



**SUPPORT TO THE POPULATION PROGRAMME
OF THE GOVERNMENT OF SENEGAL**

UNFPA proposed Assistance :	\$ 15 million of which \$ 10 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$ 5 million from a combination of UNFPA regular resources and multi-bilateral resources, when and to the extent such additional resources become available.
Estimated government contribution :	To be determined
Duration :	5 years
Estimated starting date :	January 1997
Executing agencies :	Senegal Government United Nations agencies, National and International Non-Governmental Organizations (NGOs), Private Institutions, Grassroot Associations
Government Coordinating body :	Ministry of Economy, Finance and Planning

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4. The 1996 PRSD proposed to attain the immediate objectives through the following strategies : (i) promoting the RH approach and expanding and strengthening the integration of RH components in all health structures; (ii) fostering the programme approach and the integration of population variables into development plans; (iii) strengthening technically the institutional structure charged with the coordination of the Population Policy Declaration (PPD); (iv) rationalizing the collection, research, dissemination and utilization of population information; (v) developing and disseminating the gender approach; (vi) contributing to the population programme regionalization process; (vii) rationalizing human resource development and the use of national execution; (viii) sensitizing and involving political authorities, religious leaders and grassroots organizations in the conception, formulation and implementation of the National Population Programme.

5. All activities undertaken in the framework of the programme will be carried out in accordance with the principles and objectives of the Dakar/Ngor Declaration of 1992 and the 1994 International Conference on Population and Development (ICPD) which was endorsed by the General Assembly in its resolution 49/128.

II. BACKGROUND

6. Situated at the extreme western part of the African continent in the Sahelian belt, Senegal occupies a total surface area of 196,722 square kilometres. The population was estimated to be 8,347,000 inhabitants in 1995, based on projections from the 1988 census at which time it was 6,931,808 inhabitants. The average annual population growth rate is 2.7 per cent, implying that the population will double by 2015. The age structure is characterized by a high proportion of youths; those under 20 currently account for 58 per cent of the population.

7. The economy of the country, which is essentially based on agricultural exports, mainly groundnuts, has continuously deteriorated since the 1980s with the GNP growth rate decreasing from 2.6 per cent between 1979-1983 to 2 per cent in 1994, which is 0.7 per cent less than the population growth rate. To reverse the economic decline, the Government embarked on four successive structural adjustment programmes, including a devaluation of its currency by 50 percent in 1994. At the macro-economic level, these measures seem positive. However, the effects, especially on education, health and adolescent employment, have been negative. Studies conducted in view of the preparation of the government's forthcoming National Poverty Alleviation Programme revealed that 33 per cent of the population lives below the poverty level. The GDP per capita has decreased from 690 dollars in 1993 to 456 dollars in 1994. The country ranked 152nd out of 174 countries according to the 1995 UNDP Human Development Index.

8. The high population growth rate is a result of high fertility patterns. According to the 1992/93 Demographic and Health Survey, the TFR stood at 6.0 showing a decrease from 6.6 in 1988. It is estimated to have further declined to 5.62 by 1995. Nuptiality occurs early (median age 17 for females) and marriage is universal for women. There are, however some disparities between urban and rural women and according to educational level. The CPR has remained low, at 7.0 percent for modern methods for the whole country and 12.0 percent for the urban areas, in spite of the integration of FP services into the health structures, the adoption of a Family Planning Policy in 1991, and an awareness level of 75 per cent. The low CPR is attributed to the relatively high costs of services in comparison to living standards and inadequate IEC interventions. Other factors affecting fertility relate to the socio-cultural context. Among these are the pronatalist attitudes of the society, which however, differ from one

ethnic group to another; lack of empowerment of women in decision making; polygamy; the resistance to change of values by the majority of the population and the status of women within the family. To these should also be added the non availability of FP services in most rural zones and wide spread misconceptions about Islamic precepts on Family Planning and family well being. The weaknesses in communication between clinical service providers and users as well as the non-involvement of men in FP programme have to be noted. Thus, resistance to change by the society makes it difficult to bring about utilization of Family Planning services by adolescents and men.

9. Mortality rates are also high. The crude death rate was estimated at 17 per thousand in 1988, the principal causes being complications from malaria and respiratory diseases. AIDS is on the rise having increased from 648 cases in 1992 to 1982 in 1995. The Infant Mortality rate which was estimated at 68 per thousand in 1992/93 has decreased from 120 per thousand in 1974/75, primarily as a result of the extended immunization programme with a current coverage rate of 70 per cent. The maternal mortality rate is unacceptably high, estimated at 510 per 100,000 live births. Factors accounting for this are young age at birth, high parity, insufficient follow-up of pregnant women and prevailing cultural traditions including food taboos. Also a high proportion (53 %) of deliveries take place at home without qualified help.

10. The spatial distribution of the population is uneven. Dakar, the capital city, accounts for 23 per cent of the population whilst it occupies only 0.3 per cent of the overall territory and has a population density of 3399 inhabitants per square kilometer. Rural-to-urban migration has become a serious phenomenon. The urban population is increasing at an annual rate of 3.9 per cent, causing serious strains on infrastructure, basic social services and employment, and aggravating environmental problems in the cities. By 2015, it is projected that 9 million people, representing 55 per cent of the population, will live in urban areas, with 5 million concentrated in the capital city.

11. Basic social services including health have deteriorated these past years, mainly as a result of the declining economy and the growing population which has to be catered for. The health system consists of 17 hospitals, 52 health centres, 633 health posts, 551 rural maternity clinics and 1170 rural health community units. The RH approach is not yet existing. Family planning services are not widespread. Only 383 services delivery points exist in the country and mostly concentrated in the urban zones. Accessibility to these services is limited and their quality is poor; and where FP services are integrated in the MCH services, the level of integration is low. The integration is only spatial since the various services are run independently, each unit dealing separately with specific components of RH/FP/SH. It is estimated that a health structure is on average at a walking distance of 9.3 Kms, with varying disparity between urban and rural areas. The private sector is extending its services in the urban areas in particular, but, few NGOs offer FP services.

12. The situation in the education sector is also critical. The objectives established with regard to school enrollment have been hampered by demographic pressure. The number of children in the 5 to 15 age groups has increased by 4 percent annually from 1976 through 1988. By the year 2000, almost 2 million will be in that segment. School enrollment rate has decreased from 59 in 1988 to 54 per cent in 1993. Significant disparities exist with regard to gender. The illiteracy rate for women over 15 years is estimated to be 82 percent against 63 percent for men. Primary school enrollment rate for girls was 47 per cent in 1993/94 against 68 per cent for boys. Since 1995, the government, with support from UNICEF, has launched a programme for the promotion of girls' enrollment. This has already shown positive results with a three percent rise for the 1995/96 academic year.

13. Although women in Senegal participate actively in, and contribute to all spheres of the country's economy, the agricultural sector in particular, their status in the society is still linked to reproductive roles. It is estimated that 39 percent of women are active in the informal sector and services. However, this contribution is neither recognized nor considered in national accounts. Commendable efforts are being made by the government to improve women's status. These include the adoption of a National Action Plan in 1982 (a new one is being prepared to integrate recommendations of the FWCW) and a Family Code which has been recently translated into local languages for wider dissemination. However, although the common law recognizes equality between sexes and women's autonomy, inequalities still exist. Even if the country, is among the few in the West Africa zone which has very advanced laws and measures vis-à-vis the status of women, the daily attitudes and behaviours of men and women is very conservative and negates the benefits of laws. For example, FP services are available only to married women and conditional on the consent of their spouse. Female circumcision still exists among certain ethnic groups of the country.

14. In 1998, Senegal became the first West African French speaking country to adopt a Population Policy Declaration with objectives of curbing its mortality and fertility rates. The implementation of the policy is still underway in the context of the "Plan d'Actions et d'Investissements Prioritaires" (PAIP) with funding from the World Bank, USAID, UNFPA and other development partners. In 1995, the policy was reviewed specifically to establish quantitative targets which have since been approved by an inter-ministerial committee. In 1995, the country prepared a national action plan for the implementation of the ICPD recommendations. In 1996, the first draft of the 9th National Development Plan for 1996-2001, showed clearly the growing importance that is being given to population variables. Furthermore, the recently adopted legislation on decentralisation and regionalisation is also favourable to the formulation of regional population and development plans and programmes which could take into account the diverse sectoral policies and plans that the different ministry departments are preparing. As a result of the recently held Colloquium on Islam and Family Welfare, the country's Islamic religious leaders have taken a clear position in favour of family planning and the promotion of women's status. The study tours by some of them to Indonesia, Egypt and Tunisia seem to have facilitated a positive orientation in support of population-related activities.

III. ACHIEVEMENTS, CONSTRAINTS AND LESSONS LEARNED FROM PAST UNFPA ASSISTANCE

15. The third UNFPA Country Programme was approved for 12 million dollars for the period 1992-1996. The immediate objectives were to assist the Government in: (a) decelerating the demographic growth rate by increasing the modern contraceptive prevalence rate from an estimated 4 per cent in 1990 to 15.4 per cent by 1996, reducing the total fertility rate from 6.6 to 5.9 by 1996, and increasing the age at which mothers give birth to their first child; (b) improving the health of mothers and children by reducing the maternal mortality rate; (c) bringing about behavioural change towards family planning through the elaboration, adoption and implementation of a comprehensive population information, education and communication (IEC) strategy; (d) strengthening the national capability to monitor, coordinate and evaluate the National Population Policy Declaration through the implementation and coordination of the first Action Programme; and (e) improving all aspects of the status and conditions of life of women, including the promotion of Safe Motherhood, by supporting the formulation of a women-in-development strategy that takes into consideration the population component.

16. The PRSD noted that the CP had been appropriately designed to help the Government consolidate

missing as well as the technical capabilities. This political will and coordination constraints were also an impediment for the regionalization of the PPD. The use of human resources and specialists was also ineffective and no national programme in human resources development exists.

