to review progress in achieving the Millennium Development Goals and in accelerating child survival and development in a region where child and maternal mortality levels remain among the highest globally. In line with the 2008 Accra Agenda for Action, United Nations reform, and UNICEF organizational change, the MTRs assessed progress toward the Goals and identified options to strengthen alignment with national development priorities and country systems, to harmonize among development actors and to simplify and enhance accountability for development results.
4. Three MTRs (the Central African Republic, Sao Tome and Principe and Senegal) were undertaken as part of the MTR of the United Nations Development Assistance Framework (UNDAF). Although conducted as two distinct exercises, the analyses of the country programme MTRs fed into and framed the UNDAF review — completed subsequently by United Nations agencies. In Gambia, the outcome of the MTR served as input to the MTR of the second Poverty Reduction Strategy Paper (PRSP II).
5. Due to prevailing instability in Guinea, the MTR of the UNICEF country programme could not be completed and will be reported on with the 2010 MTR countries.

Midterm reviews

Central African Republic

Introduction

6. The MTR in the Central African Republic was undertaken simultaneously to the Situation Analysis on Children and Women and a participatory Youth Situation Analysis — both were integral to the successful conclusion of the MTR. The review process started at the zonal level in the two sub-offices in the north of the country; these results then fed into the national sectoral review managed by the line ministries and under the overall coordination of the Ministry of Planning. The biggest drawback in the process was the failure to properly involve non-governmental organizations (NGOs) and to a lesser extent some United Nations agencies, despite the simultaneous undertaking of the UNDAF MTR.

Update of the situation of children and women

7. Since establishment of an all-inclusive political dialogue between the Government and rebel groups in December 2008, an uneasy peace process has been ongoing in the country. Alongside the protracted and chronic humanitarian emergency in the north of the country, there has been an overall deteriorating social and economic situation: approximately 75 per cent of the population lives below the poverty line and real GDP per capita growth rates have decreased, from 4 per cent to 2 per cent, since the start of the country programme in 2007. Official development assistance (ODA) has decreased by 50 per cent over the last 20 years, making per capita aid in the Central African Republic 40 per cent lower than the per capita average in Africa.

8. The under-five mortality rate (173 per 1,000 live births) has increased (from 106 per 1,000 live births in 2003). Chronic malnutrition has risen, from 28 per cent in 1996 to 38 per cent in 2006, whereas acute malnutrition rates vary, reaching 10 per cent in 2006. Maternal mortality rates have remained high, but stable (approximately 980 per 10,000 live births). The proportion of households with access to potable water has risen to 30 per cent in the last 15 years, but only 5 per cent of households have access to improved sanitary facilities.

9. A generalized epidemic of HIV exists in the country, with a prevalence rate of 6.3 per cent and a very high number of orphans and vulnerable children (OVCs). The net enrolment rate (NER) in primary school (56 per cent) is on the rise again after the significant drop seen in preceding decades. Birth registration rates, currently around 50 per cent, are dropping. Around 1,000 children have been recruited by the armed forces. A struggling process of disarmament, demobilization and reintegration of former soldiers in the armed factions implicated in the peace process is ongoing. Justice systems for children are almost non-existent. Female genital cutting remains a concern among some ethnic groups. The only Millennium Development Goal the Central African Republic is on track to achieve by 2015 is Goal 7.

Progress and key results at midterm

10. Despite the challenging political, security-related and logistic environment, the country programme has made significant contributions to the Poverty Reduction Strategy and the United Nations Development Assistance Framework (UNDAF). Key results in child survival and development include improved vaccination coverage, the rehabilitation of health centres, capacity building of health personnel in Integrated Management of Childhood Illnesses at district and community levels and improved coverage of insecticide-treated bed nets, with a reported usage of about 60 per cent. Progress has also been made in the prevention and treatment of malnutrition and access to improved water sources and sanitation facilities.

11. In education, some 59 per cent of children were enrolled in school, of which 33 per cent are girls in areas with the lowest girls' enrolment rate. The main results in HIV/AIDS include (a) the drafting and adoption of the national strategy on the prevention of mother-to-child transmission (PMTCT) and its scaling up plan; (b) the validation of the National Policy on Youth Promotion, as well as technical assistance; (c) the creation of 42 HIV test centres; (d) revision of policy documents on antiretroviral treatment and PMTCT; and (e) capacity building of health agents and youth at the community level for detection and prevention of HIV/AIDS.

