



African Population and Health Research Center

The State of Education and Implications of SRHR on the Education of Adolescent Girls in Senegal



Final report

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Acronyms and Abbreviations

ACDEV	Association Communautaire pour le Développement/ Community Association for Development
AFD	Agence Française de Développement / French Development Agency
AMREF	Association pour la médecine et la recherche en Afrique / African Medical Research Foundation
ANSD	Agence Nationale de la Statistique et de la démographie / National Agency for Statistics and Demography
APHRC	Centre de Recherche sur la Population et la Santé en Afrique / African Population and Health Research Center
ASBEF	Association Sénégalaise pour le Bien-être familial/ Senegalese Association for Family Well-Being
ASC	Association Sportive et Culturelle / Sports and Cultural Association
BFEM	Brevet de Fin d'Études Moyennes/ Middle School Completion Certificate
CCA	Centres Conseils pour Adolescents/ Advice Centres for Adolescents

CCIEF	Cadre de Coordination des Interventions sur l'Éducation des Filles / Coordination Framework of Girls' Education Interventions
CDFP	Centres Départementaux de Formation Professionnelle/ Departmental Vocational Training Centres
CETF	Centres d'Enseignement Technique Féminin/ Women's Technical Education Centres
CIPD	Conférence Internationale sur la Population et le Développement / International Conference on Population and Development
CFA	Centre de Formation Artisanale/ Craft Training Centre
CFP	Centres de Formation Professionnelle/ Professional Training Centres
CI	Cours d'Initiation/ Introductory course
CP	Cours Préparatoire / Preparatory course
CE1	Cours Elémentaires première année/ Elementary Courses First Year
CE2	Cours Elémentaires deuxième année/ Elementary Courses Second Year
CM1	Cours Moyens première année/ Average courses first year
CM2	Cours Moyens deuxième année/ Average courses second year
CNEPSCOFI	Comité National des Enseignantes pour la Promotion de la Scolarisation des Filles/ National Committee of Women Teachers for the Promotion of Girls' Education
CNLS	Comité National de Lutte contre le SIDA/ National AIDS Control Committee
CPAR	Centres de Perfectionnement des Artisans Ruraux/ Rural Artisan Development Centres
CRFP	Centres Régionaux de Formation Professionnelle/ Regional vocational training centres
DCMS	Division du Contrôle Médical Scolaire/ Division of School Medical Control
DEMSG	Direction de l'Enseignement Moyen et Secondaire Général/ Directorate of Middle and General Secondary Education
DPP	Déclaration de Politique de Population / Population Policy Declaration
DPRE	Direction de la Planification et de la Réforme de l'Éducation / Directorate of Education Planning and Reform
DSRAJ	Division Santé de la Reproduction des Adolescent(e)s et jeunes/ Adolescent

and Youth Reproductive Health Division

EBJA	Éducation de Base des Jeunes et des Adultes/ Basic education for youth and adults
EDS	Enquête Démographique et de Santé/ Demographic and Health Survey
EPT	Éducation Pour Tous/ Education for All
EPU	Enseignement Primaire Universel/ Universal Primary Education
ESF	Enquête Sénégalaise sur la Fécondité/ Senegale Fertility Survey
EVF	Éducation à la Vie Familiale / Family Life Education
FAWE	Forum des éducatrices africaines / Forum for African Women Educationalists
FEMSA	Projet d'Éducation des Filles en Mathématiques / Female Education in Mathematics and Science in Africa
FEMP	Foyers d'enseignement moyen pratique/ Homes of practical medium education
GEEP	Groupe pour l'Etude et l'Enseignement de la Population / Group for the Study and Education of the Population
GIE	Groupement d'Intérêt Economique / Economic Interest Group
IADS	Indice Africain de Développement Social / African Social Development Index
IDH	Indice de Développement Humain / Human Development Index
ICH	Indice du Capital Humain / Human Capital Index
IEC/CCC	Information Éducation Communication / Communication pour le Changement de Comportement/ Information Education Communication/ Behavior Change Communication
IST	Infections Sexuellement Transmissibles / Sexually Transmitted Infections
JED	Jeunesse et Développement/ Youth and Development
LEA	Leaders Elèves animateurs/ Student Leaders Animators
MEN	Ministère de l'Éducation Nationale / Ministry of National Education
MGF	Mutilations Génitales Féminines / Female Genital Mutilation
OCB	Organisation Communautaire de Base/ Community Based Organization
OMD	Objectifs du Millénaire pour le Développement / Millennium Development Goals
OMS	Organisation Mondiale de la Santé/ World Health Organization

ONG	Organisation Non Gouvernementale / Non-Governmental Organization
PAEF	Programme d'Appui à l'Education des Filles/ Girls' Education Support Programme
PAS	Plan d'Ajustement Structurel / Structural Adjustment Program
PAQUET	Programme d'Amélioration de la Qualité, de l'Équité et de la Transparence du secteur de l'Éducation / Program for the Improvement of Quality, Equity and Transparency in the Education Sector
PADES	Programme de développement de l'éducation au Sénégal / Support Program for the Development of Education in Senegal
PDEF	Programme Décennal de développement de l'Education et de la Formation / Ten-Year Program for Education and Training
PDIS	Programme Intégré de Développement de la Santé / Integrated Health Development Program
PDRH	Politique de Développement des Ressources Humaines / Human Resources Development Policy
PNDSS	Programme National de Développement Sanitaire et Social/ National Health and Social Development Programme
PPJ	Projet Promotion des jeunes/ Youth Promotion Project
PSE	Plan Sénégal Emergent / Emerging Senegal Plan
RAES	Réseau Africain d'Éducation à la Santé / African Health Education Network
RGPHAE	Recensement Général de la Population et de l'Habitat, de l'Agriculture et de l'Élevage/ General Census of Population and Housing, Agriculture and Livestock/
RNSE	Rapport National sur la Situation de l'Éducation/ National Report on the Situation of Education
SCOFI	Scolarisation des filles/ Girls' schooling
SNEEG	Stratégie Nationale pour l'Équité et l'Égalité de Genre / National Strategy for Equity and Gender Equality
SIDA	Syndrome d'Immunodéficience Acquise / Acquired Immuno-deficiency Syndrome
SR	Santé de la Reproduction/ Reproductive health

SRAJ	Santé de la reproduction des adolescent (e) et des jeunes/ Adolescent and Youth reproductive health
SRD	Santé reproductive et des droits/ Reproductive health and rights
SRDA	Santé reproductive et droits des adolescent (e) s/ Youth reproductive health and rights
SVT	Sciences de la Vie et de la Terre/ Life and Earth Sciences
TBS	Taux Brut de Scolarisation/ Gross Enrolment Rate
TIC	Technologies de l'Information et de la Communication / Information and Communication Technology
UEMOA	Union Economique et Monétaire Ouest Africaine / Economic and Monetary Union of West Africa
UNAIDS	Programme de l'organisation des Nations Unies pour lutter contre la pandémie du VIH/sida / United Nations Programme on HIV and AIDS
UNESCO	Organisation des Nations Unies pour l'Éducation, la Science et la Culture / United Nations Educational, Scientific and Cultural Organisation
UNICEF	Fonds des Nations unies pour l'Enfance / United Nations Children's Fund
UNFPA	Fonds des Nations unies pour la Population / United Nations Population Fund
VBG	Violences Basées sur le Genre / Gender Based Violence
VIH	Virus d'Immunodéficience Humaine / Human Immunodeficiency Virus

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EXECUTIVE SUMMARY

The purpose of this scoping review is to report on the state of girls' education and the reproductive health and rights of adolescents in Senegal. Research shows that adolescents are a large population and they are exposed to vulnerabilities because of their youth. According to the latest population census (ANSD, 2014), adolescents aged 10-19 and young adults aged 20-24 represent 22.5% and 9% respectively, of Senegal's general population.

The African Population and Health Research Center (APHRC) mobilized its partners to work on the scoping review to better understand the environment for adolescent girls for the development of quality human capital. The review aims to establish the state of education and sexual reproductive and health rights (SRHR) for adolescent girls in Senegal. In particular, the review seeks to analyze the specificities of adolescents by making a conceptual delineation, taking stock of the scientific knowledge for this target group, analyzing the evolution of policies regarding girls' education, reproductive health and adolescent rights by mapping interventions geographically, thematically and by proposed priority actions.

Conceptually, the state categorizes adolescents within two stages: the first stage (10 to 14 years) corresponds with the onset of puberty when their social and intellectual skills develop; the second stage (15- 19 years old) is that of adolescent identity formation.

With regard to **education**, the reference remains the law N° 91-22 of January 30, 1991 for orientation of the National Education in Senegal which defines it as the preparation of the conditions for sustainable development. Over the last two decades, the government has committed to the reformulation of the education policy through the implementation of the "Ten-Year Program for Education and Training" (PDEF) and the "Program for the Improvement of Quality, Equity and Transparency in the Education Sector" (PAQUET). Girls' education aims to provide them equal opportunities for their education as boys.

Regarding **reproductive health and adolescents' rights**, these are defined by the Ministry of Health according to a holistic and multi-sectoral vision which articulates the monitoring,

management of the teenager, access to health care, sex education and protection against different risks (abuse, sexual exploitation, cybercrime). Relational and psychological aspects to counter other vulnerabilities including HIV, genital mutilation, malnutrition, narcotics, smoking, accidents or injuries, use of psychoactive substances are part of this holistic, multisectoral vision.

More than 100 documents have been analyzed, 60% of which are research papers (scientific articles, study reports, dissertations and theses), an estimated 17% are policy documents, and 23% are brochures. The focus is on research, policy coherence, communication, dissemination and capacity building of actors and adolescents. Dedicated institutions for the study of adolescence were also analyzed to determine the content structure by variable, specify their strengths and possible limitations.

The study findings show that with regard to the status of girls' education in Senegal, school attendance and retention are compulsory for all children of both sexes from 6 to 16 years. Access to basic education has improved remarkably with a gross enrollment ratio (GER) parity index, which has risen from 1.10 in 2011 to 1.15 in 2018 in favor of girls (DPRE, 2019; 2017). However, disparities persist in particular school districts in the Kaffrine and Diourbel regions, which have experienced the highest rates of enrollment refusals. In 2018, the completion rate for the elementary level has increased everywhere in favor of girls with a parity index of 1.22 (with the exception of the Kedougou and Sédhiou regions). Notably, the dropout rate in CM2 remains high at 24.5% for girls and 21.6% for boys.

For middle school education, 2018 enrollment figures show that girls represent the majority at 52.8%, a trend that has been observed since 2008 with an increase of 8.1% over the last ten years. The lowest proportions are observed in the regions of Sédhiou, Ziguinchor, Fatick, Kaolack and Louga. In Senegal, repetition (21.8%) and dropout (20.4%) rates are still high in the third grade and significantly exceed national rates. The average completion rate (36.2 %) in 2018 remains higher for girls (39.4%) than for boys (33.1%).

Regarding secondary education, from 2008 to 2018, the overall GER increased from 16% to 33.8% while girls experienced a rise from 13.3 to 34.6%. In 2018, girls and boys had the same

completion rate. The regions with lower GER and completion rates are Kaffrine, Diourbel and Kédougou. The levels of repetition in the final year (31.3% for girls; 29.5% for boys) and dropout rates (21%) are high.

In technical and vocational education, girls are enrolled in higher numbers with 54.12% in technical education and 54.41% in vocational training. Literacy programs are targeted more towards adults. In all the cycles, strong regional disparities are observed, demonstrating the need for targeted interventions for girls' education in low-performing regions.

In the field of reproductive health and adolescents' rights, figures show that adolescent girls represent 22% of all women of reproductive age and account for almost 10% of the total fertility rate of Senegalese women. In 2019, 1,321 cases of teenage pregnancies among girls (12-19 years) were recorded by the Population and Education Study Group (GEEP) in 439 middle and high schools, shedding light on the vulnerability of girls in schools. 78% of pregnancies occurred among girls aged 12-18 years, with a quarter occurring before the age of 15 years. 73.6% of pregnancies occurred in middle school, which is to say between the 6th and the 3rd grades, compared to 26.34% in secondary school (grades 11-13). This situation is observed in all regions. More than half of pregnancies occurred outside marriage.

More generally in Senegal, 16% of women aged 15-19 have started their reproductive life with 13% having already experienced a live birth and 4% pregnant with their first child (EDS, 2017). The sex life for girls starts slightly earlier than that for boys. Indeed, among adolescents aged 15-19 years, 6.1% of girls have sexual intercourse before the age of 15 compared to 4.5% of boys. In this age group, 6% of girls are in a union before they reach the age of 15 years.

Daughters of uneducated mothers are the most exposed to female genital mutilation. Among girls who had experienced female genital mutilation, 16% of them had mothers with no education while 6% had mothers who had attained a middle/high school level of education or higher. Similarly, excision was prevalent at 4% among very poor households compared to 2.6% among the wealthiest households.

In 2017, 20% of women aged 15 to 49 used a contraceptive method, with 19% among them using a modern method. Contraceptive prevalence is at 28% among women in a union and 56% among women who are not in a union and are sexually active.

The prevalence of HIV/AIDS remains low among adolescents. In Senegal, according to data from the 2017 DHS, the prevalence of HIV/AIDS in the 15-49 age group is 0.4% for men and 0.5% for women (ANSD, 2018b). The overall prevalence in this age group has decreased from 0.7% in 2010 to 0.5% in 2017. Among adolescents, the prevalence of HIV/AIDS is almost zero in the 15-19 age group (among both girls and boys), but it is 0.5% for girls and 0.2% for boys in the 20-24 age group (ANSD, 2018).

Turning to the analysis of girls' education policies, it is important to note that the West African tradition described by the Mande Charter of 1236 is based on equity and social justice. However, evangelism and then colonization introduced a rupture by confining girls' education to the reproductive role of future mothers, domestic management and occidental assimilation. The refusal of communities to include girls in school has its roots in this painful past. Furthermore, elitist schools prioritized the education of boys right from the beginning. It was not until 1938 that the government created the teacher training college in Rufisque while the boys' school was opened 35 years earlier in 1903. Girls' education has been characterized by slow progress. The first reforms to encourage the recruitment of girls into schools dates from 1930.

In 1981, a new path was outlined by the Estates General of Education and Education for All (Jomtien), Dakar 2000 and other conferences by UN institutions that sought to systematize girls' education and set goals towards achieving universal primary education as well as gender equality. Different national programs make girls' education a prime indicator of success. Multiple institutional measures seek to make girls' education sustainable. The new Education Development Program in Senegal (PADES 2019-2022) favors better gender management in the education sector.

On the analysis of reproductive health policies and adolescents' rights, it is important to point out that, originally, it was regarded as part of school health. Indeed, as early as 1942, a

decree established the general service of medical inspection of schools which had a preventive role. In 1988, the Population Declaration of Senegal (DPP) explicitly mentioned the health of adolescents. In 1990, the Cairo conference definitively established reproductive health in the policy environment. In 1998, WHO developed a comprehensive strategy for the Africa Region (1998-2007) on reproductive health by promoting adolescent health. In 1999, the Ministry of Health broke new ground by setting up an office called Adolescent Health in the Division of Reproductive Health. In 2000, the Ministry of Health developed the Integrated Health Development Program (PDIS), which tackled the health of young people and adolescents. The FRESH initiative is boosting effective school health. Senegal thus converges three main public policies around the health of young people and adolescents: the PDEF, which proposes to make health an input for education, the PDIS that makes the health of young people and adolescents a priority for their development, and the National Youth Policy which aspires to have healthy and educated young people who can be the driving force for economic and social development.

In 2005, the Ministry of Health adopted the adolescent health strategy, supported by UNFPA and WHO. In the same year, the law of reproductive health was adopted which prioritized the health of adolescents within the Ministry of Health. The current new policy (2018) provides a holistic and intersectoral framework.