20. The objective set by the CP to increase the CPR from 4.8 percent in 1992 to 15.4 percent in 1996, was not achieved. The CPR for the whole country is estimated for modern methods at 7 percent in 1995. This low increase can be explained among other things, by the fact that the target was set without taking into account the religious situation of the country. The other constraint is the fact that the culture of RH is not yet effective, and counselling and interpersonal communication during visits are neglected. The limited use of the existing FP services by the population is also due to the high charges applied. Furthermore, the fact that the decentralization process recently put into place by the government is not yet operational, the medical districts still lack the required autonomy vis-à-vis the central administration. Finally, the poor understanding of UNFPA as well as Government procedures by programmes/projects staff contributed also to delays in the approval and implementation of some projects. Even if a slight improvement could be noticed since the MTR, motivation of staff on the government's side weakened the management, follow up, monitoring and evaluation of activities. Out of the \$ 12 million approved for the programme, \$ 10,242,613 have been spent i.e. 99.3 percent of regular resources, and 85.3 percent of the overall budget, following the new redistribution of budget after the MTR in 1995.

21. Among the lessons learned from the past programme, the first is that it is necessary to have reliable data before establishing up objectives for a programme. If this is not so, objectives prove unrealistic and their attainment difficult. Second, it is important to know well the socio-cultural setting and take it into account in proposing objectives and targets for the Country Programme. It should have been known, before determining the objectives of the outgoing CP, that in Senegal, the CPR could not be increased as long as: a) service delivery points are scarce in the rural zones; b) alternative distribution channels of contraceptives are not in place; c) the religious leaders are not favourable to FP; d) the elderly, who decide on all matters in the family, are not supportive of the population programme; e) men are not involved in decision making when it comes to FP; f) youth are not authorized to get RH information and services. It has also been learnt that the utilization of traditional channels of communication must be added to the modern media. The implementation of the pilot project on Reproductive Health in five health structures in the Dakar region, has shown that to reorganize the centres in such way that they are more attractive, more efficient in the treatment of patients, less time consuming, requires construction, renovations, and training of personnel.

22. Another lesson learned is that the institutional framework of the PPD must be revised. There was and still is a lack of a strong and committed political will to solve the coordination problem, to give to the population issues the importance they deserve and make available the needed funding. The experience of these last five years has shown that the implementation rate of the programme will be low as long as the programme/project personnel, especially civil servants, are not motivated. Linked to that, it is noted that human resource management is very weak and that donors will be called upon to assist in recruiting new staff for the project/programme even if specialists are available elsewhere in the government apparatus but are not used efficiently.

23. The introduction of population variables into the Economic and Social Development Plan of the country has been achieved. Experience shows that nothing is done beyond. It is thus important to achieve real integration of population variables in development plans, to put emphasis on their integration in sectoral plans and policies that each Ministry department must elaborate based on the national plan.

Diverse evaluations also show that women's involvement in population programmes will not be increased substantially as long as they depend economically on men, their house chore duties are overwhelming, and their illiteracy rate is high.

24. Finally, the experience shows that the religious leaders are more open minded than expected. In fact, the government did not want to discuss population issues with them because it thought that they were against FP. The March 1996 Colloquium has shown the contrary. The Friday sermons undertaken in the mosques and information given on TV by the Imam are good indicators that a channel has been found to make the religious leaders partners in informing the public about population issues, especially on FP, women's status, the girl child, marriage, etc. It could also be mentioned that the setting up in Dakar of the two youth centres on counselling and RH informations and services, proves that special RH services for youth is possible, even if individuals are in a progressive country. The information campaign vis-à-vis parents, authorities and religious leaders made it possible for these centres to work with adolescents without interference from the community. The lesson learned is that, when it comes to "sensitive" subjects, Government will rarely take the lead ; it has to be helped and the field office has to be more proactive in this sense.

IV. OTHER DONOR SUPPORT

25. USAID, the European Union, the World Bank, the African Development Bank, GTZ, are among the main donors in the population field. USAID, the main donor in RH/FP, intervenes through several projects, namely "Child Survival" implemented by the Ministry of Health, dealing mostly with FP and MCH. This project is done in collaboration with UNFPA in the framework of the National Family Planning Programme. The amount allocated to this 3-year project is \$ 30.2 million. It also contributes for about \$ 4 million for 5 years to the national AIDS programme. The French and Belgium Cooperation also provide assistance to the health sector; the Canadian and the Netherlands governments are active in the women in development field. The World Bank assists in the field of Human Resource Development, aiming to strengthen the capacity of the National Family Planning Programme for which an amount of \$ 900,000 has been earmarked. The WB provided \$ 8 million for the expansion of RH/FP services through the private sector. It supports the community nutrition project in the amount of \$ 32 million and the Youth Promotion project implemented by the Ministry for Youth and Sports in the amount of \$ 1.9 million, mainly for IEC activities, the later one in collaboration with UNFPA. In the field of HIV/AIDS, many donors intervene : E.U for 1,2 million ECU; French Cooperation for \$ 1 million. UNICEF has a strong input in the field of IEC. For the period 1992-96, UNICEF's assistance is estimated at \$ 32 million from which \$ 7,5 million went or will go to IEC activities. In total, it is estimated that in the field of RH/FP for example, between 1992-1996, the contribution of development partners was around \$ 82 million including UNFPA funding, 35 percent of this amount being allocated to FP, 30 percent to nutrition, and 10 percent to STD/AIDS.

26. Collaboration and exchange of information to avoid duplicating development partner efforts and facilitate monitoring by government is done through different levels of coordination mechanisms. Proposition of programmes and activities are exposed during the meetings of the informal population network created and headed by UNFPA or during the meetings of the informal network on health, or the informal network on women headed by UNIFEM. If it is added the quarterly the quarterly meetings of all UN agencies and the quarterly meetings of all development partners in Senegal, headed by the World Bank and the United Nations Coordinator, it could be understood how UNFPA has carved its own "niche". Because UNFPA is not the main donor in the population field in Senegal, the focus of the

programme takes into account UNFPA comparative advantages. As a multilateral donor, UNFPA is considered neutral in its field, working first of all for the good of the population taking into account government priorities. This gives the possibility for UNFPA to intervene in domains recognized as "sensitive" without resistance, as in the case for RH services for adolescents, and FLE in school. UNDP, the World Bank, the Luxembourg, the Belgium and Denmark governments are interested in joining in these sectors. UNFPA is also recognized officially as the leader of donors in the population field even if others like USAID and the World Bank provide more funding. The other advantage is that UNFPA is more holistic in its approach to population issues, and is not seen as "selling" "Family Planning" or "Population limitation" or "bringing western ideas against the people of the south". This has helped the programme to initiate fruitful contacts with religious leaders and to assist them to start a campaign to explain the precepts of Islam vis a vis Family Planning.

V - PROPOSED PROGRAMME, 1997-2001

27. The long-term objective of the proposed programme of UNFPA assistance is to help the government reach and maintain a sustainable relationship between population, resources and development. The proposed 1997-2001 programme, in collaboration with the other programmes developed by the government during the same period and taking into account the national objectives established by the government in the Population Policy Declaration approved by an Inter-Ministerial committee in July 1995, will contribute to attain the above long term objective by assisting the government to achieve the following national objectives :

- a) To contribute to reducing the TFR estimated at 5.62 in 1995 to 5.18 by year 2000-2005; Infant Mortality rate estimated at 68 per thousand in 1995 to 64 per thousand by year 2001; annual population growth rate estimated at 2.66 percent in 1995 to 2.59 percent by year 2001-2005 and Maternal Mortality estimated at 510 per 100,000 live births in 1995 to 400 in year 2001.
- b) To increase the CPR estimated at 17 percent in 1995 to 22.6 percent in year 2000 for all contraceptive methods.
- c) To improve the status, conditions and quality of life of women by fostering gender equality and equity and empowerment of women.
- d) to encourage the schooling of the girl child;

28. The immediate objectives that the proposed UNFPA funded programme will assist to attain during the cycle are as follow :

- a) to increase the technical capacity of government and NGOs through training in population development and RH/FP/SH;
- b) to increase the number of integrated RH/FP/SH services by 20-25% in health centres, health posts, and in NGOs and private clinics;

- c) create a strong political and financial commitment of government and parliamentarians to the achievement of the objectives and targets of the PPD;

29. The 1996 PRSD proposed the following strategies: (i) promoting the RH system approach and expanding and strengthening the integration of RH components in all health structures; (ii) fostering the programme approach and the integration of population variables into development plans; (iii) strengthening technically the institutional structure in charge of the coordination of the National Population Policy; (iv) harmonizing the collection, research, dissemination and utilization of population information; (v) developing the gender approach; (vi) contributing to the population programme regionalization process; (vii) promoting human resource development and the use of national execution; (viii) advocating and involving political authorities, religious leaders and grassroots organizations in the conception, formulation and implementation of the National Population Programme.

30. The design of the proposed programme takes into consideration the main findings of the 1996 PRSD exercise, the lessons learned and the outcome of the two national workshops during which all partners, government, NGOs, grassroots associations, various segments of the civil society, development partners had the opportunity to propose the objectives, strategies and priority activities for each of the three core areas of the programme. At the end of the exercise, the document produced represented a consensus among all partners, thus making the PRSD and the strategies it proposes, a product owned by the nationals. This is translated in the decision taken by the Government that the proposed three new core programme areas will be used by other partners and donors as the national framework in Population. The World Bank and USAID have been members of the steering committee of the PRSD exercise. Finally, the proposed strategies of the PRSD are being used by the Government to develop a National Plan of Action in Population.

31. The UNFPA programme will focus on the three main areas of RH/FP/SH, Population and Development Strategies and Advocacy. In planning the programme, consideration has been given to the various programmes funded/implemented by other development partners, NGOs and grassroots associations. For the UN system, the use of the draft CSN document helps to focus on sectors where other UN agencies are not putting emphasis. The geographical coverage of the programme will be national. In its contribution to the decentralization process, and noting the directives emanating from the Executive Director's report on "Programme priorities and future directions of UNFPA in light of the ICPD" of June 1995, focus in RH/PF/SH will be shifted from urban hospitals and reference centres to Health District level, i.e. mostly in rural zones. At that level, health structures need to be renovated or constructed in view of the integration of RH components; training of existing and new staff in RH/FP/SH has to be undertaken to promote quality of care. Emphasis will be put on adolescents, women and rural males. In PDS, priority support will be given first to the development of human resources, to the integration of population variables into sectoral policies and plans, and to the Regional Committees for Population and Human Resources which are closer to the grassroots. In advocacy, emphasis will be put on developing commitment toward population and development issues among parliamentarians, religious leaders and Government authorities. The role of these authorities for the promotion of women's status and accessibility of youth to RH services will be strengthened through information campaigns.