12. Key results in child protection were obtained with the revision of the penal code; the drafting of the child protection code and the OVC policy; the provision of support to OVCs and children in refugee camps; and the establishment of a reporting mechanism on the six worst forms of child rights violations (Security Council resolution 1612). The Advocacy for Policy and Partnership for the Rights of Children programme made notable strides in the strengthening of the social information system — including round 3 of the Multiple Indicator Cluster Survey (MICS 3), the Situation Analysis, the study on child budget allocation, and the knowledge, attitude and practice study.

Resources used

13. Between 2007 and 2009, a total of \$56,437,000 was spent, representing an overall utilization rate of around 95 per cent of resources mobilized. Of these, \$9,949,118 were spent by the Basic Education programme; \$2,812,678 by HIV/AIDS; \$26,864,786 by Child Survival and Development; \$4,719,288 by Child Protection; and \$4,504,700 by Policy Advocacy and Partnerships for Children's Rights.

Constraints and opportunities affecting progress

14. At the Government level, the main constraints concern the extremely weak management and implementation of the first Poverty Reduction Strategy (PRS), the still rhetorical decentralization process and the almost non-existent investment in support of social sectors. Results-based and human-rights-based approaches and use of evidence for strategic planning are still ad hoc within government institutions, limiting the capacity of the Government to implement the principles of the Paris Declaration on Aid Effectiveness.

15. Changing development policies and portfolios have resulted in a decrease in international funding and serious shortfalls with regard to the financial needs of the country.

16. A vertical programmatic approach rather than a holistic horizontal approach that addresses the interrelated and interdependent causes of child rights violations persists, despite UNICEF advocacy.

17. The all-inclusive political dialogue has provided an important window of opportunity for peace and democracy to be restored in the country, leading to the set-up of the Heavily Indebted Poor Countries initiative in June 2009, which has increased international credibility of the country. There is also an increased number of national and international NGOs and civil society organizations, and existing sector-level policy frameworks (health, education, HIV/AIDS, among others), as well as international funding mechanisms: the International Drug Purchase Facility, the Global Fund against AIDs, Tuberculosis and Malaria, the GAVI Alliance and the Education for All Fast Track Initiative (FTI).

Adjustments made

18. As a result of the MTR, the Partnership for Child Rights programme has been divided into two distinct programmes: (a) Social Policy, Planning and Monitoring and Evaluation; and (b) Communication. This adjustment responds to three main recommendations emerging from the MTR: (a) strengthening of policy dialogue and

advocacy to enable a substantial increase in government allocation of resources for the social sectors as a priority of the remainder of the programme cycle; (b) the need to ensure a systematic implementation of the Communication for Development approach across all programmes to improve the knowledge and attitudes of communities with regard to essential practices that are key to accelerating the achievement of child and women's rights in the areas of child health, education, gender parity, child protection, HIV/AIDS and participation; and (c) the importance of enhancing UNICEF internal programme synergy and multisectoral collaboration.

Gabon

Introduction

19. The MTR process was led by a National Committee established by the Ministry of Planning and Development programming and five thematic commissions in charge of the in-depth analysis of the country programme components. The basis of the MTR report prepared by the National Committee stemmed from sectoral reports produced by Government representatives, UNICEF and other United Nations agencies, as well as the donor community and civil society. The report was presented to the cabinet meeting chaired by the President of the Republic.

Update of the situation of children and women

20. The global food and economic crises have severely affected the dependence in Gabon on exports of oil, manganese and timber, with a resultant decline of gross domestic product (GDP), from 5.6 per cent in 2007 to 2.3 per cent in 2008. Although in Gabon poverty rates are low (30 per cent) and the country is on track to reach the majority of Millennium Development Goals by 2015, budgetary allocations have slightly decreased between 2007 and 2009 (in the health sector and education sectors, respectively, from 7.94 per cent and 14.2 per cent of the total budget in 2007 to 6.83 per cent and 13.7 per cent in 2009). Maternal mortality rates remain high (519 per 100,000 live births), while infant and under-five mortality rates are at 61 per 1,000 live births and 91 per 1,000 live births, respectively, but with important geographic, urban and rural, and socio-economic disparities.