The mapping of girls' education interventions showed that these are better distributed across regions. In fact, thanks to specific programs, girls' education interventions covered all regions (between 8.4% and 6.3%). Additionally, significant progress is noted in terms of access at the country level. However, if we look at the areas of programmatic focus, it appears that the interventions were concentrated on training and capacity building (40.7%); specific education for girls (33.3%); infrastructure and equipment (18.5%) and the development of training materials (7.4%). This uneven distribution points to the need for greater investment in priority areas where girls' education indicators are the lowest. Indeed, seven out of fourteen regions lag behind on several indicators. These are Diourbel, Kaffrine, Tambacounda, Matam, Kédougou, Sédhiou and Louga. The interventions may have met girls' education needs but they have not covered all their needs.

Further, action towards improved targeting of priority regions with low education indicators such as Diourbel, Kaffrine, Tambacounda, Matam, Kédougou, Sédhiou, Kolda and Louga should be strengthened. Greater investment in girls' reproductive health would help prevent the high number of school dropouts linked to early pregnancies. The improvement of teaching content and methods with regards to gender should be reinforced for the benefit of teachers. More investments should also be made in the improvement of equipment and provision of a quality environment for the well-being and safety of girls at school (e.g. functional and separate toilets for girls and boys, water, electricity, fences or walls to prevent the entry of reptiles, etc.).

The mapping of adolescent reproductive health interventions also shows uneven results, as observed in the area of girls' education. Interventions are concentrated in Dakar, the capital city, which accounts for nearly 11%, followed by Kolda (8.6%), Thiès (8.3%), Saint-Louis and Kaolack (7.6%), Tambacounda (7.3%), Sédhiou (7.1%), Kédougou (6.6%), Ziguinchor (6.3%), and Fatick (6.3%) and Diourbel (6.1%). The two regions with adolescent reproductive health intervention gaps are Matam and Kaffrine (5.6%). There is a positive correlation between regions with low completion rates for girls and those with deficits in reproductive health interventions.

Regarding the thematic mapping, Information, Education, Communication/ Behavior Change Communication (IEC/CCC) actions represent 26.8% while the essential aspects of adolescent reproductive health and development represent 21.4% of the actions. Interventions with less than 2% representation include right to dignity, care during adolescent pregnancy, parent-adolescent communication, adolescent sexual experience, sexual abuse and exploitation.

In this context, there is an urgent need to strengthen combined actions/interventions in girls' education and reproductive health to improve the well-being of adolescents. Similarly, interventions must be more targeted to regions with the poorest adolescent reproductive health indicators, both in terms of the number of interventions and in terms of thematic areas, in order to cover all needs. The promotion of various rights (information, access to care, opinions, confidentiality, etc.) and the struggle against violence and abuse must be

strengthened. Finally, the 10-14 age group must be considered in data collection and interventions for their sexual and reproductive health are needed. In addition, the use of technology must be strengthened in intervention strategies to disseminate information to adolescents.

INTRODUCTION

The African Population and Health Research Center (APHRC) initiated a research program to improve outcomes in girls' education and sexual and reproductive health and rights (SRHR) in Senegal. The objective of this program was to produce evidence on both topics to inform the implementation of appropriate policies and strategies for the wellbeing of adolescent girls.

This is all the more important as more than one in three people in sub-Saharan Africa is aged between 10 and 19 years old. More than 64% of the population under 24 years is to be found in West and Central Africa (FNUAP & GEEP, 2015). These regions also have a teen pregnancy rate that is more than twice the global average as more than one in ten girls aged 15-19 give birth (FNUAP & GEEP, 2018).

According to UNESCO¹, Senegal is one of the five countries with the lowest gross enrollment rate of girls (87.92%) and the level of knowledge about SRHR remains low among girls and

¹ Institut Statistique de l'UNESCO. <http://uis.unesco.org/fr/country/sn>

young women. The disparities between boys and girls in relation to school completion are often the result of, amongst other things, the phenomenon of early marriages and pregnancies.

Adolescent pregnancies, marriages and the multiple forms of violence that girls experience have a negative economic and social impact. As a result, there is a need for a better understanding on the specificities of this social category and the sexual health challenges that adolescent girls face. Investments must be made in the education and wellbeing of adolescent girls in order to benefit from the demographic dividend, which provides a window of opportunity.

However, it is important to note that adolescence is a relatively understudied area. There was a forty-year period of neglect, followed by a significant acceleration in the rate of knowledge production over the last two decades (Rodriguez-Tomé, Jackson, & Bariaud, 1997). In addition, it is recognized that the experiences in this period are highly dependent on the contexts in which adolescents live (Lesclingand, Pilon, Jacquemin, & Hertrich, 2017). Individually and collectively, adolescent girls constitute a heterogeneous group with multiple trajectories within dynamic processes of social change that differ by country contexts. This highlights the importance of this research which aims to provide a comprehensive scoping review organized along three main lines:

- The status of girls' education and the impact of SRHR on adolescent girls in Senegal;
- An environmental analysis of the policies surrounding girls' education and SRHR in the country;
- A characterization of the context in which political actors and organizations that work or have worked in the education and SRHR fields in Senegal have evolved.

This review covers scientific articles, guidance documents, legal documents as well as all relevant background documentation in the areas of education and SRHR for girls in Senegal. This activity should allow us to draw a clear picture of policies (past, current and planned) and programs to address girls' education and SRHR issues. In addition, this scoping review is

an opportunity to identify stakeholders and organizations as well as interventions or programs already implemented to improve girls' education and SRHR.

This scoping review will provide an update on the status of girls' education and their SRHR in addition to identifying the different obstacles to their well-being. The results of this report will deepen the debate with all stakeholders and implement targeted interventions on education and SRHR.

This review is structured along the following research questions:

- a) What is the status of education and SRHR among adolescent girls in Senegal?
- b) What are the previous and current policies around girls' education and SRHR in Senegal?
- c) Which political actors and organizations have worked on or are working on girls' education and SRHR issues in the country?

This scoping review is divided into three sections. The first section is composed of the chapters on the general context, the conceptual delimitation and the methodology. The second part brings together chapters on research findings including data analysis, synthesis of evidence as well as the state of knowledge on girls' education, reproductive health and adolescents' rights. Finally, a third part discusses the results in the chapters on policy analysis and mapping of interventions.

1. GENERAL CONTEXT

Located in the westernmost point of the African continent in the Sudano-Sahelian zone, the Senegalese territory covers an area of 196,722 km². It lies between 12 and 16 degrees North and 11 and 17 degrees West. It is bordered on the east by Mali, on the west by the Atlantic Ocean with a 700 km coastline, on the north by Mauritania and on the south by Guinea-Bissau and Guinea-Conakry. Within the country, the Gambia forms an enclave of 11,295 km² along the river of the same name. The country comprises six natural regions (the Senegal River Valley, the Silvopastoral zone, the Peanut Basin, the Niayes, Casamance and Eastern Senegal) and fourteen administrative regions. Senegal occupies a strategic geographical position in West Africa. With a broad coastline and an international airport, it is for many countries of the sub-region the gateway and exit for trade with the European and American markets.

Map 1: Senegal



Source: [United Nations Cartographic Section Senegal Map](#) (2010).

Senegal is a secular and democratic state with a population of 15.7 million in 2018, unevenly distributed over the country's territory. The population is concentrated in the west and center of the country while the east and north are sparsely populated. Although Senegal has 20 ethnic groups, over 90% of the population belongs to five dominant ethnic groups: Wolof (43%), Pulaar (24%), Seereer (15%), Joola (5%) and Mandingo (4%). The Senegalese population is predominantly Muslim (94%). Christians represent 4% and other religions 2% (Plan Sénégal Émergent: plan d'actions prioritaires, 2019-2023)².

In recent years, Senegal has made steady progress in the fight against poverty and inequality. Between 2001 and 2011, the poverty rate fell by 8.5 percentage points to 46.7%. Despite this decline in the incidence of poverty, the number of poor people continued to increase during the slowdown in growth between 2006 and 2014. In 2017, the incidence of poverty was estimated at 34.2% (World Bank, 2020). This figure, although lower than the sub-Saharan average, remains above the average of 15.9% for lower middle-income economies³. It should also be noted that multidimensional poverty⁴ remains important in the country and affects 52% of the population (MEPC⁵, 2018).

The Human Development Index (HDI) has improved slightly from 0.49 in 2014 to 0.51 in 2017. With regard to the Human Capital Index (HCI)⁶, this stands at 0.42 in 2017 compared to 0.41 in 2012. This means that the expected productivity of the future worker born today is only 42% of what it would be if they had received a complete education and had access to good health. This performance is higher than the WAEMU⁷ average as well as that of sub-Saharan African countries, even if it remains below the world average.

Senegal remains among the most egalitarian countries in sub-Saharan Africa in terms of per capita consumption levels. Following the fresh momentum triggered by the Emerging

² To be part of the emergence trajectory towards 2035, Senegal has adopted the Emerging Senegal Plan since 2014, which constitutes the reference framework for its economic and social policy.

³ Banque mondiale. <https://data.worldbank.org/indicator/SI.POV.DDAY?view=chart>

⁴ Multidimensional poverty evaluates the level of access to basic social services.

⁵ Ministère de l'Économie des Finances et du Plan

⁶ The Human Capital Index developed by the World Bank measures the state of health of children, adolescents and adults, as well as the quality and duration of education that a child born today can benefit of by the time he turns 18. The index focuses on three main elements: survival, education and health.

⁷ West African Economic and Monetary Union.

Senegal Plan (PSE), income inequality has declined, as evidenced by the GINI index⁸, which dropped from 39.6 in 2014 to 36 in 2018⁹, a relatively low rate compared to other countries in the sub-region. In addition, inclusion improved during the first phase of the PSE. Indeed, the African Social Development Index¹⁰ improved from 2.85 in 2013 to 2.06 in 2018. This improvement in the level of inclusion is linked, in part, to the social protection programs that the government has adopted to increase vulnerable groups' access to basic social services and employment opportunities in a fair and sustainable manner.

The fertility rate is still high, although declining (4.7 children per woman on average in 2014) while the mortality rate has decreased to a lesser extent (Plan Sénégal Émergent: plan d'actions prioritaires, 2019-2023). The demographic dependency rate¹¹, estimated at 83.7%, reflects on one hand the demographic opportunities opened up in Senegal for a few decades, and on the other hand, the challenges of harnessing the demographic dividend.

These trends, perceived as challenges for economic development, can translate into meaningful opportunities to develop quality human resources, subject to a controlled decline in fertility over the medium and long term as well as the implementation of institutional and investment reforms for adolescents and young people in health and education.

In Senegal, teenagers aged 10-19 and young adults aged 20-24¹² represent 22.5% and 9% respectively of the general population (ANSD, 2014). This demographic context is linked to the origin of a significant increase in basic social needs in education and health.

⁸ The GINI coefficient, a statistical measure that reflects the distribution of a variable such as salary, income and wealth within a population.

⁹ Simulation of the T21-isdg model Senegal.

¹⁰ This index was developed by the Economic Commission of Africa, with the ambition to help country members evaluate the progress made with regard to the reduction of human exclusion (ECA, 2016).

¹¹ This rate is defined by youth under 15 years and adults aged 64+, compared to the population of working age (15-64 years).

¹² WHO defines youth as individuals aged 10-24, including adolescents aged 10-19 and young adults aged 20-24.

2. CONCEPTUAL DELIMITATION

The first step in the study is the conceptual delineation in order to identify the principal entry points. To this end, the terms of reference referred to the state of girls' education and the impact of sexual and reproductive health and rights (SRHR) on adolescent girls aged 10-19. This analysis is therefore focused on several concepts: adolescence, education, reproductive health and adolescent rights.

2.1. *The adolescence period*

According to the World Health Organization (WHO), a teenager is any individual whose age is between 10 and 19 years. The "adolescent" category overlaps with the youth category (15-24 years old) even though the "youth population" has been known to include individuals aged 10 to 24 years old. The current trend moves past debates on delineation of this category to better take into account the diversity of the contexts that adolescents belong to (Steinberg & Morris, 2001). This category is socially and culturally determined, in other words the definition of adolescence is dependent on how society works.

In African societies, the transition from childhood to adulthood was accompanied, or still accompanied, by rites of passage which marked the moment from which the person would have to assume independence as well as the responsibilities, expectations and privileges associated with adulthood (Ajuwon et al., 2001; Amuyunzu-Nyamongo et al., 2005). The period of adolescence is as a crucial moment of transition in which the individual undergoes profound physical, biological, psychological and social changes. Adolescents are confronted with advances in self-knowledge, renegotiation of forms of relationships with others, and an intensification of gender identity (Rodriguez-Tomé, Jackson, & Bariaud, 1997). This demographic cohort has long been considered a healthy population and is therefore often neglected by public health policies.

According to the Strategic Plan for Adolescent/Youth Sexual and Reproductive Health in Senegal 2014-2018, two stages of adolescence are usually identified:

- The first stage of adolescence extends from 10 to 14 years and marks the beginning of puberty. Boys and girls in this age group called "very young adolescents" see their social and intellectual skills grow. There is a general lack of data on this category, which is surprising as this group forms a large proportion of the adolescent and youth category. For example, peer education programs and youth centers tend to attract older youth and rarely aim to meet the specific needs of very young adolescents. There is very little available information on attitudes and behaviors as well as risk and protective factors for very young adolescents.
- The second stage of adolescence corresponds to the 15-19 age group. These adolescents are in a stage where they are able to affirm their own identity, make choices and decisions. In this category, girls are more exposed to risky behaviors and face health problems including reproductive health issues. The physical transformations of puberty increase the risk of undermining their basic rights in reproductive health. Complications from early pregnancy are one of the leading causes of death among young women around the world (Woog et al., 2015). In Senegal, the onset of sexual activity at a young age and the rates of early pregnancy are high.

For this study, given the importance of the challenges faced by adolescent girls of all ages, the focus will be on the work on adolescent girls aged 10-19 years in Senegal.

2.2. *Regarding education*

Education is defined in line with the Law n° 91-22 of January 30, 1991 on orientation of the Senegal's national education with vocational paths to prepare the citizens for meaningful development. National education contributes to the development of the capacity to transform the environment and society, thereby helping everyone to develop their potential. It is regarded as the means to develop the physical, moral and intellectual faculties of the human being. Indeed, it is essential to raise awareness about values, attitudes and skills. It helps strengthen the respect for human rights and fundamental freedoms. The education system is oriented towards the promotion of freedom and pluralist democracy as well as respect for human rights. It focuses on training men and women to be capable of working effectively for the country's development. Moreover, it is designed to make men and

women dedicated to the common good, respect the laws and rules of social life and works to improve their sense of justice, equity and mutual respect.

To educate is to learn to know, to do, to live together and to be - this is why education is essential to improving the quality of life. It is one of the means by which any individual (man and woman) can acquire knowledge, expertise, and ability to live in a community (MEN, 2011). The national education is Senegalese and African that is: it advances the teaching of national languages and provides opportunities for youth to maintain a living connection with their culture and to root them in their history. It develops young people who are conscious and aware of their identity.

These principles are reaffirmed in the General Policy Letter for the Education and Training Sector of November 2018. Indeed, the approach advocates *"a system of education and training pacified and stable, diversified and integrated to include in equal measure each and every one, motivating and of quality for the success of all, relevant and effective as a tool for developing the skills necessary for the emergence of a prosperous and united Senegal"*.

Respect for fundamental human rights and freedoms, social justice and human-centered development, gender equality and empowerment of girls and women, social protection and health for all, the spirit of tolerance and peace, are all explicitly mentioned in the missions assigned to the Letter of General Policy (République du Sénégal, 2018). The vision for education in Senegal is universal, open and inclusive. Various forms of formal and non-formal education are recognized as well as the principle of equity between men and women, which is developed in depth.

In this context, the education of girls is a principal concern for the Ministry of Education. Since 1995, the Senegalese Government, development partners, NGOs and associations have carried out various interventions to improve girls' access to school¹³.

2.3. Regarding reproductive health

¹³ Formal education includes pre-school education, elementary education, middle school, high school, technical education and vocational training, and higher education.