32. These focuses are in line with UNFPA comparative advantages. UNFPA, as a multilateral donor, is considered neutral, working first of all for the good of the population taking into account government priorities. This gives the possibility for UNFPA to intervene in domains recognized as "sensitive" without resistance, as in the case for RH services for adolescents, and FLE in school. The pilot activities in those

sectors will be extended in the new programme. UNFPA is also recognized officially as the leader of donors in the population field even if others like USAID and the World Bank provide more funding. In many cases, UNFPA has taken the lead in solving bottlenecks in programme implementation for other donors. The other advantage is that UNFPA is more holistic in its approach to population issues, and is not seen as "selling" "Family Planning" or "Population limitation" or "bringing western ideas against the people of the south". This has helped the programme to initiate fruitful contacts with religious leaders and to assist them to start a campaign to explain the precepts of Islam vis a vis Family Planning.

33. Risk factors which might impede a smooth implementation of the programme should be mentioned. Because of the fact that the programme cycle coincides with an election year (presidential and legislative), and because some topics (like adolescent RH services, women's status in marriage) are still sensitive in the religious milieu, the support shown by authorities might not be effective when needed. Government has funded some of the activities of the NPP. It is hoped that it will continue to mobilize funds for population activities (World Bank, African Development Bank); but the risk is however Government's dependency on development partner contributions. The world economic situation makes this dependency problematic for the full implementation of the NPP. Another risk factor is the attitude of women to change. The majority does not seem to take advantage of laws in their favour or change their own "traditional" attitudes vis-à-vis marriage, child birth, education.

REPRODUCTIVE HEALTH, FAMILY PLANNING AND SEXUAL HEALTH

Main issues

34. In this sector the proposed programme will help to address the following issues : (i) lack of understanding, appropriation and integration of the RH approach in the existing health structures; (ii) the dysfunctional institutional structure for the implementation of the RH/FP/SH programme; (iii) the poor quality of services resulting from the quality and number of personnel, weak management and organization of services, inadequate equipment, insufficient monitoring of activities; (iv) limited accessibility to the service delivery system, largely due to the relatively high cost of services, the unequal spatial distribution and insufficient number of service delivery points; (v) high maternal mortality rates, particularly in the rural areas; (vi) low involvement of men, religious and community leaders in the formulation and implementation of RH/FP/SH programmes; (vii) high illiteracy and insufficient decision-making ability and empowerment of women; (viii) high adolescent fertility.

Objectives

35. Taking into account lessons learned, the constraints of the previous programme and the socio-cultural situation in the country, the proposed programme will assist the government : (i) to increase the contraceptive prevalence rate of modern methods from 12 percent in 1995 to 25 % in 2001 in urban areas, and from 7 to 15 per cent for the whole country; (ii) to ensure the quality of and accessibility to RH/FP/SH services in 14 reference centres, 5 hospitals, 26 health centres, 220 health posts, 50 "cases foyers" and 15 private clinics managed by NGOs; (iii) to increase from 2 to 25 the multi-functional counselling centres for youth providing FLE, RH counselling and services; (iv) to assist NGOs and grassroots organizations to address the special needs of youth and men in counselling and RH services.

Strategies

36. The strategies which will be deployed to help attain these objectives are the following: (i) promoting the RH system approach in health and fostering the integration of RH components in all health structures according to their level in the health pyramid ; (ii) increasing the quality of care through strengthening of the technical capacity of health personnel and the expansion of the number of RH/FP/SH centres and put into place alternate distribution channels of contraceptives (CBDs, in workplaces, through the private sector, in socio-educational centres, etc.); (iii) strengthening IEC planning and coordination in support of the RH/FP/SH programme, notably for youth, men and women; (iv) improving the technical capacities of health personnel in programming, monitoring, supervision and evaluation of RH/FP/SH services; (v) integrating FP modules into the curricula of medical faculties at the university; (vi) systematizing the undertaking of operational and socio-cultural research in support of services and IEC activities. (vii) promoting the spatio-temporal and patient flow configuration of RH/FP/SH service delivery points to make them more efficient and user friendly.

Activities

Depending on funds availability and taking into account other donors programmes in the field, the following activities will be undertaken.

Data collection, analysis and research

37. In order to obtain reliable data that are required for the effective planning and implementation of activities in the field of RH/FP/SH, preliminary activities that will be undertaken at the start of the proposed programme include: (1) third Demographic and Health Survey (DHS III). This will be done in collaboration with USAID and the World Bank and will lead, if necessary, to the revision of the indicators on which this proposed programme has been based. According to the previous DHS, the FP unmet needs were estimated at 28 per cent. This third DHS will help to update this information, identify obstacles and develop appropriate strategies to respond to those needs. Emphasis will be given to youth needs in RH. (2) An operational and socio-cultural research on the behaviour and attitudes of men, women, youth and the elderly on RH/FP/SH and to know their specific needs, so as to elaborate adequate IEC messages. It will also help to better understand service provider attitudes and practices with regard to the newly developed RH/FP/SH norms and protocols, their aptitude to deal with side effects of contraceptives, and user satisfaction.

Institutional capacity building, human resources and infrastructure development

38. In collaboration within other development partners in the field of RH, (World Bank, USAID, GTZ, NGOs): (1) put into place a coherent organizational structure, which will be more conducive to the decentralisation process, give more autonomy to the medical districts, and enable the Directorate of Hygiene and Public Health, to ensure an efficient follow-up of the RH/FP/SH activities; (2) formulate a national action plan in the field of RH/FP/SH which will serve as a framework for all partners. (3) elaborate and disseminate the RH/FP/SH policy as well as protocols for service delivery, pregnancy surveillance, childbirth and post-natal care; (4) establish a unique stock management system combining contraceptives, essential drugs and other pharmaceutical products in the context of the Bamako Initiative.

39. The programme will fund also (1) full integration of RH/FP/SH components in 330 health centres and posts, hospitals, "cases foyers" and private clinics managed by NGOs active in the sector, like SANFAM, ASBEF, ASPF, etc. using the results of the RH pilot centres experience to facilitate

accessibility and improve quality of care (a full evaluation of the project will be carried out in December 1996. An internal evaluation already done shows that the modele is already having an impact on health providers' ability to deal with clients and is decreasing the time clients spend in the centres). This will imply integrating RH/FP/SH into the minimum package of services, improving equipment, constructing or renovating the health structures, and involving the private sector and para-statal bodies in service delivery. Men's needs and gender sensitivity will be emphasised. (2) integrate RH/FP/SH components into the government functional literacy programmes for women. (3) organize FLE activities, RH counselling and services in twenty-five multi-functional Counseling Centres for Youth, fifteen in the regional capitals and the remaining ten in rural areas, in collaboration with the Ministry for Youth and Sports. In addition, a referral system will be established with the RH/FP/SH centres. Steps will be taken to ensure that services are provided in an integrated, confidential and convivial way in the RH/FP/SH centres.

40. In close relation with the Institute on Population and Development and Reproductive Health created at the University of Dakar, the Country Programme will design and implement a training plan in RH/FP/SH as well as a curriculum adapted to the service delivery protocols, in order to reinforce the qualification of health personnel in view of the requirement that they be polyvalent. 150 physicians, 400 mid-wives, 500 nurses, 700 health agents will be trained. Training will take into account health complications-during pregnancy and child birth linked to female genital mutilation. (2) put into place a team of trainers and a standardised-guide for the supervision of RH/FP/SH activities, with emphasis placed on quality of care.

IEC

41. With socio-educational units, women's groups and various associations, (1) organize workshops/seminars for the elaboration of and counselling plans targetted to specific groups (women in the reproductive age groups, adolescents, youth, men, the elderly); (2) Support the implementation of the programme in collaboration with the IEC unit and the Health Education Unit of the Ministry of Health; (3) Provide funding to 10 selected theatre and folk groups, 15 religious and traditional communicators' associations such as the dimbas, the daaras, the mbotaay (sisterhood) to elaborate and disseminate IEC messages at the community level. (4) Collaborate with the associations of Imams and Ulemas of Senegal as well as with the leaders of the religious communities to inform the population on the Koranic precepts and teachings with regard to family well-being, birth spacing, women's status and roles and children's status in the family. In a country where 95% of the population is muslim, where misconceptions on Koranic precepts about Family Planning are widespread, and where traditions give only values to women's reproductive functions, this involvement of religious leaders should bring about changes of attitudes and behaviours. (5) Carry out, in close collaboration with the hierarchy of the catholic diocese, Caritas-Senegal, the Catholic Women's Movement, IEC and FLE activities through conferences and seminars on such topics as responsible parenthood, communication between husband and wife, natural family planning methods, sexual behaviour and health, teenage and youth pregnancy and AIDS. The contribution of UNFPA for the sector will be \$ 10 million, of which \$ 3.5 million will come from multi-bi and other resources. The government of Belgium, of Luxembourg and Denmark have shown interest to collaborate, especially in Adolescent Reproductive Health.

POPULATION AND DEVELOPMENT STRATEGY

Main issues

42. Major issues to be addressed in this sector are : (i) high population growth and a low economic growth rate; (ii) wide gaps between family and individual needs for education, health services, shelter and employment and the capacity of government to procure them ; (iii) insufficient consideration given to the integration of population variables into regional policies and development action plans; (iv) weak institutional structure in charge of coordinating the national population programme; (v) insufficient human resources in the field of population and development, environment and POP/FLE, both in quantitative and qualitative terms, and poor management; (vi) low importance given to gender and the programme approach in the development and implementation of population programmes.