21. Most of the population (87 per cent) have access to an improved drinking water source, but only 33 per cent have access to improved sanitations. Gabon is also facing a generalized HIV epidemic, with a prevalence rate estimated at 5.9 per cent, with continued risk of exposure to youth, due to a large number of sexual partners, early sexual debut and inconsistent use of condoms. The net enrolment rate (NER) has increased from 82.4 per cent in 2004-2005 to 96.5 per cent in 2007-2008, with rates being almost identical for boys and girls and for rural and urban areas. However, progress is undermined by overcrowded classes, high drop-out rates and a high percentage of children repeating classes. At 48 per cent, the secondary enrolment rate is still relatively high by African standards, although the drop-out rate of girls has increased due to early pregnancies. Trafficking and economic exploitation are a major threat to children in Gabon, and although policies and laws to protect them are available and several structures have an operational mandate in this area, legislation is not regularly enforced and coordination is weak.

Progress and key results at midterm

22. The Capacity-building for Child Survival, Development and Protection programme contributed to the drafting of the national action plan to accelerate child survival. Immunization coverage has stagnated since 1999 at 45 per cent and due to a prolonged strike in the public health sector in 2009, a decrease is expected in many areas. The number of children sleeping under an insecticide-treated bed net has increased, from 18 per cent in 2006 to 55 per cent in 2008. The child-friendly community capacity development pilot project, soon to be evaluated, and accompanying study on the determinants of community participation, will enable scale-up of the concept of community health centres. Technical assistance under the coordination of the Ministry of Education and with support from United Nations agencies — the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund, and the International Labour Organization — and the French Development Agency (Agence Française de Développement) enabled capacity strengthening for the implementation of the child-friendly schools (CFS) concept.

23. Important achievements were made at the strategic planning and resource-leveraging levels for HIV/AIDS, resulting in the inclusion of the ‘four Ps’ in the National Strategic Plan for HIV/AIDS for 2008-2012 and submission of a Round 8 grant proposal to the Global Fund to Fight Aids, Tuberculosis and Malaria, for which an agreement was recently signed. Another important achievement was the increase of the rate of pregnant women getting HIV testing and antiretroviral therapy in the area of PMTCT (from 46 per cent of women tested in 2007 to 70 per cent in 2008) and the provision in mid-2009 of equipment required to ensure early diagnosis of children exposed to HIV.

24. The Government’s commitment to address protection issues affecting Gabonese children led to the passing of juvenile justice legislation and the adoption of the law related to female genital cutting and violence perpetrated on children. Through the creation of the Child Protection Unit, technical assistance provided in the fight against child trafficking has strengthened the operational capacity, at the national level, of social workers for assistance, support and repatriation of trafficked children, and, at the regional level, of the Economic Community of Central African States.

Resources used

25. The global financial implementation rate amounted to 68 per cent for the last three years: reaching 93 per cent in 2007 and 97 per cent in 2008, but dropping to 28 per cent in 2009.

Constraints and opportunities affecting progress

26. Major constraints that impeded full implementation of the country programme are (a) lack of capacity of Government counterparts and some UNICEF staff in the implementation of the Roll Back Malaria initiative and the application of a human rights-based approach to programming (HRBA) or in gender approaches; (b) weak capacity of some of the NGOs; (c) limited managerial capacity in decentralized public services; (d) strikes of civil servants and frequent turnover of ministerial departments; and (e) the death of the President and the prolonged electoral period that followed.

Adjustments made

27. No major adjustments to the country programme have been made as a result of the MTR. For the remainder of the programme cycle, greater emphasis will be placed on prioritizing the medium-term strategic plan (MTSP) focus area 5 through strengthened capacity development in communication for development, monitoring and evaluation in social policy, particularly in evidence-building for the diagnosis and analysis of child poverty and vulnerabilities. An international post in social policy has been created to cover the three country programmes (for Equatorial Guinea, Gabon and Sao Tome and Principe) managed by the Gabon-based area office.

Gambia

Introduction

28. The MTR process in Gambia was managed under the joint responsibility of the Policy Analysis Unit at the President's Office and UNICEF. A National Steering Committee — representing all line ministries associated with the country programme, local officials and UNICEF — ensured oversight of the process. A two-day consultation was held with children and youth who came to Banjul from across Gambia. The outcome of the MTR also served as input to the midterm review of PRSP II.