The reproductive health of adolescents has been integrated for the first time in Senegal into the strategies of the Population Policy Declaration adopted (DPP) in 1988. It makes reference to the Cairo Conference (ICPD, 1994), which defines reproductive health as “a state of complete physical, mental, and social well-being, and does not consist merely of an absence of disease or infirmity, with regard to the genital apparatus, its functions, and its functioning”. Since the Cairo Conference in 1994, the attention of public authorities has focused on the specific needs of adolescents in reproductive health. However, despite significant efforts, the results of the ICPD Program of Action showed that many of the needs of adolescents/young people are yet to be covered.

It is in this context that Senegal is engaged in the development and implementation of programs that ensure the health and wellbeing of adolescents/youth, with the support of development partners and the definition of a national strategy for adolescent/youth health. It draws heavily on the World Health Organization's African Region Strategy adopted in August 2001, and the results of the operational research on the Improvement of Reproductive Health of Adolescents/Youth in Senegal (Dieng et al., 2004).

The 2005 National Strategy for Adolescent/Youth Health is the culmination of a multi-stakeholder process that involved ministries, youth, development partners and NGOs., It provides a reference framework for all stakeholders. Three major objectives have been set out, namely: improving the access of adolescents/young people to services adapted to their needs; helping adolescents/youth to behave responsibly and make appropriate decisions; and finally, creating a social, legislative and regulatory environment conducive to the promotion of health among adolescents/young people in general, and reproductive health in particular.

Despite the numerous interventions resulting from this strategy, it became clear that access to and use of health services remained low. Thus, an update of the strategy was carried out in the form of a Strategic Plan for Sexual Health and Reproduction of Young People 2014-2018, which integrated rights related to security, privacy, confidentiality, comfort and opinion. This strategic plan is broken down into various components including early and/or unwanted pregnancies, fertility, knowledge and use of contraceptive methods, use of

condoms during intercourse, unsafe abortions, infanticide, sexually transmitted infections, HIV infection, mental health, substance use, malaise, suicide and delinquency. It also deals with all forms of violence and sexual coercion. Physical and emotional wellbeing is an essential component as well. These provisions are in accordance with the quality standards laid down by the Adolescent/Youth Health Services Standards.

This definition is geared, on the one hand, towards protection and prevention strategies against different forms of vulnerability and, on the other hand, the creation of an environment conducive to the adolescents' development. Today, this issue remains central because marriage, sexuality and procreation start at an early age in Senegal. The 2015 Demographic and Health Survey (DHS) reported that 10% of women surveyed were married before the age of 15. Nearly half of the women aged 15 to 19 years have started their reproductive life. However, sexual behaviors are not limited to young married women as 28.1% of unmarried 15-19 year olds are sexually active.

Despite the high rates of sexual activity and pregnancy at an early age, contraceptive use among young people in Senegal remains low. Unmet need for contraceptives is 80% among married women aged 15 to 19 years (EDS, 2015). High rates of early sexuality and low use of contraceptive methods show the relevance of ensuring the accessibility of reproductive health services for adolescent girls.

3. METHODOLOGY

The methodology includes elements on the organization of teamwork, the search for references, the criteria for inclusion and exclusion of bibliographic resources and the synthesis of exchanges with resource persons.

3.1. The teamwork

An interdisciplinary approach in the form of a double quantitative and qualitative method was employed for this scoping review. Five researchers in social sciences and quantitative methods worked from July to October 2019 to carry out joint analyses and systematize the results. Sociologists developed the literature search, conducted analysis of existing data on girls' education, adolescent reproductive health as well as policy analysis and mapping of actors. This team also made contacts with key actors. Demographers and economists supported database analysis and provided control over quantitative data sources.

3.2. Reference research

A multi-pronged strategy was used to collect data for this scoping review. First, scientific publications and gray literature on girls' education and adolescent reproductive health (studies, reports, administrative documents, etc.) were identified by conducting a systematic analysis of key grey and academic literature sources, including: Cairn Info, African Index, Pubmed, Perseus, Online Memory and Google Scholar. In addition, the websites of relevant United Nations agencies, NGOs and international development partners were included in the search. Additional documents were found through meetings with national partners, consulting research centers and obtaining relevant policy documents from the Senegalese government's websites. The main terms searched were: "adolescent girls", "girls' education", "reproductive health and adolescent rights", "sexual health", "primary", "middle" and "secondary".

The decentralized nature of information sources and the lack of systematic documentation for the different programs and interventions of actors in both areas called for a flexible and inclusive methodology to adequately capture the state of knowledge and practices in the targeted areas. As a result, the scoping review covered a wide range of resources: technical reports, scientific papers, guidance documents, legal documents, and documentation of evidence-based actions or evidence in the areas of girls' education and SRHR, fact sheets, blogs, press forums and websites.

This phase of documentary collection enabled us to identify 187 resources. Their titles and abstracts were reviewed to assess the relevance, quality and credibility of the data, as well as to ensure they fell within the period of interest (1990 to 2019).

3.3. The criteria for inclusion and exclusion of documentary resources

The following inclusion criteria were retained:

- Subject-based research, program evaluations conducted in Senegal, or secondary data analysis published in a peer-reviewed journal;
- Official and institutional documents: policy documents prepared by ministries and other state structures in Senegal, reports on girls' education, adolescent reproductive health;
- Evaluations or research by NGOs/associations, projects/programs and development partners between 1990 and 2019;
- Dissemination materials including policy briefs, training modules, movies, information leaflets, press articles and material on social media, blogs, etc.
- Languages of publication: availability of full text in English or French.
- Period of publication: between 1990 and 2019

After application of the inclusion criteria, 121 references were selected and the others were removed from the list.

The exclusion criteria were as follows:

- Concerns about the reliability of the information (incomplete data, sources of unidentified data, inconsistent analyses);
- Age of resources (before 1990);
- The publication of the same resource in different versions or formats (e.g. Microsoft Word or Powerpoint).

3.4. Interviews with key informants

The second element of the data collection strategy was to reach out to key informants from the Ministry of Education, Ministry of Health, program partners, NGOs and associations working on girls' education as well as health and reproductive rights of adolescent girls in Senegal. This activity, which completed the first phase, aimed to collect information from actors and interventions carried out in the field. It was important to document these experiences and record the lessons learned and best practices. This phase of data collection consisted of visits or telephone interviews. Table 1 presents a summary of the contributions from these exchanges with the key stakeholders.

Table 1: Synthesis of interviews with key informants

ORGANIZATION	INFORMATION RECEIVED
Shops Plus Senegal financed by USAID	The availability and demand of adolescent reproductive health products through social marketing. Access and availability of private sector products and services and quality services for adolescent reproductive health. Maternal, neonatal, child and adolescent health.
Action et Développement (ACDEV), Senegalese NGO working on community health	Presentation of private services in the areas of healthcare, nutrition and STD/AIDS for adolescents using a participatory approach.
The Group for the Study and Teaching of Population (GEEP), NGO within the Faculty	Documentation on reproductive health studies. Gaps in access to information and adolescent

<p>of Education of UCAD</p>	<p>health care.</p> <p>Stimulating the demand for reproductive health information and services in schools.</p> <p>Data on school pregnancies.</p> <p>Reproductive health in educational programs.</p> <p>The evolution of policies and actors involved in reproductive health in Senegal.</p>
<p>The Girls' Education Intervention Coordination Framework (CCIEF)</p>	<p>Documentation on girls' education.</p> <p>Elements of mapping interventions in girls' education.</p>
<p>The Forum of African Women Educationalists (FAWE)</p>	<p>Documentation on girls' education and adolescent reproductive health.</p> <p>Initiatives for maintaining and helping girls to succeed in school.</p> <p>Elements of mapping actors in girls' education and gaps in the interventions.</p>
<p>The Agency for the Development of Social Marketing (ADEMAS)</p>	<p>Initiatives on communication and awareness as well as strategies on adolescent reproductive health.</p>
<p>UNAIDS</p>	<p>Documentation and statistics on HIV in adolescents.</p>
<p>Jeunesse et Développement (JED), Senegalese NGO working on the Scout Method</p>	<p>Orientation on the elements in mapping of actors involved in the fight against gender-based violence, promotion of menstrual hygiene and reproductive health services for adolescents.</p>

<p>Right-Health Alliance. Initiated in 2013 by the French NGO Équilibres & Populations</p>	<p>Mobilization experiences:</p> <ul style="list-style-type: none"> - Social mobilization on the demographic transition - Political mobilization with decision-makers on the demographic dividend in Africa
<p>Adolescent Reproductive Health Division/ Youth, Maternal and Child Health Directorate, Ministry of Health and Social Welfare.</p>	<p>Elements of analysis on the evolution of SRHR policies</p> <ul style="list-style-type: none"> - Document that mapped relevant actors in 2015.

Once available resources were identified and gathered (internet, key informants, libraries and other sources, institutional actors, practitioners, etc.) they were then classified according to the theme and nature of the document. The typology included:

- studies and activity reports of programs/projects;
- scientific articles;
- books, audiovisual aids;
- dissemination documents (policy briefs, blogs, spots, videos, among others);
- press articles.

Each reference was selected because of its relevance in terms of providing information on the themes of girls' education and the SRHR of adolescent girls. One of the ways that information was extracted was in the form of a grid. The extracted information included:

- title and date of production/publication of the document, the authors;
- summary of the main results and keywords;
- language of publication and geographical area covered;
- key results.

The methodology thus presented is essentially organized according to the approach of a documentary synthesis whose results are presented in Section 4.

4. RESEARCH RESULTS

This section consists of the following chapters: the database analysis; the status of girls' education, reproductive health and adolescents' rights and the synthesis of evidence.

4.1. Database analysis

The databases and/or reports produced by major stakeholders in the study areas (ANSD, Macro Int., UNICEF, UNFPA, WHO, Save the Children, etc.) were analyzed in order to determine the characteristics of the variables collected. This includes the identification of the structure of the contents of these databases in terms of variables, as well as their strengths and their possible limitations. Special attention was paid to the age group of adolescent girls as well as how up-to-date the data were. Data quality reports of the different databases were also used where these were available.

4.1.1. Education databases

a. MEN's Statistical Yearbook

The Statistical Yearbook of the Ministry of National Education (MEN) presents detailed data on the Senegalese education system. The data, according to the main school levels (elementary and secondary for teenage girls) are presented by region (Academy Inspections) and by area of residence (urban, rural). The 2007 edition includes relatively long series from 2006 to 2016, and occasionally from 2005 to 2016.

The yearbook includes the following variables:

- The evolution of enrollment in elementary education by sex;
- The evolution of enrollment in middle education by sex;
- The evolution of enrollment in secondary education by sex;
- The evolution of enrollments according to the type of institution attended, by sex and age.

The yearbook data have the advantage of making the distinction between boys and girls when relevant. This makes it possible to grasp the differences between the two groups. Yearbook and school census do not present missing data.

However, if the data published by the MEN in the directory has the advantage of a rather broad spatio-temporal coverage, the difficulty (or impossibility) in accessing the primary data greatly limits their utility for research purposes. It seems that the document is mainly produced to allow the actors to follow up their routine interventions based on the basic indicators. Nevertheless, we found variables on the education system (availability of teaching materials, main language of teaching, number and nature of infrastructures and equipment, number and profile of teachers, local governance structures etc.) in the yearbook that enabled various analyses at the national and regional level.

Furthermore, the data are collected at the school level (no individual data) and the yearbook only includes Academy Inspectorates, while a disaggregation of data at the level of the Education and Training Inspectorates would make it easier to take into account the diversity of different contexts. The document is produced annually but the time of publication remains a challenge. The link with the state of health is materialized in a special section called "Health and hygiene in schools". In addition to the availability of health facilities in school areas, other information is available such as the existence of a pharmacy and the number of medical visits.

b. National Report on the State of Education

This is produced by the Directorate of Planning and Education Reform (DPRE) in the Ministry of National Education. The National Report on the State of Education (RNSE) presents a detailed descriptive analysis of the education system. Produced annually since 2013, the latest version is dated July 2019 and covers the data for the 2018 school year. In fact, the RNSE uses the same data as the MEN Statistical Yearbook (from the school census) and links them with sociodemographic variables derived from the population census or demographic projections produced by the national statistical agency. It also includes descriptive comments and serves as a "dashboard" for the monitoring of the Program for the Improvement of Quality, Equity and Transparency in the Education Sector (PAQUET).

The data that the RNSE presents, most of which were used to illustrate the remarks of the first chapter of this study, are organized according to the three levels of education corresponding to the 10-19 age group, and are structured as follows:

- Potential demand (number of school-age population) by sex and region;
- Number of new students enrolled in the first year (for example in the Initiation Course in elementary school), by sex, region and school type (public/private);
- Gross Admission Rate in first grade by sex and region;
- Enrollment of pupils by gender and region;
- Proportion of students with disabilities by sex and region;
- Gross Enrollment Rate by sex and region; rate of promotion by sex and region (rate of advancement to higher class);
- Repetition rate by sex and region;
- Drop-out rate by sex and region which occurred in the last year;
- Flow rate (promotion, repetition and dropout) by sex and level of study in n-1;
- Survival rate by sex in n-1;
- Completion rate by gender and region;

In addition to these variables common to all three levels of education, we also find:

- The transition rate from elementary cycle to the middle cycle of year n-1 by sex and region;
- The transition rate from the middle cycle to the secondary cycle of year n-1 by sex and region;
- The transition rate in scientific 2nd year for the last year by sex and age;
- The examination results of the Certificate of Completion (CFEE) by sex and region;

- The Certificate of Middle School Completion (BFEM) admission rate by sex and region;
- The baccalaureate admission rate by sex and region.

Similar to the MEN statistical yearbook, the primary data used for the production of the RNSE are difficult to access. The RNSE's analyses are also limited to the regional level. The RNSE presents significant data related to the national or regional school environment. We also note that the Statistical Yearbook presents more data than the RNSE and gives more information by age or age group of students. However, the RNSE presents more data on school results, even though the latter is much more oriented towards public institutions with regard to the school environment.

c. Population Census

Although it is relatively old, the last General Census of Population and Housing (RGPH) conducted by the National Agency for Statistics and Demography (ANSD) provides the most comprehensive information on the socio-demographic situation of adolescent girls at the time of its development. Senegal has conducted four censuses (RGPH 1976, 1988, 2002 and 2013). The RGPH contains relatively primary information on the education of adolescent girls which provides an opportunity for comparison in a systematic way across time and space. The relevant data from the RGPH includes:

- Number of adolescent girls aged 10 to 19 by age;
- School attendance;
- Grade level;
- Type of education;
- Type of institution attended;
- Literacy level;
- Occupational status;
- Marital status;
- Fertility;
- Total births;
- Living children after birth;
- Survival of parents;

- Number of births during the last 12 months;
- Disabilities.

The data can also be cross referenced with other sociodemographic variables on the respondents (level of education, place of residence, age), and households (head of household profile, household characteristics and living conditions). The databases are accessible only after request to the ANSD, which provides a general sample of the data and/or tables requested. It should be noted that some requests might be expensive.

4.1.2. SRHR Databases

a) Demographic and Health Surveys

Since their inception in 1986, Senegal has carried out 18 Demographic and Health Surveys. The last edition, in "continuous DHS" format, dates from 2017 and its results were published in 2018.¹⁴ It presents two major objectives as emphasized by ANSD (2018b), namely: (i) meet Senegal's ongoing needs in terms of data to plan, monitor and evaluate health and population programs; and (ii) build the capacity of data users in data analysis and dissemination. The DHS data are representative at the national level for the urban and rural areas and the four major eco-geographical regions of Senegal. The data are available on request from Macro on <https://www.dhsprogram.com>.

In the 2017 edition, data on the SRHR of adolescent girls, derived from the 15-49 age group that is the target of "Standard" or "Continuous" DHSs, included:

- Marital status;
- Birth rate;
- Number of children;
- Number of living children;
- Interval between births;
- Age at first birth;
- Age at first intercourse;

¹⁴ The 2018 survey is complete but the report has not been published yet

- Age at first marriage;
- Number of adolescent girls with a child;
- Number of pregnant teenage girls with a first child;
- Number of adolescent girls who have already started their reproductive life;
- Ideal number of children (desired);
- Fertility planning by birth order;
- Knowledge of contraceptive methods;
- Use of contraceptive methods;
- Perception of gender-based violence.