Objectives

43. In view of the fact that UNFPA is the main donor in this sector, and taking into account the lessons learned, the proposed programme will assist the government to: (i) formulate national and regional population action plans and integrate population variables into sectoral policies; (ii) develop training programme and improve management of existing resources; (iii) strengthen and improve data collection and their analysis, dissemination and utilisation; (iv) reinforce the systematic use of the programme and gender approaches in the formulation and implementation of population programmes; (v) institutionalize the teaching of POP/FLE within the formal school system and in the non-formal system.

Strategies

44. To help attain these objectives, the following strategies will be employed : (i) assisting, in collaboration with CST, universities and training centres, in developing and disseminating conceptual and methodological tools for the use of gender and programme approach as well as integration of population variables; (ii) encouraging a reorganization of the institutional framework for the implementation of the national population programme in order to improve coordination and monitoring; (iii) contributing to a systematic in-depth analysis of data and research results and their use in sectoral policies ; (iv) encouraging the expansion of the teaching of the POP/FLE experiment carried out in the school system and in the non-formal system; (v) encouraging systematic training of population programme personnel.

Activities

Data Collection Analysis and Research

45. Bearing in mind the lessons learned, initiatives underway by government and other development partners, it is essential, at the onset of the proposed programmes to: (1) Undertake an assessment/review of existing research studies and data in order to identify gaps and priority needs in the population area. (2) Elaborate a five-year plan in the field of research and data collection, which will be instrumental for harmonizing and coordinating research activities. (3) Carry out research on such emerging issues as migration and urbanisation. (4) Support, in collaboration with other development partners, the preparation and carrying out of the country's third population and housing census in 1998 and its in-depth analysis and dissemination of results. (5) Setting up a data bank in the field of population and development and RH. Particular attention will be given to the gender approach. Research studies will specifically provide disaggregated data by sex including data by region and for targeted groups, in order to contribute to the definition of pertinent population programmes and IEC strategies. (6) Analyse data

collected from civil registration programme.

Institutional Capacity Building, Human Resources and Infrastructure Development

46. (1) The programme will also set up technical working groups at the national and regional levels to revise and translate the Population Policy Declaration into concrete action plans for UNFPA and other development partner support (2) Identify and train a focal person in each Ministry department whose responsibility will be to assure that, in each sectoral plan and policy developed, population variables including gender issues are taken into account. (3) Revise the Family Code to include the ICPD and FWCW recommendations and pursue their dissemination. (4) Finalise and implement the National Plan for Women, in close collaboration with the Ministry of Women, Children and the Family. (5) Strengthen specialized local NGOs (RADI, 'cliniques juridiques' etc) and use University graduates in law, to give legal advice in 50 "cases foyers" and in all adolescent counselling centres on reproductive rights, marriage, inheritance, violence against women, and child rights (6) Reinforce the institutional and technical capacities of the regional structures i.e. the Regional Committee for Population and Human Resources (COREPORH) and the regional "Groupes d'Appui à la Politique de Population" (GATPOP) in support of the decentralisation process.

47. Based on assessment and inventory of the available human resources in the field of population and development (1) Prepare a five-year human resources development plan for both the national and regional levels with the aim of increasing the number of qualified agents and optimise the use of their skills and competences. (2) Organize training in the areas of population, RH and development interrelationships, gender issues and programme approach in close collaboration with CST, the regional programme on Human Resources Development at IDEP and the Programme on RH/FP of the Montreal and Laval universities. (3) Elaborate or adapt relevant training modules, including gender and integrate them into the teaching curricula of selected local institutions e.g. Centre d'Etudes en Sciences et Techniques de l'Information (CESTI) for journalists, Ecole Nationale d'Administration et de Magistrature (ENAM) for top civil servants, Ecole Normale Supérieure (ENSUP) for teachers in Primary and Professors in High School. The Institute for Training and Research in Population and Development and Reproductive Health recently set up at the University of Dakar with UNFPA funding, comes in line with this perspective of consolidating local training, and, as such, will benefit from further assistance from UNFPA. (4) Elaborate conceptual tools for gender and programme approach and population/development interrelationships, and a training plan for the dissemination and utilization of these tools in sectoral plans and policies.

IEC

48. Other activities will include (1) encouragement of government to adopt the existing national population IEC strategy, as tool for harmonizing, coordinating and orienting IEC activities. (2) Incorporating IEC activities into training programmes in the workplace for youth. (3) Integrating IEC activities into functional literacy programmes, as tested in the pilot project implemented in Louga and Thiès, taking into account the country's high illiteracy rate among females in particular. (4) Development and translation into local languages and dissemination of didactic materials pertaining to the rights of women and the family. (5) In support of the implementation of the social mobilization programme which aims at promoting and disseminating the newly developed national action plan for women which deal with topics in the field of reproductive health and rights, women status, education of the girl child, the elimination of violence against women, train 600 traditional communicators (griots). This will done in close collaboration with the Ministry for Women, Children and the Family, the Ministry of Culture and The Ministry of Youth and Sports.

49. The programme will also: (1) strengthen the institutionalization and expansion of the in-school POP/FLE at the primary and intermediary levels countrywide. Thus FLE clubs experiment led by the GEEP project will be pursued and extended to 75 additional secondary schools, as well as the setting up of a National Information Center and Counselling for Youth close to the campus of the University of Dakar. In addition to its counselling role in RH, the Center will function as a link between the FLE clubs scattered throughout the country and will have a wide variety of information materials to better respond to the needs of young students. (2) Fund the dissemination of the didactic materials in FLE developed by the Senegalese Scouts Federation as well as the training and sensitization in POP/FLE of the local Scouts and Girl Guides. (3) Support, based on the pilot activities conducted by the GEEP, activities aiming at the expansion of the teaching of POP/FLE at the secondary school level and at the university. (4) Assist 20 Koranic schools, which are not yet involved in the POP/FLE in-school programme, for their income-generating and educational activities which will be used as entry point for the introduction of POP/FLE components. The total amount which UNFPA will provide to that sector is \$ 3,5 million. \$ 2,5 million will come from UNFPA regular resources. In the field of PDS, very few donors intervene. However, USAID and World Bank will collaborate for research; UNIFEM and UNDP and especially the Government of Netherlands have shown interest for women's activities linked to population. UNDP has already committed funds for the sector on POP/FLE for schools for 1997-1998.

ADVOCACY

Main issues

50. The main problems that have been identified in the Advocacy sector by the PRSD are the following : (i) poor understanding of the population, development and family welfare interrelationships of decision makers; (ii) insufficient commitment of the political community and religious decision-makers to development and implementation of the population programme; (iii) insufficient consideration given by Government authorities to youth needs in the population/development and RH programmes (iv) lack of a legal framework favourable to the attainment of the PPD objectives, targets, and access of adolescents to RH information and services.

Objectives

51. In the proposed programme, based on the socio-cultural context of the country and lessons learned, the objectives will be to: (i) obtain full commitment of government authorities, parliamentarians, religious leaders and the elderly, to the formulation and implementation of the population and development and RH programmes; (ii) formulate and adopt laws and measures by parliamentarians favourable to the attainment of the Population Policy Declaration objectives and targets; (iii) Promote vis-à-vis parliamentarians, health authorities, and the elderly the development of special programmes for adolescents in RH/FP.

Strategies

52. To achieve these objectives, the following strategies will be used by the CP: (i) raising the awareness of the government authorities, parliamentarians, religious leaders through seminars and workshops, on the relationship between population, economic development and family well being; (ii) involving traditional women's and men's associations, traditional communicators in the design of advocacy and IEC messages for the implementation of population activities; (iii) encouraging the full adherence of religious and political leaders to the promotion of the status of women and the enrollment of girls in schools; (iv) eliminating legal barriers hampering the accessibility of adolescents to RH/FP/SH information and services.

Activities

In line with the lessons learned, the country programme will undertake these priority activities.

Institutional capacity building, Human Resource Development

53. The programme will (1) organize study tours for exchange of experience and learning for government authorities, parliamentarians, religious leaders, population programme directors and coordinators; (2) establish an efficient structure at the national level which will produce, print and publish IEC and advocacy support materials on such topics as men's involvement in RH programmes, promotion of women's rights, girls' education, poverty alleviation, impact of demographic trends on development and RH services for youth to avoid duplicating and conflicting messages. (3) Advocate vis-à-vis other development partners to contribute to the constructing and renovating of health centres at the district level, as well as to the training of health providers. The same will be done for the undertaken of the 1998 census, the DHS survey (World Bank and USAID) the procurement of contraceptives (USAID, World Bank, ASBEF). (4) undertake advocacy activities vis-à-vis health authorities, parliamentarians, women associations and NGOs and development partners to convince them to fund programmes in the domain of maternal mortality.

54. The programme, in order to promote a legal context that is favourable to the PPD and especially to the RH/FP/SH aspects including the removal of all harmful practices against women and the girl child, will (1) organize sensitization seminars and workshops for parliamentarians, NGOs, Women's groups, and Youth movements leaders. (2) Undertake meetings with directors of private and semi-public businesses, the army and police management, to advocate for the integration of RH/STDs/AIDS topics and services into their training courses and health centres. To that end, specifically designed sensitization models will be developed to emphasise the benefits that their companies or organizations can derive from

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such programmes. (3) Train 350 members of the Journalists Network and the forum of the Elderly for advocacy activities.

IEC

56. (1) Collaborate with UNICEF in the context of the ongoing campaign vis-à-vis Government authorities, community and religious leaders, for the promotion of young girls' education (SCOFI project) through the reinforcement of the media publicity and development of special activities which favour greater accessibility of girls to the school system. (2) Encourage Government to establish an award system whereby the school which has distinguished itself for its enrollment of a higher number of girls will devote large media coverage and financial support for educational equipment and materials. The programme will devote \$ 1,5 million for advocacy. \$ 1 million of which will come from UNFPA regular resources. Interest has been shown by the World Bank, the Government of Luxembourg, France. The Governments of Indonesia, Tunisia and Egypt are proposing to organize study tours in south-south collaboration.