Update of the situation of children and women

29. Heavily dependent on food imports, Gambia has been hit successively by the food crisis, the oil shock and the financial and economic crisis, the effects of which are beginning to weigh heavily on the economy, at the risk of slowing down national development plans. Over 60 per cent of the population lives below the poverty line. The majority of the Millennium Development Goals are unlikely to be achieved by 2015, with the country being on track to achieve only Goals 2 and 7. ODA flows have shown declining trends over the years, although Gambia has benefited from debt relief up to \$66.6 million since reaching the completion point under the enhanced Heavily Indebted Poor Countries Initiative in December 2007.

30. Since 2000, the under-five mortality rate has declined only slightly (131 per 1,000 live births in 2006). Maternal mortality (estimated at 730 deaths per 100,000) remains one of the highest in West Africa, with huge regional disparities. The absence of rigorous urban planning has increased exposure and vulnerability of populations to food insecurity, flooding and epidemics. General access to water and sanitation are high in the Gambian population (92 per cent and 67 per cent, respectively). Female genital cutting is still widely practiced, with 78 per cent of women aged 15 to 49 having undergone some form of female genital cutting. One in five children is moderately underweight and 4 per cent are severely underweight, with rural children more likely to be disadvantaged.

31. Data collected on pregnant women attending antenatal care indicate an increase in prevalence of HIV from 0.6 per cent in 1993 to 2.8 per cent in 2006, but preliminary results for 2007 suggest a decline to 1.4 per cent. The total primary school net enrolment ratio (NER) was 62 per cent in 2006. There are alarming trends concerning child-to-child sexual harassment, rape cases and exploitation,

particularly within the school environment. Trafficking of children is also an emerging issue.

Progress and key results at midterm

32. Major strides have been made in national policy formulation for accelerated child survival and development with the creation of the 2007-2020 National Health Policy Framework (*Health Is Wealth*), the 2010-2020 National Nutrition Policy and the revision of the HIV/AIDS Strategic Framework. In the Acceleration of Child Survival and Development, Integrated Management of Newborn and Childhood Illnesses remains the strategy of choice. The Government has set up a well-functioning outreach service for the Expanded Programme on Immunization; and within five years, the Ministry of Health has procured routine vaccines and injection materials from its own budget. Through the malaria control programme, 40 per cent of children under the age of five in the intervention zones sleep under an insecticide-treated bed net. Effective home-based management of malaria, diarrhoea and acute respiratory infections was strengthened through community-based training and sensitization.

33. Safe water supply was provided in rural intervention zones, increasing access by 3 per cent. In urban slum intervention areas, safe water access doubled, to 31 per cent. Key household practices, such as handwashing, breastfeeding or sleeping under insecticide-treated bed nets, were scaled up through child-friendly schools (CFS) and radio broadcasts. Prevention of mother-to-child transmission of HIV (PMTCT) has been scaled up to 43 per cent of all national public health facilities, and is fully integrated in maternal and child health care programmes. As a direct result, over 90 per cent of HIV-positive mothers delivering in health facilities, and 75 per cent of their babies, routinely receive antiretroviral prophylaxis in intervention zones.

34. With the CFS initiative seen as a major contributing factor in the attainment of higher enrolment rates and of gender parity in primary education, the Ministry of Education has begun to apply CFSI at non UNICEF-assisted schools. UNICEF also supported the establishment of a new early childhood development Unit at the Ministry of Education, as well as an informal education unit to improve the quality of teaching in Koranic schools. Through support to the Tostan community empowerment project, 24 communities have publicly declared abandonment of female genital cutting. A joint programme — between the United Nations Population Fund, the United Nations Development Programme and UNICEF — enabled the establishment of GamInfo as the national database to monitor progress in the implementation of the PRSP II and achievement of the Millennium Development Goals.

Resources used

35. The overall planned RR and OR for the 2007-2009 period was \$7,962,000; the total allocation was \$10,438,995, resulting in a sizeable surplus. For the first three years of the country programme, a total of \$9,466,782 was spent (corresponding to a 99 per cent utilization rate), of which \$1,839,507 were used by the Basic Education programme, \$3,654,078 by Child Survival and Development and \$3,271,420 by the Child Protection programme.