Similar to the RGPH data, the DHS variables can be placed in perspective with a large number of individual data on adolescent girls (including their level of education) and their households. DHS data have the disadvantage that they do not include the 10-14 age group, which represents a large part of Senegal's population. Each DHS report, produced by the ANSD and various partnering structures, is generally exhaustive (with all the survey variables organized thematically) but it is descriptive. Nevertheless, these reports have the advantage of presenting the evolution of the factors and include numerous cartographic illustrations enabling quick comprehension of the regional inequalities.

b) UNFPA Data

UNFPA has a "World Population Dashboard" portal where national data can be accessed by directly downloading them or viewing them online with relevant illustrations. Data for Senegal are available at <https://www.unfpa.org/data/SN>

The portal provides information on:

- The population distribution by age and sex;
- The prevalence of contraception;
- Unmet need for contraception;
- Fertility rate by age group;
- Child marriage;
- Female genital mutilation among 15-19 years old.

In addition, UNFPA has developed a special SRHR platform called "Adolescents and Youth Dashboard" which is accessible at <https://www.unfpa.org/data/dashboard/adolescent-youth>.

This database presents data on:

- The proportion of women aged 20-24 married before the age of 18;
- Girls and women aged 15-24 who are married or in a union;
- Girls and women aged 15-24 who have never married;
- The percentage of women aged 20-24 who gave birth before the age of 18 or 15;
- The percentage of girls and women aged 15-24 who are married and using a contraceptive method;
- The percentage of girls and women aged 15-24 who are married and using a modern contraceptive method;
- The percentage of girls and women aged 15-24 who are married and whose need for contraception is not satisfied;
- The percentage of girls and women aged 15-24 who are married and whose need for contraception is satisfied;
- The percentage of girls and women aged 15-24 with a good knowledge of HIV;
- The percentage of girls and women aged 15-24 who have never had sexual intercourse
- The percentage of girls and women aged 15-24 who are sexually active;
- The percentage of girls and women aged 15-24 involved in the decision to choose contraception;
- The percentage of girls and women aged 15-24 who find that being beaten can be justified;
- The percentage of 10-14 year olds living with both parents;
- The percentage of 10-14 years old outside school;
- The percentage of 10-14 year olds attending school but at a low level;
- The percentage of 10-14 year olds educated at the right level.

The main limitation of UNFPA data is their national character so they do not generally make it possible to grasp the inequalities between the regions of a country. Similarly, they are very often classified by age group. However, they have the advantage of allowing global comparisons.

c) WHO Data

As part of its maternal and reproductive health theme, WHO compiles data on SRHR including:

- Teenage birth rate;
- Family planning needs satisfied;
- Female genital mutilation;
- Women married or in a union before age 15 and 18;
- Women age 15-49 years who received a health check within the last 2 years (%);
- Women of reproductive age (aged 15-49 years) who have a need for family planning and modern contraceptive methods (%);
- Proportion of ever-partnered women and girls subjected to physical and sexual violence by a current or former partner in the past 12 months, by age.

WHO data on adolescent SRHR, in addition to their very limited number and lack of focus on the 10-19 age group (with an obvious lack of data on 10-14 year olds), have the same characteristics as those of UNFPA discussed above. It should be noted that many of these indicators come from other sources including the DHS.

At this point, we will present the situation in terms of girls' education and SRHR.

4.2. Status of girls' education in Senegal

This section takes stock of girls' education at the elementary and secondary levels. Technical and vocational education, basic education of young people and adults, as well as exclusion from the education system are also discussed.

Law n° 2004-37 amending and supplementing the Orientation Law of National Education n° 91-22 of February 16, 1991, adopted on Friday December 3, 2004, explicitly stipulates in its "Article 3 bis" that:

- Education is compulsory for all children of both sexes aged 6-16 years;

- The State has the obligation to keep children between 6 and 16 years old in the school system;
- Compulsory schooling is provided free of charge in public schools;
- Parents, whose children are 6 years old, are required to enroll them in public or private schools. Parents are required to ensure the attendance of their children until the age of 16;
- Any child under the age of 16 who cannot be kept in general education is referred to a vocational training center.

The obligation of the community to ensure the schooling of all children aged 6-16 years without distinction based on sex is therefore explicit. The Government of Senegal has shown its commitment to equity and equal opportunities for girls and boys. This commitment has been reiterated in the "General Policy Letter for the Education and Training Sectors 2018-2030". The letter includes the elimination of disparities between boys and girls, socio-economic categories, and residential areas (urban/rural) at all levels of education, as well as the inclusion of children with special needs in educational policies.

However, it is clear that the education system still faces challenges in terms of equitable access for all children to quality education. Access to primary education has been expanded with a parity index¹⁵ from 1.10 in 2011 to 1.15 in 2018 for girls (DPRE, 2017 and 2019).

We will present in the following sections our comments mainly based on the data available in 2018 (and published most often in 2019). However, in some cases, we will also use the 2017 data when the 2018 information is unavailable and/or to compare the evolution of the indicators between the two years.

4.2.1. Elementary education

Elementary education commonly called "primaire" in the Senegalese education system is intended for children ages 7¹⁶ to 12 years (children aged 6 are also eligible if they went to

¹⁵ The girl/boy parity index is the ratio of girls to boys in terms of rates or numbers. It measures the degree of equity in the admission or schooling of girls and boys in school. A parity index of 1 is synonymous with gender equality; an index between 0 and 1 reflects an inequality in favor of boys men and an index greater than 1 expresses a disparity in favor of girls/women.

pre-school). It comprises six levels: the introductory course (CI), the preparatory course (CP), the elementary courses (first year CE1 and second year CE2) and finally the medium courses (first year CM1 and second year CM2).

In 2018, the school-age population of the 6-11 year olds who represent the potential demand for elementary education remains very high and is estimated at 2,480,184 (see Table 2). The volume of this request was 2,391,343 in 2017, an annual increase of 3.7% (DPRE, 2019 and 2017). For girls of school-going age at the elementary level, their number in 2018 is 1,215,361, an increase of 4.6% compared to 2017 (where the number was 1,161,576). This corresponds to a higher increase than that for boys (1,229,767 in 2017 against 1,264,823 in 2018 i.e. 2.9%).

In 2018, most of this population was concentrated in the regions of Dakar (18.5%), Thiès (12.8%) and Diourbel (11.8%). The lowest proportions are noted in the regions of Kaffrine (4.9%), (Matam (4.9%), Ziguinchor (4%), Sédhiou (3.8%), and Kédougou (1.2%).

Table 2: Distribution of elementary school-age population (aged 6 to 11) in 2018

Region	Boys	Girls	Total	% Girls *	Region %
Dakar	228 906	229 949	458 855	50.1	18.5
Diourbel	150 296	142 992	293 287	48.8	11.8
Fatick	78 089	73 683	151 772	48.5	6.1
Kaffrine	62 458	59 832	122 290	48.9	4.9
Kaolack	101 503	93 922	195 425	48.1	7.9
Kédougou	15 171	14 536	29 707	48.9	1.2
Kolda	70 095	66 164	136 259	48.6	5.5
Louga	73 558	78 203	151 761	51.5	6.1

Matam	62 403	59 127	121 530	48.7	4.9
Sédhiou	49 195	45 794	94 989	48.2	3.8
Saint-Louis	85 230	79 985	165 215	48.4	6.7
Tambacounda	73 315	69 235	142 550	48.6	5.7
Thiès	163 846	154 331	318 177	48.5	12.8
Ziguinchor	50 758	47 609	98 368	48.4	4.0
Senegal	1 264 823	1 215 361	2 480 184	49.0	100.0

Source: DPRE (2019); *Calculations according to 2019 DPRE

It should be noted that this potential demand drops between 6 and 11 years with the number of children declining from 419,196 to 376,025 (see Table 3). This trend is also observable among girls. At age 11, the total population is 376,025, with girls numbering 182,577 (48.6%) of this total.

Table 3: Population distribution by specific age (6-11 years) in 2017

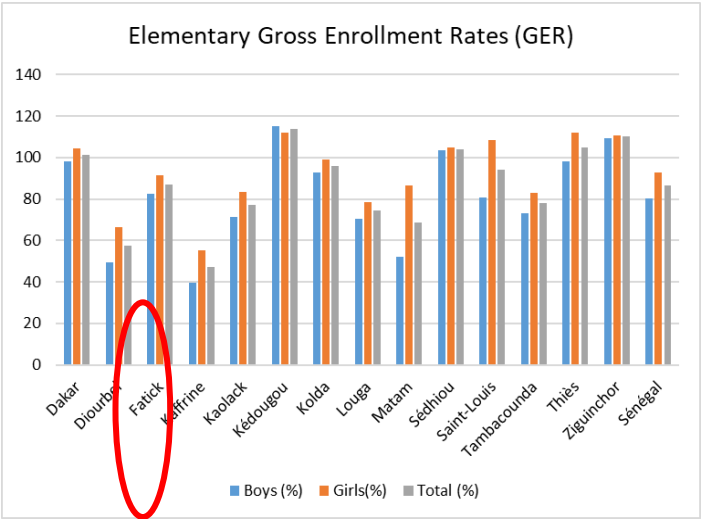
Sex	Specific Ages (years)						Total
	6	7	8	9	10	11	
Boy	215 649	211 627	207 441	203 224	198 378	193 448	1 229 767
Girl	203 547	199 923	196 141	192 062	187 326	182 577	1 161 576
Total	419 196	411 550	403 582	395 286	385 704	376 025	2 391 343

Source: DPRE (2017)

However, the 2004-37 law of December 15, 2004 modifying and completing the orientation law of the National Education N° 91-22 of February 16, 1991, stipulates explicitly that "schooling is obligatory for all children of both sexes aged 6 to 16 years..." This stipulation is reinforced by the General Policy Letter for the Education and Training Sectors of January 2013, and more recently the General Policy Letter for the Education and Training Sectors 2018-2030.

Conversely, if we look at the evolution of the Gross Enrollment Rate (GER),¹⁷ it is clear that girls form the higher proportion of elementary school learners. The GER for girls is 92.6% compared to 80.4% for boys for an average level of 86.4% (see Figure 1). A similar situation is observed in 2017 where the rates were 92.2% for girls, 80.2% for boys and 80.6% for the total (DPRE, 2019).

Figure 1 : Elementary school Gross Enrollment Rate by region in 2018



Source: DPRE (2019)

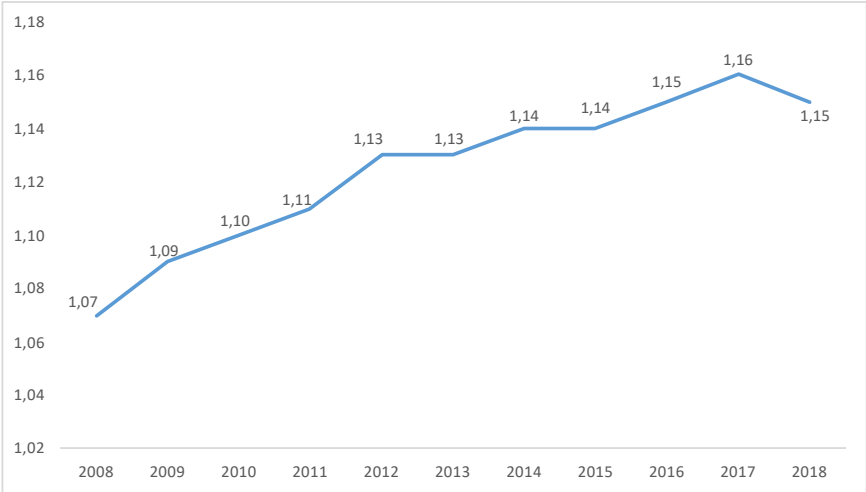
However, it can be observed that access to elementary schooling regardless of sex remains relatively low in the regions of Kaffrine and Diourbel. The low access of boys in these two

¹⁷ This rate is defined as the total enrollment in a specific level of education, regardless of age, expressed as a percentage of the officially enrolled population at the same level, for a given school year. This indicator measures the ability of the education system to accommodate school-age children.

regions can be explained by the fact that boys are more likely to attend daara (Koranic schools) or Arab-Islamic schools, rather than formal schools.

Overall, the GER of girls (93.86%) is higher than that of boys (81.10%), corresponding to a parity index of 1.16 in favor of girls. Compared to its 2016 value of 1.15, the Boy/Girl parity index improved slightly in 2017 reaching 1.16 (see Figure 2). This evolution is linked, in part, to the enrollment of a large number of girls, for more than a decade due to numerous projects and programs initiated in their favor, for their retention and promotion.

Figure 2 : Evolution of the parity index of the gross enrollment rates from 2008 to 2018

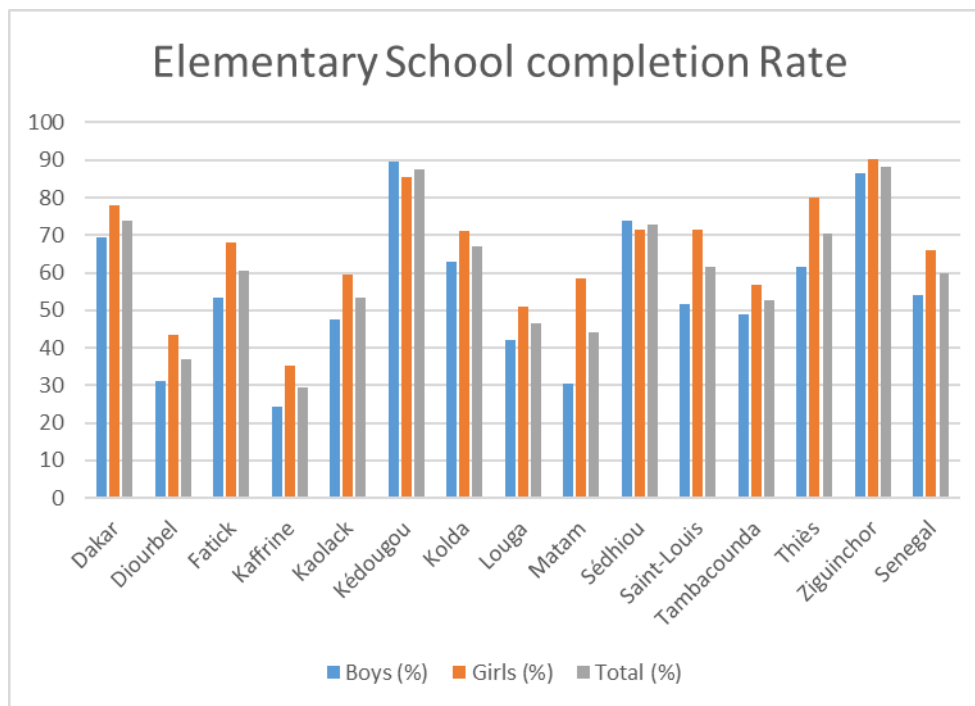


Source: DPRE data (2017 & 2019)

In 2018, the completion rate¹⁸ of the elementary cycle is also increasing in favor of girls with a parity index of 1.22 (with the exception of the regions of Kédougou where it is 0.95 and Sédhiou which shows 0.97). However, the completion rate remains below the objective of universal schooling as defined in the 2013 Letter of Sectoral Policies which aims for a 100% elementary completion rate by 2030 (Figure 3).

Figure 3 : Completion rate in the elementary and by region in 2018 (%)

¹⁸ The completion rate is the proportion of people who have reached the last grade of a given education cycle, regardless of their age, from the total number of people of theoretical age of access to the last year of the cycle expressed as a percentage.