VI. COORDINATION/IMPLEMENTATION

57. Responsibility for coordinating the population programme lies with the Ministry of Economy, Finance and Planning. An Interministerial coordination body called National Council for Population and Human Resources (CONAPORH) presided over by the head of State, is overseeing the implementation of the Declaration of the Population Policy. This body has its regional counterpart called the Regional Committee on Population and Human Resources presided by the Governor of the Region. The Secretariat of the Council is the Direction de la Planification des Ressources Humaines (DPRH) of the Ministry of Economy, Finance and Planning. Technically, this secretariat is helped by the Monitoring Technical Committee of the Programme (CTSP). Lately, a small committee of the seven main ministries involved in population matters has been set up to address problematic issues as they arise. The PRSD mission found that most of these coordination committees are not functioning well because political will is lacking. Proposals have been made to give them the proper political and technical backstopping for them to be more efficient. Other structures are also in place to coordinate development partner efforts and to exchange information. The informal population network of donors headed by UNFPA, the informal network on Health headed by turn by different donors, the informal network on women headed by UNIFEM, all help to harmonize as much as possible the development partner contributions in Senegal, in close relationship, where possible, with government.

58. For the new cycle, the programme will comprise three main sub-programmes i.e. RH/FP/SH; PDS and Advocacy. The implementation will be national. A more detailed implementation framework will be produced before the start of the programme through a national seminar. Meanwhile, it has been decided that the coordination of the three areas will be done by the Secretariat of the National Council of Population and Human Resources which will ensure that activities undertaken by each sub-programme are in line with the objectives established for the programme as a whole and that they are in harmony with each other. A coordination committee comprising the head of each sub-programme will be set up to facilitate that harmonization. Each sub-programme will be placed under the responsibility of a Ministry to formulate, manage, monitor and evaluate the sub-programme. The activities under each sub-programme will be executed by different Ministry Departments, NGOs, UN System Associations, where necessary. Every effort will be made in collaboration with the government to assure that the secretariat which will coordinate the whole programme is strengthened politically and technically to be able to coordinate all

population projects/programmes implemented in the country and has the power to coordinate the different development partner contributions in the population field.

VII. PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

59. UNFPA established guidelines and procedures will be used for the management, monitoring and evaluation of the proposed programme. For the time being, these include the usual progress reports, review meetings, TPRs, evaluations, and financial and field monitoring visits. Annual thematic reviews also will be put into place, with a special emphasis on the evaluation of the integration of RH in the health services and the RH services for adolescents. Quarterly meetings with programme managers and financial assistants will be held to promote coordination and sharing of experience and problems encountered. Technical backstopping from the UNFPA CSTs will be required and will be requested on the basis of an annual plan prepared at the beginning of each calendar year. As far as possible, national consultants and NGOs will be used for evaluation and review exercises. A mid-term review of the programme will be held in 1999 to assess the progress made and problems encountered, and reorientation plans will be defined as necessary. Final evaluation of the programme will be held in the year 2001.

60. At the end of the cycle in 2001, the following results will have been attained: (a) a full adherence of religious leaders, Government authorities, parliamentarians, elders to the targets and objectives of the PPD and the CP. This could be measured by the number of Friday sermons and conferences given by the religious leaders; the amount of funds provided by the Government to the National Population Programme; the setting up of the coordinating body of the NPP at a higher level; the number of measures and laws taken in favour of Reproductive Health and rights, women's status, schooling of girls, etc.; the increase of the implementation rate; (b) the increase of the CPR as stated in the CP; this could be measured by the number of new acceptors; the full utilisation of the service delivery points; more informed adolescents and less adolescent pregnancies; the decrease of the MMR etc.; (c) the development of the institutional capacity; this could be measured by the numbers of persons trained; the capacity of the nationals to implement and execute their programmes; and (d) more sectoral policies and plans integrating population variables; this could be measured by the number of focal points in charge of those activities; research studies and utilisation of population data linked to the sectoral activities etc.; (e) the expansion of the teaching of POP/FLE in the formal and non-formal school systems; this could be measured by the number of schools practicing it, the number of professional institutes and universities introducing Population/RH modules in their teaching etc.

VIII. UNFPA LOCAL OFFICE

The Senegal Office has enough staff to carry out the tasks entrusted to it.

IX. FINANCIAL SUMMARY

61. UNFPA proposes to support a comprehensive population programme in the amount of \$15 million over the five-year period, 1997-2001, of which \$10 million would be programmed from UNFPA's regular resources. The balance of \$ 5 million would be met by other multi-bilateral sources. The following table shows the allocation distribution based on the two sources of funding.

	UNFPA Regular Resources	Other Resources	Total	%
	\$	\$	\$	
Reproductive Health including Family Planning and Sexual Health	6,500,000	3,500,000	10,000,000	67
Population and development strategies	2,500,000	1,000,000	3,500,000	23
Advocacy	1,000,000	500,000	1,500,000	10
TOTAL	10,000,000	5,000,000	15,000,000	100

- développer des actions de sensibilisation visant à accroître l'adhésion des décideurs, des leaders d'opinion, des autorités religieuses et coutumières et leur engagement à soutenir la mise en oeuvre de la politique de population ;
- développer des actions de sensibilisation en direction des populations visant à faciliter l'exécution des enquêtes en matière de population ;
- développer des actions de diffusion et d'utilisation optimale des résultats des recherches, études et enquêtes en matière de population.

2.2 Genre

Le précédent programme d'action en matière de population avait mis un accent particulier sur les groupes-cibles femmes et jeunes .

Cependant, les actions développées en faveur de ces derniers restaient encore limitées en ce sens qu'elles accordaient la priorité aux stratégies d'intégration de la femme dans le développement, bâties notamment sur le rôle reproductif de celle-ci

Par ailleurs, les inter-relations ~~entre l'homme et la~~ femme dans leur environnement socio-économique en pleine mutation, n'étaient pas prises en compte dans la formulation des programmes.

D'où les difficultés à identifier correctement leurs besoins pratiques et stratégiques en vue d'une meilleure optimisation de leur potentiel d'initiatives pour la réalisation de leur bien-être individuel et collectif

Aussi, le pilier PSD du point de ses objectifs, stratégies et lignes d'actions met-il l'accent sur l'approche-genre.

S'agissant en particulier, des lignes d'actions, cette approche est effectivement assurée dans les domaines suivants relatifs à :

- la réactualisation de la DPP par une meilleure implication des femmes et des jeunes dans la mise en oeuvre et le suivi-évaluation des activités de population
- le renforcement des spécificités régionales dans la mise en oeuvre de la DPP par une meilleure prise en compte des acteurs locaux à la base
- la valorisation des ressources humaines mettant l'accent sur une meilleure prise en compte des femmes et des jeunes
- la recherche, la collecte et l'utilisation des données dont une des priorités est une désagregation plus poussée par sexe des résultats des opérations menées dans ce domaine
- l'appropriation de l'approche Genre par les acteurs et décideurs par le renforcement de leurs capacités en genre et développement

- le renforcement des moyens d'actions et de pouvoirs de décision des femmes par une mise en place d'équipements technologiques appropriés de réseaux d'infrastructures socio-éducatives et sanitaires et, par l'adoption de mesures législatives et réglementaires de discrimination positive
- l'institutionnalisation de l'EVI/EMP surtout au profit des associations de jeunes et de femmes.

IV. MECANISMES D'EXECUTION ET DE MISE EN OEUVRE DU SOUS-PROGRAMME

4.1 Cadre institutionnel

Le sous-programme « Population et Stratégie de développement PSD » sera coordonné par le Ministère de l'Economie, des Finances et du Plan, qui est chargé de l'intégration de la variable Population dans les stratégies de développement.

Par ailleurs, le choix de ce cadre institutionnel se justifie par la nature des missions dévolues au Ministère de l'Economie, des Finances et du Plan dans la coordination des politiques globales et sectorielles de l'Etat.

Du point de vue de la mise en oeuvre des activités, le sous-programme implique l'intervention :

- du Ministère de l'Economie, des Finances et du Plan (Direction de la Planification des Ressources humaines pour l'appui à la politique de population ; Direction de la Prévision et de la Statistique) pour le recensement, la collecte et l'analyse ;
- du Ministère de l'Education nationale pour l' EVI/EMP ;
- du Ministère de la Femme de l'Enfant et de la Famille pour le Genre ;
- du Ministère de la Santé Publique et de l'Action sociale pour ~~l'EVI/EMP~~ *pour le démarrage pour l'avenir de l'EVI.*
- du Ministère de la Jeunesse et des Sports pour l'EVI/EMP en milieu extra-scolaire ;
- du Ministère de l'Intérieur pour l'Etat-civil ;
- du Ministère de la Justice pour les centres de sauvegarde ;
- des ONG, des associations, des réseaux, des collectivités locales, des comités régionaux de population et de ressources humaines, de l'agence régionale de développement des services techniques régionaux pour la coordination des activités de population au niveau régional

Le cadre institutionnel se présente comme suit :

4.1.1 Au niveau national

a)- Un comité national de pilotage présidé par le Directeur de la Planification des Ressources Humaines qui est chargé de la coordination du sous-programme PSD. Ce comité est composé des représentants :

- des Ministères techniques impliqués (MEFP, MFEF, MINT, MJS, MSAS, MJ) ;
- des ONG ;
- des Réseaux ;
- des Fédérations d'Associations et de Groupements de femmes ;
- du Conseil National de la Jeunesse ;
- du Forum du 3ème âge ;
- des COREPORH pour les cinq régions ciblées.

Ce comité dont les modalités d'organisation et de fonctionnement seront définies, a pour mission la coordination, le suivi et l'évaluation des activités du sous-programme;

b) Un secrétariat technique présidé par le Coordonnateur de la Composante Appui à la politique de population et comprenant les coordonnateurs de composantes au niveau national et régional. Il est chargé des aspects techniques de la mise en oeuvre du s/programme.

c) Des Unités techniques de Composantes (UTC) domiciliées au niveau des ministères techniques ou des agences d'exécution (ONG) avec à leur tête des coordonnateurs (trices) de composantes désigné(es).