Constraints and opportunities affecting progress

36. The absorptive capacity of government institutions has remained weak throughout. There is an excessive time lag between the adoption of policies and agreement on plans of action. In spite of debt relief and international commitments, national budget allocations for children are insufficiently child-friendly. Non-governmental organizations and civil society organizations are not sufficiently empowered to express the alternative voice for children in national policy development. There is limited engagement among the United Nations agencies. The PRSP II represents an opportunity to unite all development partners around the same issues. The sector-wide approach in education and the planned sector-wide approach in health care will create opportunities to widen partnerships with civil society. Although slow, the ongoing process of decentralization is a major opportunity to give a voice to remote communities in Gambia.

Adjustments made

37. No major adjustments are planned for the remainder of the programme cycle. However, UNICEF intends to strengthen its engagement in the debate on poverty reduction, child-friendly budgeting, and issues of equity and safety nets. This will include (a) supporting annual planning and performance reviews of PRSP II and the preparation of PRSP III; (b) preparation of a strategic plan for the strengthening of a social protection system; and (c) development of a medium-term expenditure framework. Given the current lack of capacities, an option is to share an international post for social policy and social protection within the framework of the United Nations country team. This will pave the way for social policy to become a distinct component of the next country programme. In sanitation, a significant shift of focus on the western region, including urban slums, will be required to respond to rapid urbanization and changing patterns of disease.

Sao Tome and Principe

Introduction

38. The MTR process in Sao Tome and Principe was coordinated by a national steering committee, comprising the seven ministerial focal points currently working with UNICEF to implement the country programme, key UNICEF programme and management staff, and the Directorate of Cooperation of the Ministry of Foreign Affairs, Cooperation and Communities. Many groups were included to ensure an in-depth analysis of the various country programme components: five thematic working groups, eight sectoral ministries, strategically targeted NGOs, bilateral and multilateral development partners, elected deputies of the National Assembly, and individuals in the private sector. The results of the UNICEF MTR fed into the UNDAF MTR.

Update of the situation of children and women

39. The economy of Sao Tome and Principe continues to depend on unprocessed cocoa exports, tourism, revenue from maritime fishing rights, and recently acquired oil signature bonuses. It is also highly dependent on international donor assistance and foreign aid. In 2007, the country satisfied the conditions of the Heavily Indebted Poor Countries Initiative and has since qualified for debt relief — its debt now

stands at \$110 million, which represents 147 per cent of the gross domestic product. The global economic downturn and commodity price hikes have caused increased food insecurity, as well as severe and moderate acute malnutrition for both the 54 per cent of the population living below the poverty line as well as those living just above it. Nearly 17 per cent of the national budget is allocated to the social sector, of which education and health care have a combined allocation of 14 per cent.

40. Notwithstanding the difficult socio-economic picture, child survival gains in the last few years have been impressive. The under-five mortality rate dropped from 111 per 1,000 births in 2001 to 63 per 1,000 births in 2009 — a decline of more than 50 per cent. Infant mortality rates dropped from 71 per 1,000 births to 38 per 1,000 births by 2009. The country is now on track to achieve Millennium Development Goal 4. There is evidence that the maternal mortality ratio (267 per 100,000 births in 2006) is also declining. However, an increase in severe and acute malnutrition among pregnant and lactating mothers as well as infants has raised concern.

41. Data from 2008 shows that 89 per cent of the population is using improved drinking-water sources and 26 per cent using improved sanitation facilities. The country is on track to achieve Goal 6, having done exceedingly well in stabilizing the HIV infection (with a prevalence rate at 1.5 per cent) and attaining HIV/AIDS prevention awareness (90 per cent among youth aged 19 to 24). However, this positive trend demands caution as there is still resistance to voluntary testing, low use of condoms, and persistence of cultural taboos and social practices, such as adult sexual relations with girls under the age of 18.

42. The country is also on track with regards to Goal 2 — the net enrolment rate in primary school increased to 96.5 per cent in 2007-2008. The boys and girls enrolment ratio was almost identical and there was nearly 100 per cent parity in rural and urban areas. Secondary school enrolment is also high (estimated at 48.1 per cent in 2007) although the dropout rate of girls increased, mainly due to: early pregnancy, long distances between schools, cultural perceptions and the economic reality of poor families. The incidence of child labour in the informal sector is on the rise and is largely due to the food crisis and the increase in the number of children supporting parents to supplement family incomes. There has also been an increase in commercial sexual exploitation of girls under the age of 18.

Progress and key results at midterm

43. The country programme contributed to a 50 per cent decrease in infant and child mortality rates through consistently high vaccination coverage (91.4 per cent of infants and children for diphtheria, pertussis and tetanus) and a 90 per cent drop in the incidence of malaria due to a combination of advocacy, communication for development, use of the artemisinin-based combination therapy (ACT) drug regimen and use of insecticide-treated nets.