Source: DPRE (2018)

However, we observe that the gap is significant between regions in terms of completion rate. As such, the regions of Kaffrine (35.1%), Diourbel (43.3%), Louga (50.9%), Matam (58.6%), Tambacounda (56.8%) and Kaolack (59.4%) are lagging behind compared to other regions.

Similarly, the progress in terms of higher completion rates for girls should be put in perspective because the dropout rate in CM2 remains high for girls (24.5%) in comparison to 21.6% for boys (see Table 6). It should be noted that compared to 2017, the drop-out rate for girls (26.7%) shows a decrease in Senegal but it is still higher than that of boys (22.2%) (DPRE, 2017).

Table 4: Education trends by sex in 2017¹⁹

Trend	Sex	CI	CP	CE1	CE2	CM1	CM2	Global
Promotion	Boy	88.3	91.1	87.4	90.4	75.3	69.9	85.0
	Girl	88.9	92.3	89.8	93.3	80.2	66.7	86.4

¹⁹ Elementary grades : the introductory course (CI), the preparatory course (CP), the elementary courses (first year CE1 and second year CE2) and finally the medium courses (first year CM1 and second year CM2).

	Total	88.6	91.7	88.6	91.9	77.9	68.2	85.7
Repetition	Boy	1.0	4.8	2.1	5.3	2.7	8.5	3.8
	Girl	1.0	4.4	2.0	4.9	2.5	8.8	3.6
	Total	1.0	4.6	2.0	5.1	2.6	8.7	3.7
Dropout	Boy	10.7	4.1	10.5	4.3	21.9	21.6	11.3
	Girl	10.2	3.2	8.3	1.8	17.3	24.5	10.0
	Total	10.4	3.7	9.3	3.0	19.5	23.2	10.6

Source: DPRE (2019)

4.2.2. Middle school education

Middle school education concerns children aged 12 to 15 years old. It includes four years of study and is completed with the Brevet de Fin d'Etudes Moyennes (BFEM) exam. In 2018, the potential demand for middle school education was estimated at 1,458,550 (a 3.6% increase from 2017) individuals, including 715,275 girls who represent 49%. In 2017, these figures stood at 1,407,308 pupils with girls numbering 683,179 which represented 48.6% of students in middle school. It should be noted that demand for middle school by girls is lower than 50% except for the regions of Kaffrine (50.1%), Diourbel (50.4%) and Dakar (50.5%). Lower proportions are observed in the Fatick, Kaolack and Louga regions (48.8%) with the lowest occurring in Sedhiou and Ziguinchor, which recorded around 47% (Table 5).

Table 5: Regional distribution of potential demand at middle school level in 2017

Region	Boys	Girls	Total	% Girls	Region %
Dakar	148 266	151 331	299 596	50.5	20.5
Diourbel	81 099	82 403	163 502	50.4	11.2
Fatick	43 700	41 709	85 408	48.8	5.9
Kaffrine	32 691	32 780	65 471	50.1	4.5
Kaolack	56 962	54 383	111 345	48.8	7.6
Kédougou	8 276	7 787	16 063	48.5	1.1
Kolda	40 377	37 444	77 821	48.1	5.3

Louga	49 532	45 985	95 517	48.1	6.5
Matam	34 362	32 393	66 755	48.5	4.6
Sédhiou	28 052	25 216	53 268	47.3	3.7
Saint-Louis	51 356	48 060	99 416	48.3	6.8
Tambacounda	40 370	37 389	77 759	48.1	5.3
Thiès	98 627	91 670	190 297	48.2	13.0
Ziguinchor	29 605	26 725	56 330	47.4	3.9
Senegal	743 275	715 275	1 458 550	49.0	100.0

Source: DPRE (2018)

Since 2008, the number of girls in middle school has grown steadily from 44.7% in 2008 to 52.8% in 2018, an increase of 8.1 percentage points (Table 6).

Table 6: Evolution of the headcounts in Middle Education from 2008 to 2018

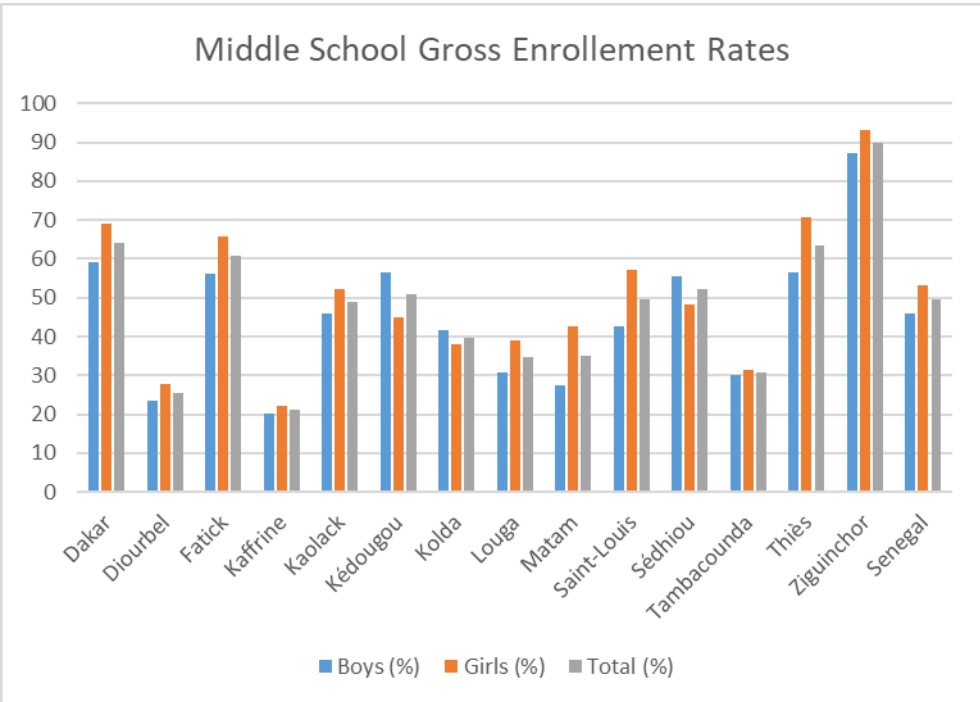
Year	Boys	Girls	Total	% Girls
2008	242 088	195 444	437 532	44.7
2009	254 969	217 692	472 661	46.1
2010	280 966	250 839	531 805	47.2
2011	318 930	298 981	617 911	48.4
2012	341 639	331 922	673 561	49.3
2013	355 373	356 337	711 710	50.1
2014	371 064	383 900	754 964	50.9
2015	379 141	400 160	779 301	51.3
2016	358 100	387 663	745 763	52.0
2017	341 885	378 669	720 554	52.5
2018	341 246	381 110	722 356	52.8

Source: DPRE (2017 & 2019)

Similarly, the GER at middle school level recorded steady growth until 2015 before falling between 2016 and 2018, rising to 54.2% in 2016 and then declining to 51.2% in 2017 and

49.5% in 2018 (DPRE, 2019 and 2017). There was also a higher average enrollment of girls (GER 53.3%) compared to boys (45.9%) in 2018. This situation has persisted since at least 2013 when the GER for middle school was 57.7% for girls and 54.8% for boys (DPRE, 2019). In 2018, with the exception of the regions of Kédougou, Kolda and Sedhiou, the gross enrollment rate of girls in middle school in the other regions exceeded that of boys (Figure 4). These three regions also had lower enrollment rates for girls in 2017.

Figure 4 : Gross Enrollment Rate in middle school



Source: DPRE (2019)

The combination of supply with demand through local colleges, particularly in rural areas on one hand and the results of awareness raising and support actions for the maintenance of girls on the other hand, among other factors, help explain the advances in the access of girls to middle school.

However, maintaining girls in middle school remains a challenge considering the high repetition and dropout rates in the third grade. The third-grade repetition rate (21.8%) and dropout rate (20.4%) significantly exceed the national values (which are 17.6 and 10.4% respectively) (Table 7). In addition, the difficulties of pursuing studies for girls in middle

school become particularly acute in grade four, which has a repetition rate of 20.7% compared to the national average for all repetitions at 17.6%.

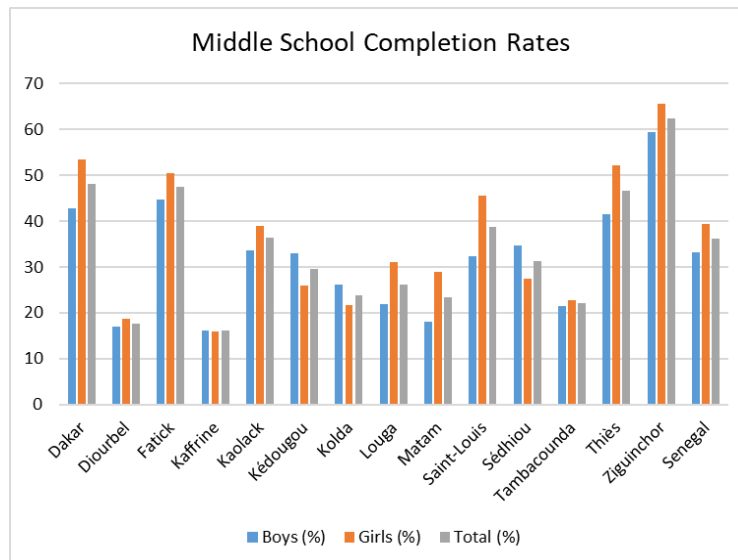
Table 7: Distribution of trends in middle school by grade in 2017 (%)

	Sex	6ème	5ème	4ème	3ème	Total
Promotion	Boy	76.9	77.7	68.6	61	71.4
	Girl	81.8	80.2	69	57.8	72.6
	Total	79.5	79	68.8	59.3	72.1
Repetition	Boy	14.3	16.3	20.2	21.6	17.9
	Girl	11.9	15.1	20.7	21.8	17.2
	Total	13.1	15.7	20.5	21.7	17.6
Dropout	Boy	8.8	6	11.2	17.4	10.6
	Girl	6.3	4.7	10.3	20.4	10.1
	Total	7.5	5.3	10.7	19	10.4

Source: DPRE 2019

The completion rate in middle school, was 33.1% in 2018 with girls experiencing a higher rate (39.4%) than boys (33.1%) (see Figure 5).

Figure 5 : Completion rate in middle school



Source: DPRE 2019

4.2.3. Secondary education

In Senegal, general secondary education is targeted at children aged 16 to 18 years. It consists of three levels of study that are the 2nde, 1ere and Terminale.

In 2018, the potential demand for secondary school is 1,002,190 individuals, 49.1% of whom are girls (Table 11). In 2017, the general secondary age population was 959,809, 48.8% of whom were girls. This translates to an increase of 4.4% for aggregate demand and a rise by 0.3 percentage points for girls between 2017 and 2018 (DPRE 2017 & 2019). At the regional level in 2018, with the exception of the regions of Dakar (50.8%), Kaffrine (50.9%) and Diourbel (51.7%), the percentage of girls was lower than 50% (Table 8).

Table 8: Distribution by Region of Potential Demand at the Secondary level in 2018

Region	Boys	Girls	Total	% Girls	% of Total
Dakar	108 921	112 465	221 386	50.8	22.1
Diourbel	52 482	55 823	108 306	51.5	10.8
Fatick	28 386	27 389	55 775	49.1	5.6
Kaffrine	20 713	21 439	42 151	50.9	4.2
Kaolack	37 100	36 466	73 566	49.6	7.3
Kédougou	5 473	5 084	10 557	48.2	1.1
Kolda	26 833	24 911	51 744	48.1	5.2
Louga	37 903	31 594	69 496	45.5	6.9

Matam	22 552	21 186	43 738	48.4	4.4
Saint-Louis	35 341	33 245	68 586	48.5	6.8
Sédhiou	18 665	16 550	35 215	47.0	3.5
Tambacounda	26 496	24 455	50 951	48.0	5.1
Thiès	68 146	63 425	131 571	48.2	13.1
Ziguinchor	20 810	18 337	39 146	46.8	3.9
Senegal	509 822	492 368	1 002 190	49.1	100.0

Source: DPRE 2019

The same trend was observed in the number of adolescents enrolled in secondary school who have continued to increase since 2008 (120,544 in 2008 to 339,225 in 2017), but it was not until 2018 that the proportion of girls (50.2%) exceeded that of boys (Table 9).

Table 9: Student headcount in secondary school from 2008 to 2018

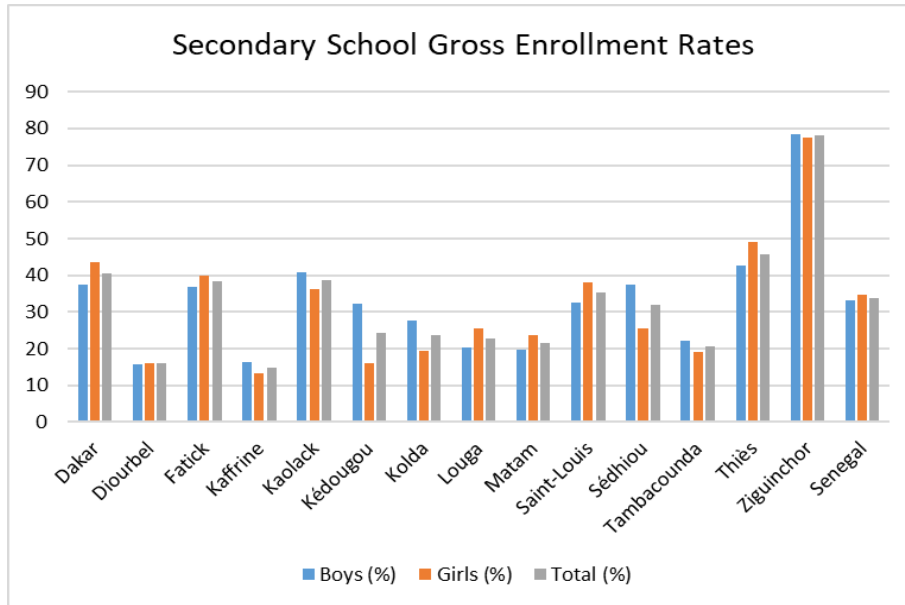
Year	Boys	Girls	Total	% Girls
2008	71 418	49 126	120 544	40.8
2009	83 532	59 579	143 111	41.6
2010	90 544	65 386	155 930	41.9
2011	101 284	77 263	178 547	43.3
2012	122 252	95 791	218 043	43.9
2013	137 062	111 447	248 509	44.9
2014	150 437	126 608	277 045	45.7
2015	161 010	141 816	302 826	46.8
2016	165 709	153 166	318 875	48.0
2017	165 827	162 106	327 933	49.4
2018	168 807	170 418	339 225	50.2

Source: DPRE 2017 & 2019

These figures reflect the attractiveness of secondary education for students compared to other educational offers of technical secondary schools and vocational training institutions. Also, from 2008 to 2018, the overall GER rose from 16% to 33.8%; with girls experiencing a rise from 13.3% to 34.6% (DPRE, 2017 & 2019). However, in 2018, there were major disparities between the regions of Ziguinchor (77.5%), Thiès (49%) and Dakar (43.5%), which

registered a secondary school GER of over 40% compared to the regions of Kaffrine (13.2%), Diourbel (15.9%) and Kédougou (16.1), which were all well below 20% (see Figure 6).