Ces coordonnateurs (trices) qui sont responsables de la gestion technique, administrative et financière s'appuient sur une équipe composée :

- d'un(e) Assistant(e) administratif(ve) ;
- d'une secrétaire ;
- d'un chauffeur ;
- des experts des organismes d'exécution qui interviennent au niveau de la composante.

d/- Le coordonnateur de l'unité technique de la composante "Appui à la politique de population" assurera également le **Secrétariat technique** du sous-programme PSD.

Ce Secrétariat technique est chargé de la coordination, de la planification et de l'impulsion des actions des quatre (4) composantes du sous-programme PSD.

Ce Secrétariat assure aussi la gestion administrative et financière du sous-programme.

Sur le plan technique, il appuie les UTC dans la mise en oeuvre de leurs activités et crée les synergies entre les différentes composantes. A ce titre, une équipe pluridisciplinaire d'experts en population appuie le Secrétariat technique.

4.1.2 Au niveau régional

Les activités régionales du sous-programme sont coordonnées par un comité régional de pilotage présidé par le Président du COREPORH.

*Assister les
unités
proposées*

Le Secrétaire du COREPORH, coordonnateur régional du sous-programme PSD sert de relais entre le niveau national et le niveau régional. A ce titre, il est membre du Secrétariat technique et siège au niveau du comité national de pilotage.

Le comité régional de pilotage se compose comme suit :

- du Gouverneur et des Chefs de Services techniques régionaux impliqués ;
- du Président du Conseil régional ;
- des Maires ;
- des Présidents de Conseil Rural ;
- des ONG et des réseaux ;
- des Associations de femmes, de jeunes et du 3ème âge.

4.2 Mécanismes d'exécution et de mise en oeuvre

4.2.1 Niveau National

a)- **Le comité de pilotage**, organe de décision du sous-programme, se réunit une fois par semestre pour adopter les plans de travail et financiers annuels et examiner les rapports d'activités et financiers.

Il assure le suivi et le contrôle de l'exécution de toutes les activités du sous-programme.

b)- **Le secrétariat technique** chargé de la planification et de la coordination des activités du sous-programme se réunit tous les mois. Il est assisté d'une équipe technique d'experts en population dont un(e) démographe et un(e) sociologue.

Le Secrétariat technique a pour mission :

- la préparation des réunions du comité de pilotage
- l'adoption des plans de travail trimestriels, des rapports financiers, des rapports d'activités et d'évaluation élaborés par les composantes ;
- l'adoption des plans de travail trimestriels, des rapports financiers ;
- la coordination de la gestion administrative, technique et financière du sous-programme.

Des instruments de suivi appropriés seront conçus et mis en oeuvre (indicateurs, guides, etc...)

c)- **Chaque unité technique de composante (UTC)** est chargée de la planification, de la coordination, du suivi et de l'évaluation des activités de la composante.

L'unité technique de composante élabore son plan de travail en collaboration avec les partenaires ou les organismes d'exécution.

L'UTC est chargée de l'harmonisation et de la coordination des interventions sectorielles au niveau de la composante.

Dans le cadre de l'exécution des activités de chaque composante, des protocoles d'accord seront signés avec les partenaires.

VII. APPUI TECHNIQUE, SUIVI ET EVALUATION

7.1. Besoins en appui technique:

Le sous-programme PSD aura besoin de s'appuyer sur les compétences de spécialistes au cours des différentes phases de sa mise en oeuvre. Il s'agira, d'une part, de renforcer les capacités des structures de coordination, de mise en oeuvre, de suivi et d'évaluation des activités du sous-programme (incluant l'utilisation des services de consultants pour appuyer la DPS, la DPRH et la DP dans l'exploitation du recensement et des enquêtes EDS, ainsi que dans la diffusion des résultats de la recherche ainsi que dans la définition de modèles démographique socio-économiques d'intégration de la variable Population dans le développement) ; sur un autre plan, il sera question d'appuyer les structures de tutelle dans la préparation des conseils interministériels sur la population; et enfin, il s'agira de procéder en cas de nécessité au recrutement de spécialistes pour les évaluations du sous-programme PSD.

7.1.1 Le renforcement des capacités:

Le PSD aura besoin de s'appuyer sur les compétences de spécialistes pour toutes les formations programmées. Les conseillers du CST seront sollicités comme formateurs. A défaut, il sera fait appel à des consultants locaux pour élaborer les curricula et dispenser les formations en question. A cet égard, un accent particulier sera mis sur la maîtrise des procédures administratives et financières du FNUAP.

Dans le cadre de la coordination, de la mise en oeuvre et du suivi du sous-programme, l'appui technique attendu consistera :

- à aider les techniciens dans la conception d'un modèle de planification démographique socio-économique ;
- à élaborer dès 1998 le cadre conceptuel sur l'approche programme et à former les membres des comités de pilotage du sous-programme, le coordonnateur du sous-programme, les *coordonnateurs de composantes* ainsi que les *coordonnateurs régionaux* à cette approche; un cadre conceptuel sur l'approche Genre sera également élaboré par les spécialistes et mis en oeuvre au niveau de structures pilotes et par les experts recrutés dans le cadre de la mise en oeuvre de ce sous-programme.
- à former, dès 1998, tous les acteurs impliqués dans le pilotage du sous-programme, des homologues (points focaux) pour le suivi de la mise en oeuvre du sous-programme. Cette formation sera étendue aux membres des COREPORH pour ce qui concerne le suivi des activités du niveau régional, à partir du 2ème semestre de 1998.
- à former et à mettre sur pied, à partir de la fin de l'année 1999, une expertise régionale pour la formulation de plans d'actions pour l'action future du FNUAP.

- à utiliser les services de spécialistes pour procéder, en 1998 et 1999, à une analyse approfondie des résultats de l'EDS III et, en l'an 2000, à une analyse approfondie des résultats du recensement de 1999. La diffusion de ces analyses sera également prise en charge. Au niveau régional, l'appui technique attendu du FNUAP consistera à aider à la création de banques de données régionales sur la population

7.1.2 Appui à la coordination et à l'évaluation du sous-programme

Les besoins se résument à fournir :

- un appui au MEFP dans la préparation du conseil national sur la population en 1999 et en 2001. Le concours de spécialistes servira à réaliser une évaluation indépendant de la mise en oeuvre du PAIP (au niveau national et régional) et à préparer les documents-cadre devant être soumis à l'approbation des autorités politiques du Sénégal (Code de la famille actualisé, par exemple)
- un appui similaire sera requis pour procéder à une évaluation à mi-parcours (fin 1999) du programme de coopération spécifique du FNUAP ainsi qu'à l'évaluation finale de ce programme
- le même appui sera sollicité en faveur des composantes et des sous-programmes.

7.1.3 Appui à la formulation du futur programme 2002-2007

Il s'agira de contribuer au recrutement de spécialistes pour élaborer, dans un premier temps, le 3ème PAIP et, dans un deuxième temps, pour définir les axes de coopération entre le Gouvernement du Sénégal et le FNUAP. Le concours de spécialistes sera requis pour cette opération qui devra intervenir dans la 2ème semestre de l'an 2001.

7.2 Suivi des activités

Le système de suivi mis en place pour le sous-programme reposant sur le principe de l'approche-programme, les structures et/ou personnes suivantes seront impliquées:

7.2.1 Dans le cadre du suivi rapproché

Une coordination nationale du sous-programme sera mise en place. Elle comprendra, outre un coordonnateur du sous-programme, les spécialistes de composantes, et un spécialiste chargé du suivi/évaluation des activités nationales du sous-programme.

Au niveau régional, un coordonnateur régional sera recruté avec pour taches de suivre la mise en oeuvre des activités PSD au niveau de la zone ciblée. Les experts recrutés pour le suivi des composantes assureront le suivi et l'exécution des activités prévues par chacune des composantes.

7.2.2. Dans le cadre de la coordination élargie:

- **un comité de pilotage du sous-programme:** sous la tutelle du MEFP, il regroupera, au niveau national, tous les ministères impliqués dans la mise en oeuvre, ainsi que des ONG et les Universités du Sénégal, etc.. Des personnes ressources seront désignées à l'intérieur de chaque structure et formées pour le suivi de la mise en oeuvre de sous-programme PSD. Elles travailleront en étroite collaboration avec la Commission nationale de la population et des ressources humaines (CONAPORH). Au niveau régional, le COREPORH sera mis à contribution pour cette activité. A cet égard, en plus du chef du SRP, des personnes-clés seront désignées parmi les chefs de services de la région ou des ONG pour suivre les activités du PSD;
- **Le Comité interministériel de suivi de l'exécution** des projets et programmes de population créée en 1996 et regroupant une dizaine de ministères techniques (MEFP, MSAS, MFEF, MJS, MJC, MEPN, etc...) sera également mis à contribution pour aider à l'atteinte des objectifs du s/p PSD.
- La mise en place d'une structure de coordination des bailleurs de fonds pour une meilleure harmonisation de leurs interventions.

7.3. Revue et évaluation du sous-programme

7.3.1 Les revues du sous-programme

Elles seront de différents ordres et regrouperont les niveaux national et régional :

- **les revues annuelles** en fin 1998, 1999, 2000 et 2001, impliquant outre le FNUAP, les représentants du Comité de pilotage et les coordonnateurs du sous-programme;
- **une revue à mi-parcours** en début 2000 réunissant le MEFP, le FNUAP, le CST et un représentant du FNUAP siège.
- **une revue finale** du sous-programme réunissant les mêmes structures que précédemment en fin 2001.

En marge de ces revues, d'autres opportunités seront saisies pour faire le point sur les activités du sous-programme PSD. Il s'agit notamment de :

- la tenue du **Réseau informel des bailleurs de fonds** qui sera l'occasion de comparer les résultats atteints par d'autres bailleurs dans le même secteur. Ce réseau pourrait se réunir tous les six (6) mois.
- la tenue du **Conseil national sur la population**, prévue tous les 2 ans, offrira également l'opportunité de passer en revue les performances réalisées ainsi que les contraintes rencontrées dans la mise en oeuvre des activités PSD. La dernière réunion du Conseil remonte à 1995 (organisée sous la forme d'un conseil interministériel); une réunion pourrait se tenir en 1998/99 et une autre en 2001.