44. In basic education, the focus was primarily on improving quality through the child-friendly schools initiative, which led to improved learning for both in- and out-of-school children and youth. However, only half of the children register for the second cycle of primary school as most of these schools are only available in urban centres, limiting children's access and reducing the rate of primary school completion for most rural students, girls in particular.

45. Following the MTR, the Government has committed to mainstreaming the child-friendly schools initiative with the goal of transforming all 92 primary schools into child-friendly schools by 2011. While daunting, this goal has been enhanced through the convergence of the Education for All Fast Track Initiative and Government programmes for social service.

46. HIV prevalence rates have remained stable, largely as a result of the significant increase in the proportion of pregnant women getting HIV testing and increasing the use of antiretrovirals. Nearly 87 per cent of those attending antenatal services in Government programmes have been tested.

47. Advocacy gains have been evident in the recent passage of a National Domestic Violence Law and the establishment of coordinated functional structures that support counselling and care for victims on both islands. The key challenge, however, remains effective community-based monitoring of domestic violence and prosecution of violators. Perhaps most impressive was the development of a birth registration policy that obligates parents to register their children at birth. The strategy of having birth registration certificates issued by maternity centre staff has created a link between the Health and Justice sectors that ensures improved intersectoral collaboration and has inspired birth registration nationwide.

48. The weaknesses identified during the MTR — concerning technical assistance and human and financial resource mobilization — have highlighted the need to reconsider the best way to optimize regional and area-based support to countries managed by the Gabon Area Office — Equatorial Guinea, Gabon and Sao Tome and Principe — in preparation of the next programme cycle.

Resources used

49. During the first three years, a total of \$3,157,489 was spent, of which \$2,245,056 was used by Child Survival and Protection and \$446,165 by the Policy Advocacy and Partnerships for Children's Rights programme. Financial implementation rate was 98 per cent in 2007 and 96 per cent in 2008.

Constraints and opportunities affecting progress

50. Main constraints that impeded full implementation of the country programme are: the weak capacity of NGOs, lack of enforcement for laws and policies, weak decentralization, and instability and turnover in Government and public administration staff, particularly in the education sector.

Adjustments made

51. The creation of a Social Policy post covering the country programmes of the three offices — Equatorial Guinea, Gabon and Sao Tome and Principe — for the remainder of the programme cycle and beyond addresses the need for: adequate diagnosis and analysis of poverty issues, integrated data management systems in support of children in need of special protection measures, and for the strengthening of UNICEF technical assistance in pro-child social budgeting processes.

Senegal

Introduction

52. While the sectoral reviews of the country programme MTR were undertaken as a distinct process, the final analysis and report were completed following the UNDAF MTR. Coordinated by a National Steering Committee, the UNICEF MTR was chaired by the Ministry of Economy and comprised the United Nations agencies and national partners. The analysis was based on sectoral reviews from the four country programme components, annual work plan reports, recent studies and evaluations undertaken by UNICEF and its partners as well as field visits.

Update of the situation of children and women

53. More than half (51 per cent) of the Senegalese population is living under the national poverty line; social and economic vulnerability in Senegal has been exacerbated by two years of drought, the increase in the price of food and the global economic recession. Millennium Development Goal progress made in the last few years remains fragile and could disappear as cuts in spending affect strategic areas for child survival and development. According to the Human Development Index, the country fell 10 places in 2009 and now ranks at 166, compared to 156 in 2008. Only Goal 6 (target 1 HIV/AIDS) is strongly on track. Between 2007 and 2009, GDP growth has decreased, from 4.7 per cent to 1.25 per cent annually.

54. With 14 per cent of the national budget allocated to the education sector, net enrolment rates in primary school have increased, from 86 per cent in 2007 to 92.5 per cent in 2009, although quality teaching remains problematic. Also important regional disparities exist and achievement rates remain low.

55. Budgetary allocations for the health sector have remained stable at 6 per cent, allowing for a reduction in infant mortality rate (from 61 per 1,000 live births in 2005 to 54 per 1,000 live births in 2009). However, there have been no improvements in access to health services (60 per cent in 2007 and 58 per cent in 2008) or vaccination coverage (89 per cent of infants aged 0-11 months in 2007 and 80 per cent in 2008). Maternal mortality rates have only slightly improved, decreasing from 510 per 100,000 live births in 1992-1993 to 401 per 100,000 live births in 2005. In 2008, acute malnutrition rates in 10 out of 13 districts were more than 10 per cent, with higher rates in poorer areas.