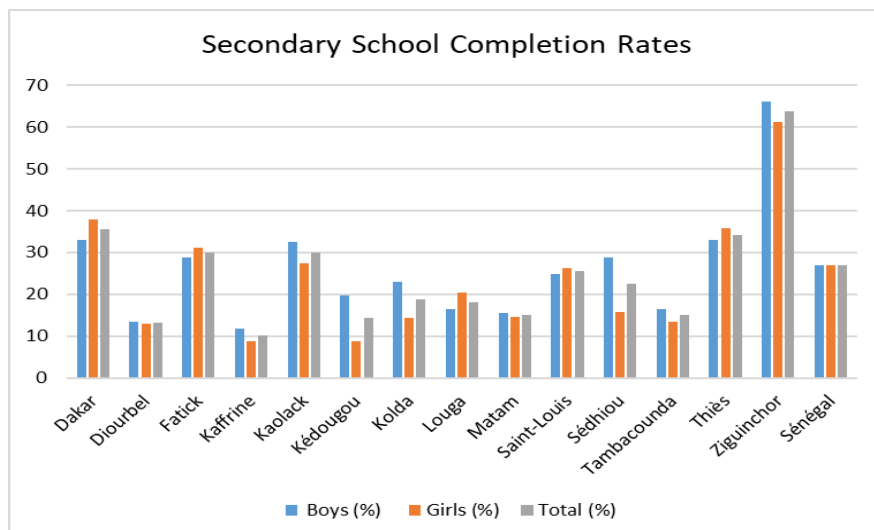
Figure 6: Gross enrollment rates in secondary school by region in 2018



Source: DPRE 2019

If we consider the completion rate at the secondary level, a consistent rise is observed from 2008 (11.4%) to 2018 (27%). This rise was however more marked for girls who registered an increase from 8.8% to 27% compared to boys (from 13% to 27%) as shown by the data from the DREP (2017 & 2019). Ultimately, by 2018, girls and boys had the same completion rate (Figure 6). In 2018, completion rates were very volatile from one region to another. For example, among girls, Ziguinchor leads with 61.3%, followed by Dakar with 37.8% and Thiès is third with 35.7%. The regions of Kaffrine (8.8%) and Kédougou (8.8%) are well below the already low national average of 27% (Figure 7).

Figure 7 : Completion rates in secondary school by region and by sex in 2018



Source: DPRE 2019

With regard to the retention of girls in secondary school in 2018, while the levels of repetition and dropout are high regardless of gender, the differences between girls and boys are insubstantial (Table 10). For example, in the final year, repetition affects 31.3% of girls against 29.5% of boys. Discontinuations in the final year affected a larger proportion of girls (21.3%) than boys (21%).

Table 10: Distribution of Trends in General Secondary Education by Grade of Study in 2017

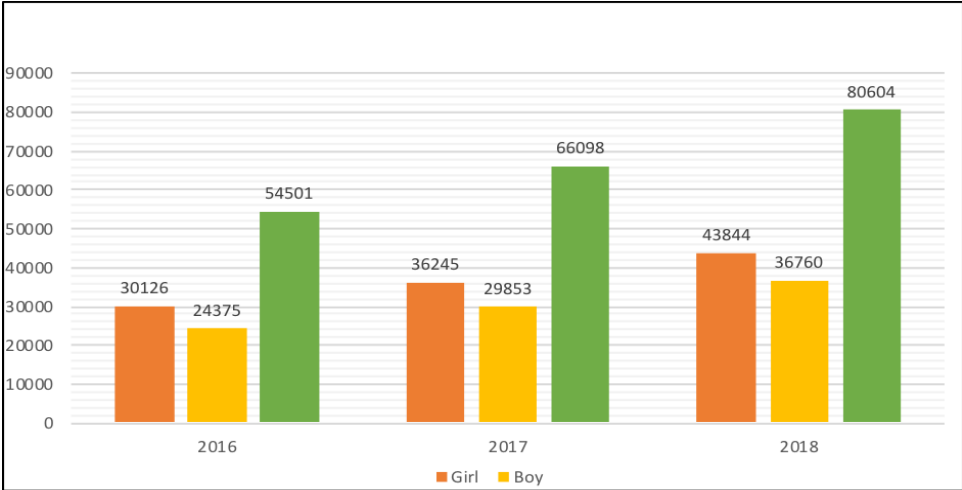
Trend	Sex	2nde	1ere	Terminale	Total
Promotion	Boy	71.2	91.2	49.5	69.5
	Girl	70.8	90.4	47.4	68.7
	Total	71.0	90.8	48.5	69.1
Repetition	Boy	17.1	16.9	29.5	21.4
	Girl	17.0	17.0	31.3	21.9
	Total	17.0	17.0	30.4	21.6
Dropout	Boy	11.7	-8.1	21.0	9.1
	Girl	12.2	-7.4	21.3	9.4
	Total	12.0	-7.8	21.1	9.3

Source: DPRE (2019)

4.2.4. Technical and vocational education

Technical and vocational education consists of technical and vocational schools as well as vocational training centers (CFP).²⁰ In Senegal, access to technical and vocational training remains low. Girls make up 54% of the national workforce in 2018 (National Report of Vocational and Technical Training, 2018). Overall, technical and vocational education numbers have been trending upward in recent years. From 54,501 learners in 2016, they rose to 80,604 in 2018, an absolute increase of 26,103. In terms of gender, girls are more represented than boys in the 2016-2018 period (Figure 8).

Figure 8: Evolution of the technical and vocational workforce by sex between 2016 and 2018



Source: National Report on Technical and Professional Training 2016 & 2018

The overall technical and vocational workforce analysis shows great disparities based on supply. Between 2013 and 2018, the vast majority of learners attended a vocational training institution, unlike technical high schools that received few learners regardless of gender. While the number of vocational training staff has increasing from year to year, this trend has not been seen in technical high schools where enrollment fell in 2017 before declining in 2018 (Figure 8).

²⁰ CFPs include vocational training centers, women's technical education centers (CETF / CRETF), practical education centers (FEMPs), regional vocational training centers (CRFPs), and departmental centers for vocational training. Vocational Training Center (CDFP), Handicraft Training Center (CFA), Rural Crafts Development Centers (CPAR), Sector Training Centers, Institutes, Schools and Training Complexes.

4.2.5. Basic Youth and Adult Education

It is important to note the high illiteracy rate of 54.6% in the population aged 10 and over, which reaches 74.1% among rural women (ANSD, 2014). Data on the sub-sector of Basic Education of Young People and Adults in 2018, shows that the numbers of the illiterate are largely composed of women. A predominance of women as adult education learners can be explained by the fact that the illiteracy rate is higher among them (Table 11).

Table 11: Distribution of Literacy Learner Headcount by Academy

Inspection Academy	Headcount		
	Men	Women	Total
Dakar	65	368	433
Kédougou	113	801	914
Kaffrine	5	1011	1016
Diourbel	4	990	994
Fatick	0	1032	1032
Kolda	31	606	637
Louga	54	936	990
Matam	121	2291	2412
Pikine-Guédiawaye	186	594	780
Rufisque	0	502	502
Saint-Louis	47	86	133
Sédhiou	9	551	560
Tambacounda	75	1005	1080
Thiès	87	1163	1250
Ziguinchor	7	864	871
Senegal	805	14324	15 129

Source: 2018 data, DALN statistics

However, it is important to note the lack of comprehensive and disaggregated statistical data that can inform the situation of girls in the domain of literacy.

4.2.6. Exclusion of education

Looking at equity in access to education, a significant number of children and adolescents who have difficulties getting access to the education system is observed. Indeed, the "National Study on Children and Youth Outside the Education System" reveals a level of school exclusion that affects 37% of children and youth of school age (6 to 16 years) (OOSCYS, 2016). According to the Jangandoo 2016 barometer,²¹ which covered 16,199 households and 22,764 children aged between 9 and 16 years, exclusion from education stands at 10% for all children excluded from any place or form of learning, and at 24.5% for children "outside formal school". There is a significant dropout trend among girls at the end of the fifth year of apprenticeship, corresponding to the class of CM2 (end of elementary school) with peaks among girls aged between 10 and 12 years old (Fall, & Cissé, 2017).

Even in 2013, according to the General Census of Population and Housing (RGPHAE, 2013), the 7-12 age group (elementary) has an out-of-school rate of 45% compared to 50% for the 13-16 age group (middle school). Regarding dropping out of school, the proportion is one in five children and this is even higher in the 13-16 age group, especially among girls (50%).

These disparities between boys and girls in relation to school completion rate are often the result of, among other things, the phenomenon of marriages and early pregnancies. The problem of early pregnancy, especially in schools, is now a major challenge for the education system. Yet, an important measure to preserve the schooling of the girl was taken, through a circular letter from 2007. This letter states that "students in a pregnancy state are suspended from school until birth delivery for safety reasons. The state of pregnancy must be duly verified by a doctor recognized and approved by the State. The reinstatement in the establishment is completed by the presentation of a medical certificate of aptitude to resume the courses."²² However, this circular is not known among some key actors in schools. The application of this measure is random from one institution to another. Furthermore, the girl may feel shame, fear or discouragement and therefore she may not return to school (Sall, 2018).

21 The Jangandoo evaluation was initiated in 2012 by the Research Laboratory on Economic and Social Transformations (LARTES-IFAN), in collaboration with NGOs in the 14 regions of Senegal. The program consists of reading, mathematics and general knowledge tests in order to measure the performances of children aged 9-16, and in their language of choice: French or Arabic. Jangandoo combines multiple types of data on children and households, as well as learning conditions.

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Turning to the quality of learning for children in formal schools, the Jàngandoo 2016 barometer shows that in reading and mathematics, the levels are low on the whole. Indeed, the achievement rates in reading and mathematics tests are 20.7% and 25.6% respectively. Analysis of the data by sex shows that the results are similar between girls and boys. In reading, girls performed at a level of 20.5% compared to 20.9% for boys. The same applies to mathematics, with 25.6% for boys and 25.5% for girls. In terms of gender, the performances of girls and boys are very similar. The major finding is that there is little difference between the performance of boys and girls while for a long time several studies indicated better academic performance of boys, particularly in mathematics. This trend seems to be reversing today.

Deficits in terms of education and training (illiteracy, dropping out of school etc.) induce other types of vulnerabilities that have an impact on the reproductive health and rights of adolescent girls.

4.3. Sexual and Reproductive Health and Rights

In Senegal, more than half of the population is under the age of 20 and adolescents face many reproductive health issues, especially girls. They also face difficulties linked to their integration into economic activities. They are often not included in public dialogues, which inhibits their ability to have significant leverage for action.

Teenage girls, who represent 22% of all women of reproductive age, account for almost 10% of women's total fertility rate. Adolescent health problems are intertwined, therefore it is important to look into their social environment to better understand the causes of their vulnerability.

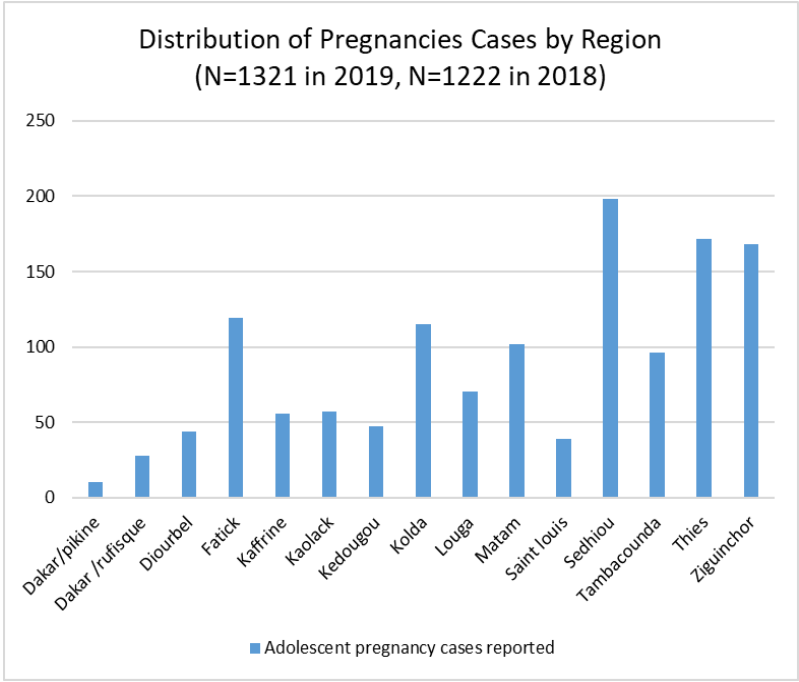
In this chapter, the following aspects of reproductive health and adolescent rights are discussed: early pregnancies, sex life, excision, contraceptive prevalence, HIV/AIDS prevalence.

4.3.1. Early pregnancies

In 2019, 1,321 cases of teenage pregnancies were reported among girls aged between 12 and 19 years. These pregnancies affect 439 middle and secondary schools out of a total of 1,356, which represents 32.37% of this total (FNUAP & GEEP, 2018). These numbers are higher than those recorded in 2018. In fact, in 2018, 1,222 pregnancies cases were recorded among girls aged between 12 and 19 years in 427 schools, a percentage of 31.48% among the 1,356 middle and high schools in the country²³.

This increase can be explained by an increase in the number of pregnancies recorded in Sédhiou, Ziguinchor, Matam, Louga, Kaffrine and Kédougou. A decline was however noted in Kolda, Kaolack, Diourbel, Thies and Saint Louis (Figure 9).

Figure 9: Distribution of pregnancy cases by region (12-19 years)



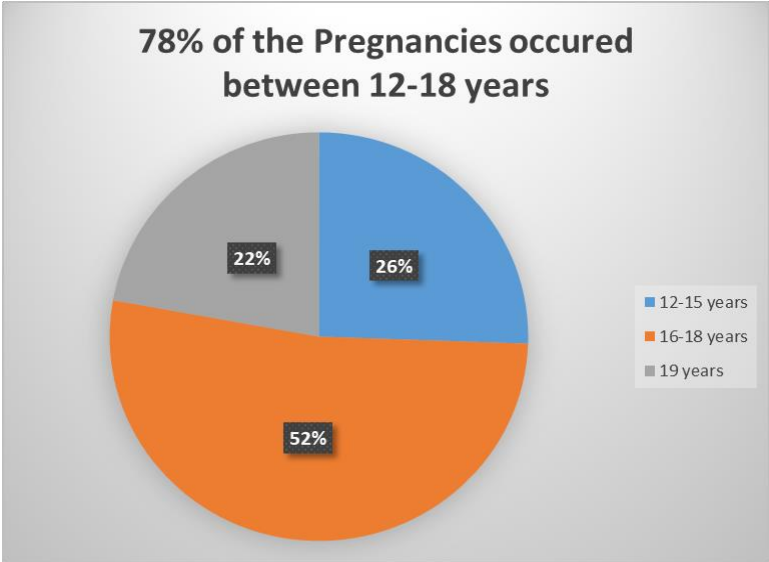
Source: UNFPA/GEEP (2019)

²³ The previous study carried out by the GEEP in 2015 revealed 1971 cases of pregnancies over three years (2010-2011, 2012-2013, and 2013-2014) with a more recurrent phenomenon in the regions of Sédhiou, Ziguinchor and Kolda.

If we compare the results by age group, we note that 78% of pregnancies occurred between 12 and 18 years. The percentage of cases occurring before age 15 is 25.6%.

The highest rate of pregnancies was noted in Kedougou (63.83%), followed by Kaolack (40.35%) and Sédhiou (35.86%) (Figure 10).

Figure 10 : Distribution of pregnancy cases by age



Source: FNUAP/GEEP (2019)

Regarding pregnancies between 16 and 18 years, Dakar/Pikine leads with 80%, followed by Diourbel and Kaffrine (75%), and lastly Thiès (69.8%). An analysis of the distribution of the number of pregnancies according to the level of study shows that 54% of pregnancies occurred in middle school, that is to say between grades 7 and 10, compared to 46% in the secondary (grades 11-13) (Table 12).

Table 12: Distribution of pregnancy cases by education level

ACADEMY	Grades 7-8	Grades 8-9	Grades 10-11	Grades 12-13	Total
DAKAR/PIKINE	2	5	1	2	10
DAKAR/RUFIQUE	5	19	3	1	28
DIOURBEL	9	19	12	4	44
FATICK	19	78	13	9	119
KAFFRINE	4	45	6	1	56
KAOLACK	12	21	17	7	57

KEDOUGOU	15	21	11	0	47
KOLDA	25	69	11	10	115
LOUGA	5	31	22	12	70
MATAM	18	67	17	0	102
SAINT LOUIS	2	26	5	6	39
SEDHIOU	65	105	16	12	198
TAMBACOUNDA	17	44	20	15	96
THIES	28	74	39	31	172
ZIGUINCHOR	38	85	24	21	168
TOTAL	264	709	217	131	1321

Source: FNUAP/GEEP (2019)

It is important to note that 51.55% of these pregnancies involve girls who are not married, compared to 48.45% involving married girls. These statistics do not indicate the ages concerned but reveal the persistence of child marriages, particularly in the Kaffrine, Matam, Fatick and Diourbel regions. For example, in Kaffrine, of the 56 cases of pregnancy, 45 are related to early marriages (FNUAP & GEEP (2019)).