7.3.2 Evaluation du sous-programme

En prévision des différentes revues, des évaluations spécifiques devront être faites. Les évaluations annuelles internes des activités du PSD seront organisées par la coordination du sous-programme. De plus, une évaluation indépendante du sous-programme à mi-parcours précédera la revue du même nom (en fin 1999) et, enfin, une évaluation de fin programme sera confiée à des spécialistes indépendants.

Les composantes feront l'objet des mêmes évaluations.

En outre, en préparation de la tenue du Conseil national sur la population, une évaluation globale du programme national de population sera réalisée en 1998 et en 2001. Cette évaluation s'intéressera aux acquis et contraintes du pilier PSD et comportera, plus spécifiquement, une appréciation sur la contribution du FNUAP à la mise en oeuvre de ce pilier.

ANNEXES I

PLAN DE TRAVAIL

ANNEXES II

**MATRICE DU CADRE LOGIQUE DU SOUS-PROGRAMME
« POPULATION ET STRATEGIE DE DEVELOPPEMENT »**

MATRICE DU CADRE LOGIQUE DU SOUS-PROGRAMME «POPULATION & STRATEGIES DE DEVELOPPEMENT»

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>But du pilier PSD Contribuer à l'amélioration de la qualité de vie par une meilleure adéquation entre la population, les ressources et le développement et l'amélioration durable des conditions socio-économiques des groupes cibles vulnérables</p>	<p>Indicateurs objectivement vérifiables</p> <ol style="list-style-type: none"> 1. Réduction de la mortalité maternelle (480 à 400 décès pour 100.000 NV) 2. Réduction du taux d'analphabétisme général de 53 à 38% 3. Réduction du taux d'analphabétisme féminin (10 ans et +) de 67 à 52% 4. Accroissement du taux de scolarisation global de 60 à 71% 5. Accroissement du taux de scolarisation des filles de 53 à 66% 6. Augmentat° du taux de prévalence contraceptive de 7 à 15% parmi les femmes de 15 à 49 ans 7. Décroissance du taux de mortalité infantile juvénile de 139‰ à 120 ‰ 8. Réduction du taux de pauvreté de 44% des ménages à 35% 9. Réduction du taux de chômage chez les jeunes urbains de 15 à 34 ans 10. Amélioration de l'état nutritionnel des enfants par la réduct° de l'indice de retard de 20 à 15% 11. Accroître l'espérance de vie de 55 à 57 ans 	<p>Moyens de vérifications</p> <ol style="list-style-type: none"> 1. Recensement 2. EDS 3. Statistiques MEN 4. Statistique du MEN, recensement 5. EDS - Statistique santé 6. Statistique MSAS 7. Enquête socio-économique sur les ménages 8. EDS 	<p>Risques et suppositions</p> <ul style="list-style-type: none"> - Contexte socio-politique - Contexte socio-politique - Ressources limitées - Engagement politique (Education/Santé) - Contexte décentralisation
<p>Objectifs intermédiaires 1. Contribuer à une meilleure prise en compte de la DPP actualisée dans les stratégies de développement.</p>	<p>1.1 DPP actualisée, adoptée 1.2 Objectifs de la DPP intégrés dans les plans et programmes sectoriels</p>	<p>1. DPP réactualisée disponible et diffusée</p>	<p>- Engagement politique</p>

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif inter 1 Contribuer à une meilleure prise en compte de la DPP actualisée dans les stratégies de développement.</p>			
<p>Résultats R1 : DPP réactualisée et mise en oeuvre</p>	<p>DPP réactualisée, programme de population mis en oeuvre</p>	<ul style="list-style-type: none"> - DPP réactualisée disponible - Rapports d'évaluation du programme de population - Plans régionaux disponibles - Rapports d'évaluation et rapports d'activités - Protocoles d'accord 	<p>Contexte politique et engagement politique</p> <p>Processus de décentralisation en cours</p>
<p>R2 : Spécificités régionales prises en compte dans la mise en oeuvre de la DPP</p>	<p>Plans d'actions régionaux élaborés et mis en oeuvre par les acteurs (collectivités locales, ONG, COREPORH,...)</p>	<ul style="list-style-type: none"> - Modèles - Guides - Plans disponibles 	
<p>R3 : Variable population mieux intégrée dans le processus de développement</p>	<p>Modèles démo-socio-économiques et guides méthodologiques élaborés et opérationnels</p>	<ul style="list-style-type: none"> - PF - Rapports d'évaluations - Rapports d'activités des programmes 	<p>Faible motivation des ressources humaines formées</p>
<p>R4 : Compétences en matière de mise en oeuvre des politiques de population renforcées</p>	<ul style="list-style-type: none"> - Plan de formation (PF) élaboré et mis en oeuvre - Nombre de personnes formées, proportion de femmes dans les domaines identifiés - Stratégie de gestion du personnel formé défini 	<ul style="list-style-type: none"> - PF - Rapports d'activités - Inventaire physique du matériel 	<p>Contraintes économiques</p>
<p>R5 : Système de recherche, collecte et d'utilisation des données amélioré</p>	<ul style="list-style-type: none"> - Plan de formation élaboré et mis en oeuvre - Nbre de personnes formées - Equipement approprié disponible - Bases de données disponibles et désagrégées par sexe et par âge - Programmes de collecte et de recherche élaborés - Textes et règlements appliqués - Existence d'un fonds d'étude et de recherche - Support de vulgarisation des résultats de recherche élaboré - Programme de recherche élaboré ; COCOES opérationnel - Commission Nationale pour la recherche créée opérationnelle 	<ul style="list-style-type: none"> - Prog. collecte et recherche disponible - Décrets d'application - Document de projet et fonds disponible - Supports de vulgarisation disponible - Rapport d'activités du COCOES - Texte réglementaire créant la commission 	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif inter 2 Contribuer à un changement de comportement et à l'amélioration des conditions socio-économiques des groupes cibles vulnérables</p> <p>Résultat R1 : Rôle et statut des groupes cibles vulnérables mieux pris en compte dans la mise en oeuvre de la politique de population en particulier des femmes</p>	<p>- Textes des lois et document de politiques révisés accessibles et appliqués</p> <p>2.1 Réduction du % de femmes mariées avant 16 ans (âge légal au mariage) de 48 à 40%</p> <p>2.2 Réduction de l'ISF de 5,7 à 5 enfants</p> <p>2.3 Réduction du taux de chômage chez les jeunes urbains de 15 à 34 ans de 52 à 40 %</p> <p>2.4 Réduct° taux analph abét femmes de 67 à 52% Accroissement taux scolar. filles de 53 à 62%</p> <p>2.5 Réduct° mortal. mat. de 480 à 400 décès pour 100.000 NV et infanto-juvénile de 139 à 120‰</p> <p>2.6 Augmentation proportion de femmes ayant accès aux instances de décision</p> <p>2.7 Nbre de texte de loi et règlement voté promouvant l'égalité entre les sexes</p> <p>2.8 Nbre de femmes formées dans les domaines techniques et professionnels</p> <p>2.9 Réduction de la proportion de femmes au foyer de 53 à 43% dans la population féminine âgées de 15 à 64 ans</p>	<p>- Textes législatifs et réglementaires - - Documents de projets - Rapport d'évaluation</p> <p>1. et 2. EDS et recensement statistique 3. Enquête sur les ménages</p> <p>4. Statistiques MEN/ Santé</p> <p>5. Rapport d'études et d'enquêtes</p> <p>6. Etudes et enquêtes</p> <p>7. Textes de loi et règlement adopté</p> <p>8. Statistique MEN, ONG, MFEF</p> <p>9. Plans et programmes</p>	<p>Contexte socio-culturel et politique</p>
<p>R2 : EVF/EMP institutionnalisés</p>	<p>- EVF/EMP enseignés dans tout le système scolaire</p>	<p>- Programmes et documents scolaires</p>	<p>Contexte socio-politique et culturel</p>
<p>R3 : EVF intégré dans les activités (socio-éducatives, socio-culturelles, religieuses) des jeunes, des femmes et des hommes</p>	<p>- Augmentation du nbre de membres d'associations de jeunes, de femmes et d'hommes formés à l'EVEF/EMP</p> <p>- Augmentation du nbre de groupes-cibles ayant des connaissances accrues en EVF</p>	<p>- Rapport d'activités et d'évaluation des associations</p>	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif 1 / Résultat 1 : DPP réactualisé et mise en oeuvre</p> <p>Lignes d'actions</p> <ol style="list-style-type: none"> 1. Elaborer une DPP réactualisée 2. Proposer des stratégies permettant d'impliquer davantage le secteur privé, les ONG et les communautés de base dans l'exécution de la politique de population. 3. Finaliser la quantification des objectifs démographiques aux niveaux national et régional. 4. Evaluer le programme de population à mi-parcours et en fin de période 5. Organiser les réunions du Conseil National de la Population et des Ressources Humaines 6. Organiser les réunions du Comité Interministériel de la Population et des Ressources Humaines. 	<p>1.1 DPP réactualisée</p> <p>2.1 Protocole d'accord, lettres d'exécution élaborés avec les ONG et le secteur privé et les communautés de base.</p> <p>3.1 Objectifs démographiques quantifiés élaborés et adoptés</p> <p>4.1 Consultants recrutés ; recommandations formulées</p> <p>5.1 Nbre de réunions du Conseil National de la Population et des Ressources Humaines</p> <p>6.1 Nbre des réunions du Conseil Interministériel</p>	<p>1.1 DPP actualisé et disponible</p> <p>2.1 Doc de stratégie d'intervent^o des collect. locales, des ONG et des communautés de base protocoles d'accord, lettres d'exécuto^o</p> <p>3.1 Doc sur la quantification des objectifs démographiques</p> <p>4.1 Rapports d'évaluation à mi-parcours du PNP</p> <p>5.1 Rapports des réunions du Conseil National de la Population et des Ressources Humaines.</p> <p>6.1 Rapports des réunions du Comité Interministériel de la Pop. et des Ress. Humaines</p>	<p>Contexte de décentralisation</p>