56. Although HIV/AIDS prevalence remains low, at 0.7 per cent, the rates increase in the case of pregnant women and commercial sex workers. Improvements in access to better drinking water sources (98 per cent in urban areas and 75 per cent in rural areas) and sanitation facilities (63 per cent in urban areas and 27 per cent in rural areas) have played a key role in the prevention of recurrent epidemic diseases, such as cholera, particularly in the context of rapid urbanization and increase in the number of slum dwellers. More than 500,000 children are exploited — a begging or working full-time — or separated from their parents. The country remains a source, transit area and destination for children and women trafficked for domestic labour or sexual commercial exploitation.

Progress and key results at midterm

57. The UNICEF contribution to the Poverty Reduction Strategy in Senegal has centred on ensuring the commitment of the Government and development partners to the protection of children's rights, resource mobilization for scaling-up of social services for children, and support to the elaboration of intervention strategies, most notably quality services for children.

58. The results obtained by the Child Survival programme have played a key role in the reduction of infant mortality. This has included support to the development of a national plan for child survival and a plan for scaling up high-impact interventions. Joint support from UNICEF, the GAVI Alliance, and the United States Agency for International Development has enabled the maintenance of vaccination and vitamin A coverage at levels above 80 per cent. Technical support for evidence-building through Standardized Monitoring and Assessment of Relief and Transitions surveys and strengthening of nutrition surveillance systems, as well as logistical support, has enabled the prevention and treatment of malnutrition.

59. Social mobilization, birth registration and an improved school environment — access to water, sanitation and hygiene, deworming and vitamin A supplementation, among others — contributed to improved access and school retention, as well as reducing gender disparities in the programme intervention zones. Major challenges remain concerning the quality of education and are being addressed through scaling-up of the child-friendly schools concept.

60. The UNICEF-supported study on children begging in the streets, together with the documentary review on violence against children, unleashed a national debate on these very sensitive but widespread issues. Combating violence, trafficking and exploitation of children have become national priorities and legal and regulatory frameworks have been put in place to fight against them. As a result, substantial progress was made in the improvement of a protective environment for children and in the increase of child protection services. Child protection activities have been integrated into the Poverty Reduction Strategy and a National Plan against Trafficking of Persons, Children and Women was developed.

61. A database on vulnerable children as well as new monitoring and coordination mechanisms have been established at centralized and decentralized levels, although the response to acts of violence and abuse remains inadequate. UNICEF also assisted in the elaboration of a new national plan of action (2010-2015) for the abandonment of female genital cutting and contributed to the extension of the community-based approach, resulting in the abandonment of female genital cutting by 80 per cent of communities.

62. Major strides were made in evidence building with the completion of the Global Child Poverty study, a study on child migration, the joint assessment by UNICEF and the World Food Programme on the impact of food price increases, a review of social protection, and a feasibility study on cash transfers. This has led to the emergence of social protection as a national priority, with UNICEF as a lead agency for social protection for children. Concerning decentralization, support to the progress of local development and investment plans has enabled the prioritization of children's and women's rights in resource allocation at the local level.

Resources used

63. Between 2007 and 2009, a total of \$37,861,337 was spent, of which \$10,035,822 was used by the Basic Education programme, \$12,416,380 by Child Survival, \$6,394,554 by Child Protection, and \$2,827,213 by Policy Advocacy and Partnerships for Children's Rights.

Constraints and opportunities affecting progress

64. The weak coordination capacities of the various line ministries vis-à-vis the existence of a multitude of development partners, hindered the establishment of coordinated strategies among partners for the scale-up of effective interventions. The economic crisis eroded the purchasing power of health and education personnel leading to less motivation and affecting the quality of services provided and optimal use of resources. Significant opportunities exist to strengthen joint programmes with United Nations agencies, particularly in the establishment of monitoring and evaluation mechanisms of the Poverty Reduction Strategy. New partnerships developed with bilateral and multilateral agencies, such as the United States Agency for International Development, the African Development Bank, the European Union, the International Monetary Fund and World Bank, will be maintained and strengthened during the remainder of the programme cycle. Other important partnerships in evidence building will be strengthened with national research institutions, such as the universities in Dakar, Saint Louis and Ziguinchor.