In addition to the risk of pregnancy and endangering the life and fertility of a young mother, adolescents are also at risk of contracting a sexually transmitted infection or HIV/AIDS. The adolescent group appears to be more exposed to infections than other women of childbearing age, and more likely to have multiple sexual partners. Economic dependence pushes some teens to engage in sexual activities with older men in exchange for money or other material favors. This is especially true because at this time of life, sexual relations can be short-lived with a higher number of partners and more frequent risk behaviors (Continued DHS, 2017).

In Senegal, according to the 2017 Demographic and Continuing Health Survey of Senegal, about 16% of girls aged 15-19 started their reproductive life with 13% already having a live birth and 4% pregnant with their first child. The share of older girls who have started their reproductive life ranges from 1.8% among 15-year-olds to 34.1% among 19-year-olds (ANSD, 2018b). These figures translate into an increasingly early stage of reproductive life

(especially towards the end of adolescence), in comparison to 2015 when they stood at 0.7% among 15-year-old and 27.6% among 19-year-old adolescents according to DHS data (ANSD, 2016). A similar dynamic is observed with respect to having a live birth (see Table 13). In 2017, 1.1% of 15-year-olds had a live birth and 28% of 19-year-olds while in 2015, these proportions were 0.4% and 25.2% respectively. It is the same for the first pregnancy. In 2017, 0.7% of 15 year-olds were affected compared to 0.2% in 2015 while 6.2% of 19 year olds experienced their first pregnancy in 2017 compared to 1.9% in 2015.

The environment and region of residence, education level, and level of economic well-being are determinants of adolescent reproductive health. For example, in rural areas, 22.1% of girls aged 15-19 have already started their reproductive life compared to 10.3% in urban areas. Similarly, the results show that women aged 25-49 living in urban areas have their first experience of sexual intercourse at a later age than women in rural areas (see Table 13).

Table 13: Adolescent fertility

Sociodemographic characteristics	DHS 2017			DHS 2015		
	Had a living birth	Are pregnant with 1st child	% having started reproductive life	Had a living birth	Are pregnant with 1st child	% having started reproductive life
Age						
15-17	5.1	2.8	8.0			
15	1.1	0.7	1.8	0.4	0.2	0.7
16	5.0	3.4	8.4	1.9	4.7	6.6
17	9.0	4.3	13.2	16.0	5.0	21.0
18	20.2	4.6	24.8	26.1	5.5	31.6
19	28.0	6.2	34.1	25.2	1.9	27.6
Residence						
Urban	7.8	2.6	10.3	9.5	2.4	11.9
Rural	17.2	5	22.1	18.8	4.6	23.4
Education level						
None	23.9	6.2	30.1	25.6	6.2	31.8
Primary	12.3	4	16.3	13.8	1.9	15.7
Middle/secondary	7	2.5	9.5	6.3	2.5	8.8

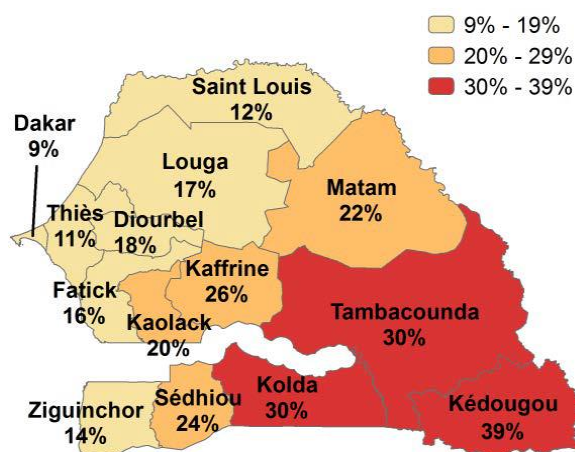
or more						
Socio-economic wellbeing						
Lower	24.9	6.7	31.6	25.2	7.5	32.7
Second	16.4	5.1	21.5	19.5	3.0	22.4
Middle	12.8	3.3	16.1	11.9	4.7	16.5
Fourth	8.1	3.6	11.6	12.4	0.1	12.5
Higher	4.5	1.4	5.9	5.1	2.6	7.7
Total	12.6	3.8	16.4	14.1	3.5	17.6

Source : 2017 & 2014 DHS/ANSD (2018 et 2015)

4.3.2. Sexual life of teenagers

Among teenagers aged 15-19 years, 6.1% of girls compared to 4.5% of boys had their first experience with sexual intercourse before the age of 15. In this same age group, 6% of girls, but no boys, had already entered into a union before reaching the age of 15 (2017 Continued DHS). In comparing across the regions, it is clear that teenagers who started their reproductive life are more numerous in Tambacounda, Kolda and Kédougou than in Dakar (Map 2).

Map 2: Pregnancy and maternity of adolescent girls by region (%)



Source: 2017 Demographic and Continuous Health Survey (DHS)

Along the same lines, girls in the regions of Tambacounda (17.1 years), Kédougou (16.9 years), Kolda (17.0 years) and Sedhiou (17.1 years) are more likely to start their sexual life earlier than those from the Dakar (22.4 years) and Thiès (20.3 years) regions. The results by place of residence show that women aged 25-49 living in urban areas have their first sexual intercourse at a later age than women in rural areas (21.4 years old versus 18.4 years old).

Among teenagers who have no education, 30% have already started their reproductive life, while those with primary, middle, or higher levels are 16% and 10%, respectively. In addition, the age at first intercourse is 18.4 years among women with no education compared to 20.5 years among those with primary level and 24.6 years among those of middle/high school or above. This translates into a six-year difference between those with a level of education at middle/high school or higher and those with no level of education.

If we look at the completion rate, girls who fall pregnant and then return to school stay out of school for an average of two years in a row. Dropout and repetition rates are higher among girls who are in a union than those who are single (FNUAP & GEEP, 2015).

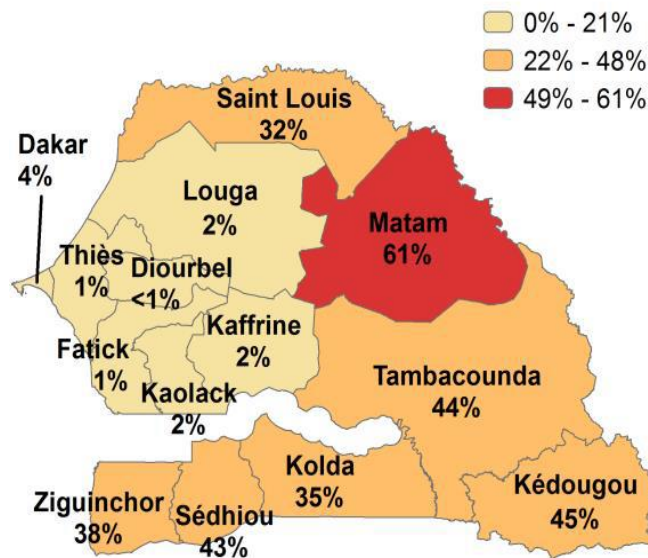
On the other hand, the higher the living standards, the lower the fertility rate. Adolescent girls living in a household from the lowest economic wealth quintile have a fertility rate of 32% compared to 6% for those from households in the highest quintile. The age at first sexual intercourse is earlier among girls in the lowest quintile (17.2 years) in comparison to the highest quintile (23.5 years).

4.3.3. Female Genital Mutilation (FGM)

The environment and region of residence, level of education as well as the level of economic well-being also determine the probability of a girl being subjected to female genital

mutilation.²⁴ For example, in Matam, Kedougou, Tambacounda, Ziguinchor and Kolda regions, more than 33% of girls aged 0-14 were circumcised (Map 3).

Map 3: Percentage of girls aged 0-14 subject to FGM by region



Source: 2017 Demographic and Continuous Health Survey (DHS)

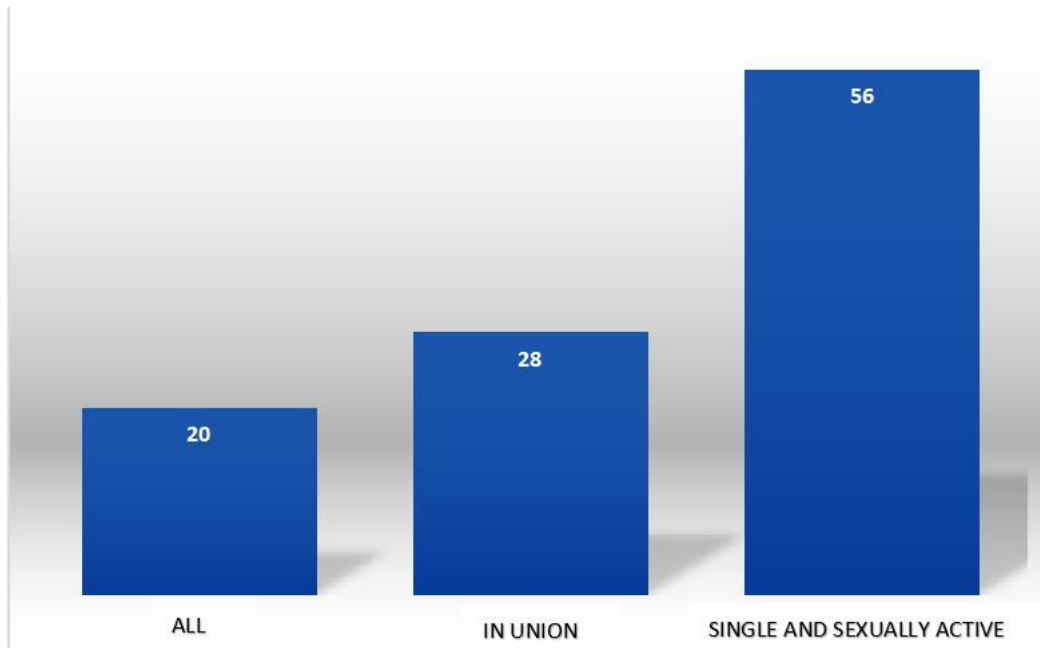
Data on the prevalence of FGM show that the more educated the mother, the less likely the girl is to be exposed to it. Among girls whose mothers had no education, 16% had undergone FGM compared to 6% of girls whose mothers have an education level of middle/secondary school or higher. There are significant differences among households with a high standard of living (4%) compared to those with lower standards of living (26%) (DHS, 2017).

4.3.4. Contraceptive prevalence

In 2017, 20% of women aged 15 to 49 used a contraceptive method with 19% of these using a modern method (see Figure 11). Contraceptive prevalence is 28% among women in a union and 56% among women who are not in a union and who are sexually active.

Figure 11 : Prevalence of contraception among women aged 15-49 (%)

²⁴ 14% of girls aged 0-14 years were subject to FGC in Senegal in 2017. 92% of those reported that they had been circumcised by the age of 10.



Source: 2017 DHS & ANSD (2018, p106).

For women aged 15 to 49 who are currently in a union and using a contraceptive method, the most commonly used solutions are injectables (10.4%) and implants (Table 14).

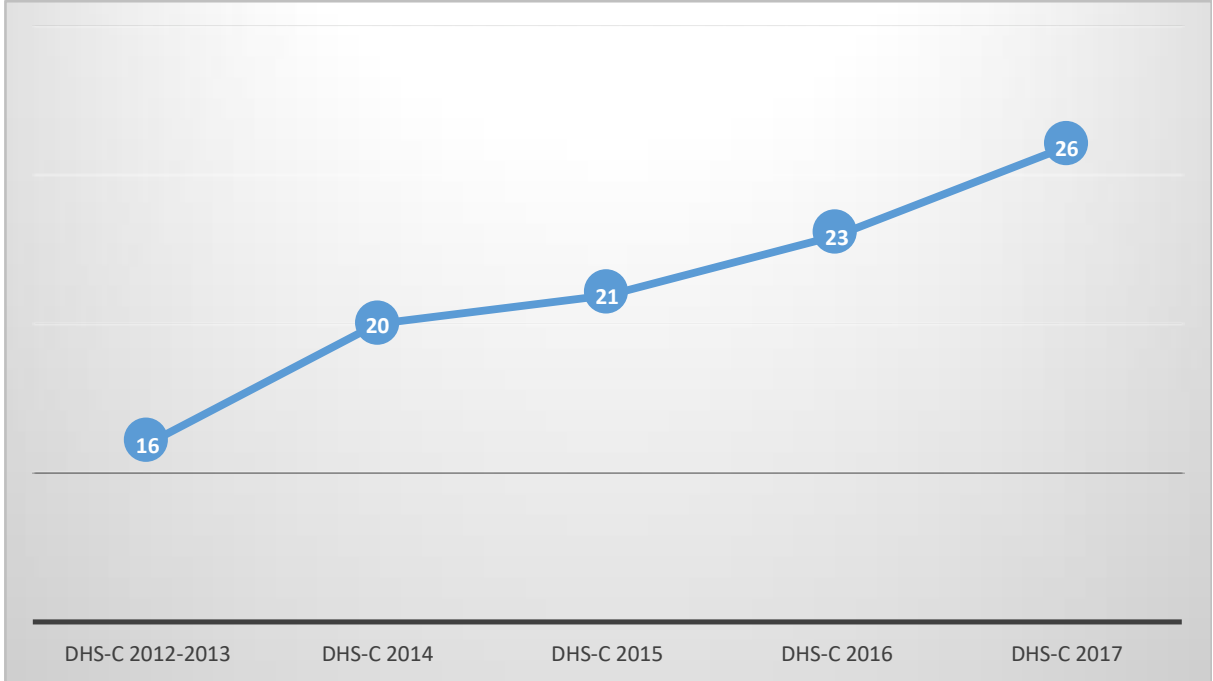
Table 14: Contraceptive use among women aged 15-49 currently in a union using any method (%)

Contraceptive method	%
Injectable	10.4
Male condom	1
Pill	4.4
Implants	8
IUD	2.2
Female sterilization	0.4
Traditional method	1.4
Total	27.8

Finally, the use of contraception is steadily increasing in Senegal. For instance, among women in a union between 2012 and 2017, the use of a modern contraceptive method increased by an average of 3 percentage points per year (Figure 12). Nevertheless, very significant differences persist between the urban environment (37%) and the rural

environment (19%) on the one hand and between regions (42% in Dakar against 10% in Matam) on the other hand as shown by the data of the 2017 DHS (ANSD, 2018).