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif 1 / Résultat 2 Spécificités régionales prises en compte dans la mise en oeuvre de la DPP</p> <p><u>Lignes d'actions</u></p> <p>1. Renforcer les spécificités régionales dans les programmes</p>	<p>1.1 Nbre de plans d'action régionaux élaborés et mis en oeuvre</p>	<p>1.1 Plans d'actions régionaux</p>	<p>Contexte de décentralisat°</p>

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif I / Résultat 3 . Variable population mieux intégrée dans le processus de développement</p> <p>Lignes d'actions</p> <p>1. Renforcer le cadre d'exécution de l'intégration de la variable population dans la planification du développement en général et des plans sectoriels</p> <p>2. Renforcer les capacités techniques des ressources humaines nationales et régionales chargées de l'intégration</p> <p>3. Adapter et appliquer un modèle démo-économique et le diffuser</p> <p>4. Actualiser et diffuser le Guide Méthodologique d'intégration de la variable population dans la planification</p>	<p>1.1 Moyens humains renforcés et moyens logistiques acquis</p> <p>2.1 Plan de formation de l'équipe technique et du comité élaboré et mis en oeuvre</p> <p>2.2 Nbre de personnes formées et proportion de femmes</p> <p>3.1 Modèle adopté et appliqué</p> <p>4.1 Nombre de plans sectoriels intégrant la variable population.</p> <p>4.2 Supports de vulgarisation élaborés</p>	<p>1.1 Documents d'inventaire physique, procès-verbaux de recrutement</p> <p>2.1 Documents plans de formation</p> <p>3.1 Modèle démo-économique</p> <p>4.1 Guide méthodologique actualisé</p> <p>4.2 Plan de diffusion du modèle et du guide méthodologique</p>	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif I / Résultat 4 . Compétences en matière de mise en oeuvre des politiques de population renforcées</p> <p>Lignes d'actions</p> <p>1. Concevoir et réaliser un programme de formation en matière de population.</p> <p>2. Impliquer et appuyer davantage les institution de formations existantes.</p> <p>3. Rendre fonctionnel l'Institut de Formation et de Recherche en Population/Développement et Santé de la Reproduction (Université Cheikh Anté Diop de Dakar)</p> <p>4. Impliquer les ONG spécialisées dans la recherche/action et l'évaluation/expérimentation dans la mise en oeuvre de la politique de population</p>	<p>1.1 Nbre d'acteurs du programme formés et proportion de femmes en Population et Développement</p> <p>2.1 Nbre d'instituts de formation appuyés, protocoles d'accords élaborés et mis en oeuvre</p> <p>3.1 Textes et règlements appliqués</p> <p>3.2 Plan de formation élaborés et mis en oeuvre</p> <p>3.3 Nbre d'étudiants formés par niveau</p> <p>3.4 Nbre de stagiaires formés</p> <p>3.5 Nbre d'enseignants, de chercheurs et de vacataires recrutés</p> <p>3.6 Nbre d'heures d'enseignements dispensés</p> <p>3.7 Plan et programme de recherche élaborés et mis en oeuvre</p> <p>3.8 Equipements appropriés disponibles</p> <p>4.1 Nbre de recherche/actions réalisées</p> <p>4.2 Nbre d'évaluations menées</p> <p>4.3 Nbre d'expérimentations effectuées</p>	<p>1.1 Document de plan de formation</p> <p>2.1 Programmes de formation</p> <p>3.1 Rapports d'activités</p> <p>3.2 Rapports de stage</p> <p>3.3 Rapports d'évaluation</p> <p>3.4 Diplômes et attestations</p> <p>3.5 Diffusions et publications des résultats de la recherche</p> <p>3.6 Inventaire physique du matériel</p> <p>4.1 Rapport d'analyse de recherche</p> <p>4.2 Rapport d'évaluation</p> <p>4.3 Rapport d'évaluation</p>	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif I / Résultat 5 : Système de recherche, de collecte et d'utilisation des données amélioré</p> <p><u>Lignes d'actions</u></p>			
<p>Collecte</p> <p>1. Elaborer un programme national de collecte et d'analyse des données en matière de population.</p>	<p>1.1 Document de programme élaboré et exécuté</p>	<p>1.1 Document de programme national</p>	
<p>2. SIG : Renforcer les statistiques sanitaires</p>	<p>2.1 Nbre de données statistiques sanitaires faibles disponibles par trimestre au niveau national et régional</p>	<p>2.1 Rapports d'évaluation 2.2 Rapports annuels des statistiques sanitaires</p>	
<p><u>Etat Civil</u></p>			
<p>3. Renforcer le système d'état civil</p>	<p>3.1 Mesures institutionnelles et législatives mises en oeuvre</p>	<p>3.1 Rapports d'évaluation</p>	
<p>4. Analyser les données d'état-civil</p>	<p>4.1 Rapports d'analyse</p>	<p>4.1 Rapports d'analyse disponibles</p>	
<p><u>Cadre institutionnel</u></p>			
<p>5. Renforcer et opérationnaliser le cadre institutionnel au niveau national et régional</p>	<p>5.1 Nbre de réunions par trimestre des structures de coordination du niveau national et régional</p>	<p>5.1 Compte rendu de réunions</p>	
<p>6. Etablir les conditions de meilleure coordination des études et recherches</p>	<p>6.1 Nbre de réunions des structures de coordination/trimestre et nbre de textes adoptés</p>	<p>6.1 PV de réunions des structures de coordination</p>	
<p>7. Définir une stratégie de diffusion des résultats de recherche</p>	<p>7.1 Document de stratégie élaboré</p>	<p>7.1 Document disponible</p>	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif 2 / Résultat 1 : Rôle et statut des groupes cibles vulnérables rhiens pris en compte dans la mise en oeuvre de la politique de population, en particulier des femmes</p> <p>Lignes d'actions</p> <p>1. Définir et réaliser les conditions d'une bonne appropriation de l'approche Genre</p> <p>2. Valoriser le statut et le rôle de la femme dans la société</p>	<p>1.1 Cadre conceptuel et méthodologique et outils conçus et opérationnels</p> <p>1.2 Augmentation du nbre et catégories d'acteurs formés et sensibilisés</p> <p>1.3 Augmentation du nbre d'études et de recherches réalisées</p> <p>1.4 Augmentation du nbre de supports produits et diffusés</p> <p>1.5 Curricula modifiés</p> <p>2.1 Nbre de textes législatifs et régl. révisés</p> <p>2.2 Nbre de textes et de règlements adoptés</p> <p>2.3 Nbre de femmes formées dans les thèmes relatifs au droit de la femme en SR, EVF/EMP, en entrepreneuriat, en leadership négociation, en Genre, cadre institutionnel et politique, assainissement, hygiène; environnement, transformatio^o des ressources naturelles et alphabétisation</p> <p>2.4 Augmentation du nbre et catégorie d'acteurs formés, recyclés, sensibilisés</p> <p>2.5 Augmentation du nbre de voyages d'études/ d'échanges</p> <p>2.6 Augmentation du nbre de centres d'études, de conseil et d'assistance créés</p> <p>2.7 Augmentation du nbre et type d'accompagnement de type socio-économique</p> <p>2.8 Augmentation du nbre et type d'activités socio-sanitaires menées</p>	<p>1.1 Textes de lois, règlements, décrets arrêtés</p> <p>1.2 Rap. de format^o, d'activités, modules de format^o, rap. d'évaluat^o</p> <p>2.1 Plans de formation</p> <p>2.2 Rap. d'act., d'éval., de format^o, modules de format^o, TDR de missions</p>	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif 2 / Résultat 1 (suite)</p> <p>3. Mettre en place des mécanismes opérationnels de planification, d'exécution, de coordination, de suivi-évaluation de la composante Genre</p>	<p>3.1 Cadre de gest° et d'organisation installé et fonctionnel</p> <p>3.2 Nbre de réunions de coordination</p> <p>3.3 Nbre de partenaires dont les moyens d'intervention sont renforcés</p> <p>3.4 Nbre et types d'évaluation</p>	<p>3.1 PV réunions de coordination</p> <p>3.2 Document décrivant l'organisation et le fonctionnement de la structure (organigramme, cahiers de charges...)</p> <p>3.3 Rapports d'activités, budgets</p> <p>3.4 Rapports d'évaluation</p>	

Objectifs/Résultats/Lignes d'actions	Indicateurs objectivement vérifiables	Moyens de vérifications	Risques et suppositions
<p>Objectif 2 / Résultat 3 : EVF intégré dans les activités socio-éducatives, socio-culturelles, religieuses des jeunes, des femmes et des hommes</p> <p><u>Lignes d'actions</u></p> <p>1. Renforcer les capacités d'intervention des structures d'encadrement des jeunes et des femmes</p> <p>2. Etendre l'EVEF/EMP dans les activités des organisations socio-éducatives, culturelle et religieuse</p> <p>3. Renforcer la formation professionnelle au niveau des organisations socio-éducatives, religieuse et culturelle</p> <p>4. Mettre en oeuvre au profit des jeunes en situation difficile un programme intégré d'EVEF/EMP, de formation professionnelle et d'activités génératrices de revenu</p> <p>5. Assurer le suivi-évaluation des activités au niveau des organisations socio-éducatives culturelle et religieuse</p>	<p>1.1 Capacités d'intervention renforcées</p> <p>1.2 Nbre de personnes formées</p> <p>2.1 Nbre d'associations d'organisation socio-culturelles impliquées dans la mise en oeuvre des activités</p> <p>3.1 Nbre de personnes formées</p> <p>4.1 Nbre de jeunes bénéficiaires de ces programmes intégrés</p> <p>5.1 Nbre de missions de suivi effectuées</p>	<p>1.1 Plan de formation</p> <p>2.1 Rapports d'activités des associations culturelles et religieuses</p> <p>3.1 Plan de formation</p> <p>3.2 Rapport d'activités</p> <p>4.1 Rapports d'activités</p> <p>4.2 Plan de formation</p> <p>5.1 Rapport de mission et d'évaluation</p>	