Adjustments made

65. No major adjustments were made to the programme structure or content. All four components will continue to progressively adjust the balance between upstream work and service delivery. Particular attention will continue to be given to evidence building and the production and dissemination of quality data. Efforts to ensure scaling up of high-impact interventions in health, nutrition, education and protection will also continue, while simultaneously strengthening the Communication for Development component across all four sectors through the creation of a post in Communication for Development. UNICEF staff capacity in Roll Back Malaria, a human rights-based approach to programming and gender approaches will also be enhanced during the remainder of the programme cycle.

Conclusion

66. The MTRs in the Central African Republic, Gabon, Gambia, Sao Tome and Principe and Senegal were undertaken against the backdrop of a global food, fuel and financial crises that have already reversed economic growth trends and are seriously hampering progress towards the Millennium Development Goals. This is even more of a concern in countries that are already largely not on track or unlikely to reach the Goals by 2015. In countries where the country programme has supported the reduction of infant and child mortality (Senegal and Sao Tome), recent gains may be partially reversed by the economic recession and food price crises.

67. Progress in maternal mortality has been limited in all countries and is likely to be further stalled. Increased enrolment rates and improved gender parity in the majority of the countries have been offset by high demographic growth rates,

persistent problems in the quality of education, geographical disparities and in the increase of drop-out rates for girls towards the end of the primary cycle.

68. Likewise, considerable advances have been made in some countries in the fight against widespread harmful traditional practices, such as female genital cutting, in the support of the development of legal and regulatory frameworks and establishment of social services to address child trafficking, violence and abuse. However, the enforcement of laws and policies remains inadequate and the capacities of centralized and decentralized child protection services remain weak.

69. These MTRs belong to the last wave of country programmes in the West and Central Africa region shifting towards greater engagement in policy dialogue and advocacy for the elaboration of pro-child national policies and strategies. Country programmes will thus reinforce their role as knowledge leaders and brokers by building and strengthening the role of the social policy function.

70. Analysis and dissemination of quality data on child poverty, vulnerability, disparities and inequities will support the elaboration of the next generation of poverty reduction strategy papers, review of public expenditures to increase budgetary allocations for children, and the monitoring of children's and women's rights. A particular focus will be accorded to the production of evidence for the development or strengthening of social protection programmes in response to the ongoing crisis, but also as a mechanism to address chronic poverty and geographical and gender disparities.

71. Technical support will continue to be provided for (a) the development of results-based and human rights-based plans; (b) the scale-up of high-impact interventions in health, nutrition and education at centralized, decentralized and community levels; and (c) the extension of protection services. To do so, staff training will be geared to increasing their capacities in results-based management, monitoring and evaluation, gender and human rights-based programming. The communication for development programmes and posts, created as a result of the MTRs, have also revealed the importance for country programmes in supporting social change, addressing the low level of knowledge and attitudes regarding essential practices and enhancing demand and use of the services available.

72. Major opportunities exist to strengthen partnerships with key multilateral and bilateral donors, such as the World Bank and the African Development Bank, as well as international and national development partners, notably United Nations agencies, for accelerating progress toward the Millennium Development Goals, especially in health and education, throughout the remainder of the cycle.

73. These partnerships will be key to supporting scale-up of high-impact interventions and nascent social protection programmes as well as enhancing access to the multitude of existing international funding mechanisms — such as the International Drug Purchase Facility, the Global Fund, the GAVI Alliance and the Education for All Fast Track Initiative — at a time of likely competition among donors and (shrinking) national budgets for the social sectors. This will also affect the continued dependence of the countries on official development assistance.

74. A major challenge in this respect remains the weak coordination capacity of governments and, to date, the limited progress in a coordinated approach among United Nations agencies, which at times results in the persistence of an individual project approach rather than a broader programmatic approach. In this respect, the

shift toward results-based programming under way within UNICEF country programmes — rolling work plans and simplified results structures kick-started by the MTR process in Senegal and Gambia — represents a major step forward, as this will ensure greater synchronization with the annual budgets and plans of action of governments. UNICEF will thus be well positioned to lead the roll-out of the simplified UNDAF process that the MTR countries will be embarking on during 2010-2011 in preparation of the next UNDAF cycle.