Figure 12 : Percentage of women currently in a union who use a modern contraceptive method (%)



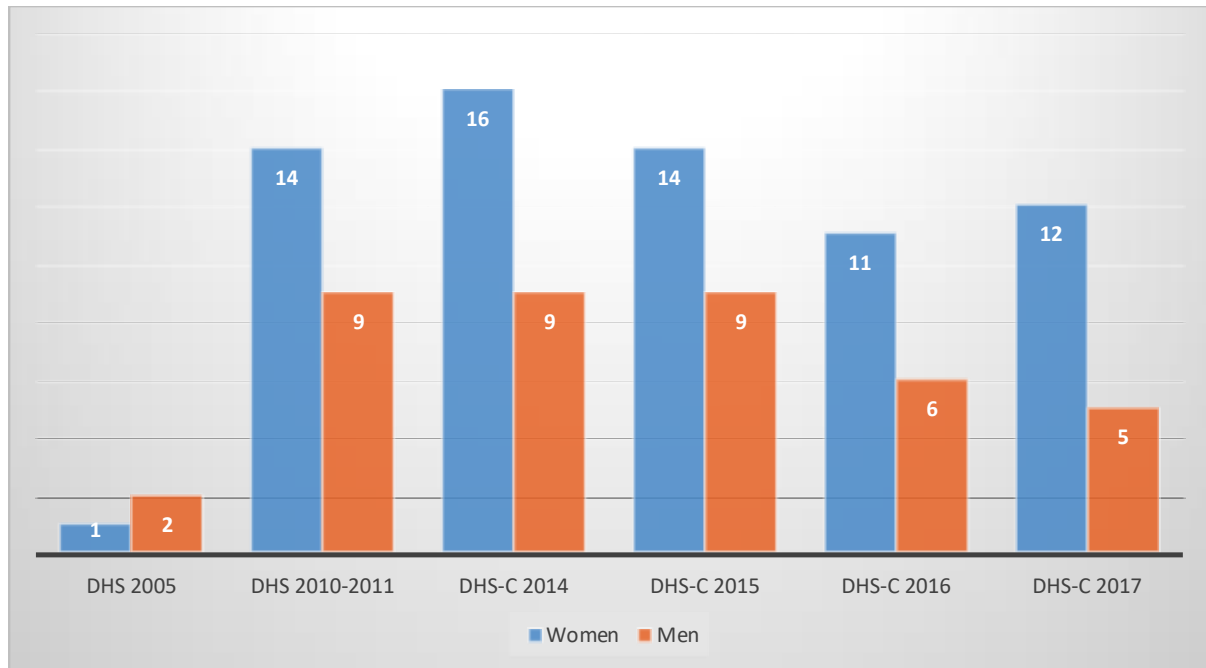
Source: 2012 to 2017 DHS data (ANSD, 2018)

4.3.5. Prevalence of HIV / AIDS

In Senegal, 96.1% of men and 97.2% of women aged 15-49 report they have heard of HIV/AIDS (ANSD, 2018b). However, these rates are slightly lower among young people as they represent only 94.6% and 95% respectively for male and female youths aged 15 to 24 years. The level of knowledge of HIV/AIDS falls to 93% and 92.3% among boys and girls aged 15 to 19 years.

Moreover, although the majority of the population knows about HIV/AIDS, the practice of screening, after a rise in 2005 and 2011, has remained at a relatively low level (around 13% for women and 9% for men) in the last six years (see Figure 13).

Figure 13: Percentage of women and men aged 15-49 who have been tested for HIV in the year preceding the survey and received the result (%)



Source: 2017 DHS data (ANSD, 2018)

In Senegal, according to data from the 2017 DHS, the prevalence of HIV/AIDS in the 15-49 age group is 0.4% for men and 0.5% for women (ANSD, 2018b). The overall prevalence in this segment has decreased from 0.7% in 2010 to 0.5% in 2017. Among adolescents, the prevalence of HIV / AIDS is almost equal to zero in the 15-19 age group (both among girls and boys), but it is 0.5% for girls and 0.2% for boys in the 20-24 age group (ANSD, 2018b).

The status of girls' education and reproductive health reviewed in this section reveals strong dynamics in progress, which will be elaborated on by the synthesis of evidence emerging from the scoping review.

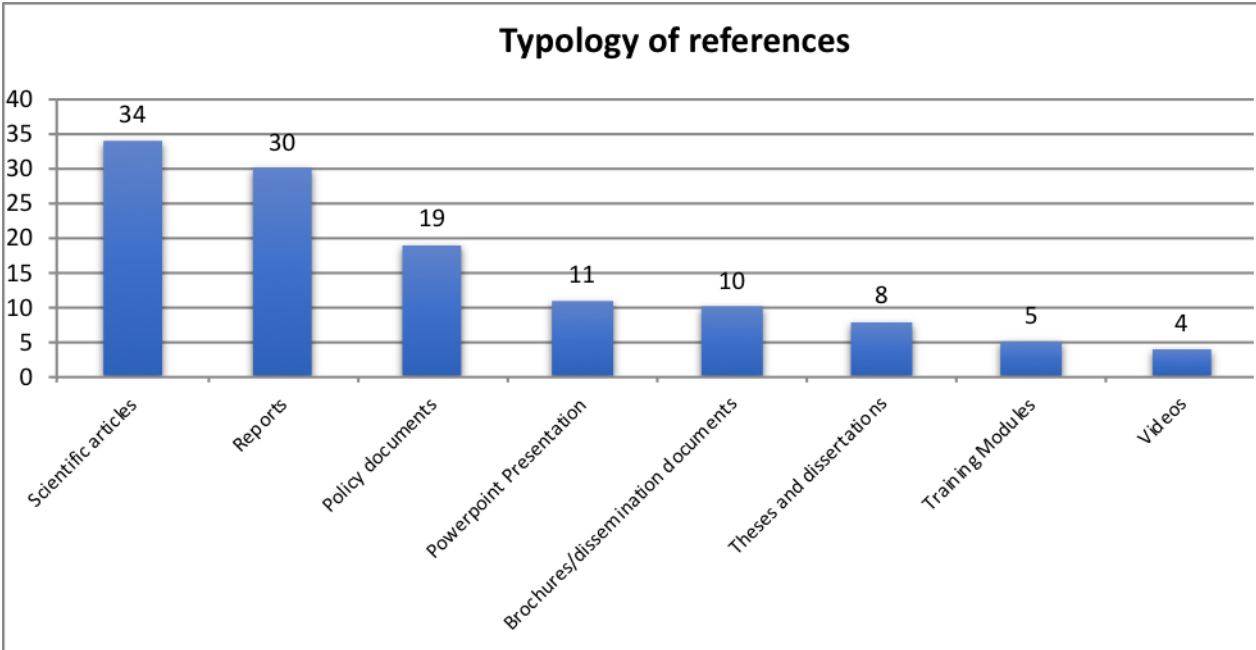
4.4. Evidence synthesis

The classification of documents by type shows the important place of research and studies when the scientific articles and the study reports are pooled together. When combined with the dissertations and theses, 60% of the documents analyzed come from research. These statistics reveal the interest of the actors in understanding the socio-demographic, health and cultural situation in facilitation of interventions. The will of the actors to shape their

actions and methods according to the environment is noteworthy. Policy documents which were estimated at 17% indicate the commitment of the Senegalese government to define the direction of actions and coordinate the coherence of interventions according to the evolving needs of adolescents. While 23% of the materials are pamphlets and training modules, there is a clear focus on communication, dissemination and capacity building of actors and adolescents.

The review of the different resources led to a distribution of references according to document type. Particular emphasis was placed on their relevance in relation to girls' education and the SRHR of adolescent girls. As a result, the list of publications has also been presented in graphical form, which succinctly shows the typology of identified references (Figure 14).

Figure 14 : Typology of references



The content of these references is analyzed in the following tables which distinguish the types of publications and offers a summary of the key evidence. The first table focuses on girl's education (Table 15) and the second on reproductive health and adolescent girls' rights (Table 16).

Table 15: Summary of references in girls' education

	Themes	Number of references on the theme	Key results
Scientific articles (Total: 15)	The evolution of girls' schooling	2	<ul style="list-style-type: none"> -Many factors limit the evolution of girls in middle and high school -The academic progress of girls is evident in Dakar and is a potential factor for changing the status of women
	Sexual education in school and family life education	4	<ul style="list-style-type: none"> -Difficulties of Senegalese middle and high school teachers in providing this type of education -Personal representations strongly conditioned by the social context -Establishment of middle schools teaching on reproductive health (SRHR) -Support sexual and reproductive health of boys and girls in disciplines such as Life and Earth Sciences (SVT) and Family Life Education
	The quality of learning and school failure	1	<ul style="list-style-type: none"> - Education authorities tend to focus more on access to education than on quality

			<ul style="list-style-type: none"> - Inequalities in the quality of education between different social categories, especially among girls
Exclusion factors for girls in the education system	1		<ul style="list-style-type: none"> -The constraints relate to pedagogy, learning conditions, the social and family environment of girls -Girls are less likely to pursue high school than boys -The highest enrollment rates of girls correspond to a better knowledge sharing -The boys remain privileged in the pursuit of higher studies and/or quality -On pedagogy: stereotypes in learning, the weight of prejudices conveyed by textbooks, programs and teachers, the frequency of repetitions as well as expulsions or abandonments related to early marriages and pregnancies.
The dropout, abandonment and exclusion of girls'	1		<ul style="list-style-type: none"> -The parents' resistance to the educational offer should be noted -Parents' representations of the

	education systems		<p>school as a threat to the preservation of traditional values and customs</p> <ul style="list-style-type: none"> - Keeping girls in school is not an imperative and does not determine their future -Early marriages and pregnancies, remoteness of schools, domestic work or early employment are all factors that keep girls at home
	Gender inequalities	1	<ul style="list-style-type: none"> - Emphasis on the difference of the sexes and the complementarity of the masculine and feminine roles in the society -The schooling of girls must promote the roles young women play as wives and mothers -The Arab-Islamic education becomes a place of observation and understanding of representations in the field of girls' education and gender relations
	Gender based violence in schools and in	1	<ul style="list-style-type: none"> -Gender violence in schools has a direct influence on the schooling of girls

	families		-This can cause their withdrawal from school, and appear as one of the major obstacles to girls' education
	Economic precariousness of families	1	- Young people from disadvantaged backgrounds do not value education -The unfavorable conditions of households favor the risk of abandonment
Brochures, dissemination documents and audiovisual support (Total: 10)	Sexual and reproductive health	5	- Shed light on all phenomena related to SRHR and enable better knowledge on sexual and reproductive health -The sensibility of the entire educational community on the early fertility of girls and adolescents in the classroom and in various social mobilization meetings
	Gender in professional training	1	-Development of a curriculum by GEEP for gender mainstreaming in vocational training programs for: - Understanding gender concepts - Valorizing the gender approach - Taking into account the gender dimension in the

			implementation of development activities
	Pregnancies in school environments	2	<p>-Early pregnancies that result mostly from the vulnerability of adolescents and the weakness of education programs, is a real issue in schools</p> <p>The most numerous cases of pregnancy are found at middle school level</p> <p>-In the secondary cycle, grade 11 learners are the most affected</p>
	Gender and equity in the education system	1	<p>- Disparities persist between girls and boys</p> <p>-Girls leave school more frequently than boys</p> <p>-These disparities are even more remarkable as one moves through the system</p> <p>-The disparities between urban and rural areas are also persistent</p>
	Maintaining girls in school	1	<p>-Regressive evolution of girls in education in Senegal as they rise to different levels of education</p> <p>-Repetition and dropout rates</p>

			<p>increase considerably from elementary school to middle school and high school.</p> <p>-The obstacles to keeping girls in school are numerous:</p> <ul style="list-style-type: none"> • Child and/or forced marriages • Early pregnancies • Infrastructure • Curricula and manuals • Housework • Poverty • Traditional customs and beliefs • Intra-family placements or "confiage"
<p>Policy documents</p> <p>(Total: 13)</p>	<p>Promotion of girls' education</p>	<p>9</p>	<p>- Establishment of a Coordinating Framework of Interventions on Girls' Education (CCIEF) to better guide the actions of the various actors</p> <p>-The importance of girls' schooling noted in some academic work reflects the strong dominance of socio-cultural beliefs and religious</p>

			values
	Gender equity in education	4	<ul style="list-style-type: none"> -A legal, institutional, socio-cultural and economic inventory was conducted by the GEEP -We note a low consideration of the gender dimension in the content taught -Low promotion of girls' education in schools and inequity in the treatment of girls -Development of strategic plans for the development of girls' education - Policies to promote girls' education have been conducted with very satisfactory results
Theses and dissertations (Total: 4)	Family Life Education	1	<ul style="list-style-type: none"> -Family life education was introduced into the school curriculum in 1990 - Students gained a better understanding of the risks of unprotected sex, the causes and consequences of early and unwanted pregnancies, STIs, HIV/AIDS and control of contraceptive methods
	Pedagogical introduction of new technologies in schooling	1	<ul style="list-style-type: none"> -Teachers show favorable perceptions of ICT integration in medical education -Introduction of a variety of methods and tools in teaching-

			learning situations with ICT
	Reforms in girls' schooling	2	<p>-The current state of the Senegalese education system hinders the schooling of girls (reforms, strikes and precarious means).</p> <p>-Adoption and execution of a Declaration of Educational Policy, aimed at improving the quantity and quality of education in general and Elementary Education, particularly with a focus on girls' schooling</p> <p>-It is the frame of reference for all interventions in the system</p>
Research reports (Total 11)	Maintaining girls in school	1	<p>- The experience of PAEF in Senegal is a reference model in the field of promoting girls' education</p> <p>-The income-generating activities of women have strengthened links with the community.</p> <p>-They participate in the fight against poverty, which constitutes a major obstacle to the education of girls.</p> <p>- The PAEF approach facilitates the finding of solutions to issues facing girls' as well as women's</p>

			difficulties in accessing and keeping girls in school and building the capacity of women
	School performance	5	-Girls still less successful in mathematics - Students who repeat at least once are less successful in reading and mathematics than students who have never repeated
	Gender based violence	1	- GBV is a reality in schools -The perpetrators of GBV are often not sanctioned -GBV victims are protected in schools -Existence of observatories on vulnerability and school dropout, -Pregnant girls are often dismissed out of school despite the existence of the Pregnancy Management Circular
	Other national data	4	Some drop-outs result from early entry into the workplace or economic vulnerabilities, academic failure, lack of school perspective, early marriage, unwanted pregnancy and illness

Table 16: Summary of References in Reproductive Health and Adolescent Rights.

	Themes	Number of references on the theme	Key results
Scientific articles (Total: 15)	The history of adolescent reproductive health	1	<ul style="list-style-type: none"> -Marriage, sexuality and procreation start at an early age -Adolescent health, particularly reproductive health is poorly considered in health programs -The limited access to information and services in reproductive health -The multiplicity of interventions in reproductive health and the weak synergy between the actors -Inadequate training of providers in juvenile law and communication -Difficulties in communication between parents and teenagers -The absence of specific data on adolescent health -The socio-cultural and religious barriers -A network is realized from several programs, projects - Reproductive health services were offered to adolescents and young people
	The institutional framework		Senegal has initiated an institutional and legal framework and flagship actions

	and current interventions		<p>on the ground among which we can mention:</p> <ul style="list-style-type: none"> -The Reproductive Health Division of Adolescents and Young People (DSRAJ) -The Law on Reproductive Health -The Strategic Plan for Sexual and Reproductive Health of Young People 2014-2018 -The standards of health services adapted to adolescents and young people - Spaces for adolescent and young people in health facilities and Adolescent Counseling Centers (ACCs) have been set up to increase the supply of adolescent reproductive health services
	Premarital birth and early pregnancies	4	-Early pregnancy of women aged 15-19
	Adolescent fertility	2	- Marriage, sexuality and procreation start at an early age
	Child marriage	1	-Women surveyed in the 2015 Demographic and Health Survey (DHS) reported having married before the age of 15

	The reproductive health services offer in schools	3	<ul style="list-style-type: none"> -In elementary school, Family Life Education was integrated into the 2010 Senegal Basic Curriculum and into secondary school - The GEEP has developed the Family Life Education Clubs - Some content deemed culturally sensitive has been removed - Key elements were not included in the programs because of socio-cultural resistance
	Adolescent sexual behavior		-Sexual behaviors are not limited to young married women.
	Knowledge and use of contraceptive methods	3	- The use of contraceptive methods among young people in Senegal remains low
	Unmet need for reproductive health services and adolescent rights	1	<ul style="list-style-type: none"> -Adolescent health and reproductive health in particular are poorly considered in health programs -Access to information and services in reproductive health remains limited -Multiple interventions in reproductive health and weak

			<p>synergy between the actors</p> <ul style="list-style-type: none"> -The training of the providers in juvenile law and in communication is insufficient -Difficulties of communication between parents and teenagers -No specific data on adolescent health exists -Social and cultural barriers
	Gender based violence	2	
Brochures, dissemination documents and audio-visual support (Total: 16)	Gender based violence and female genital mutilation	2	<ul style="list-style-type: none"> -Women have suffered more from insults and explicit words of denigration than men -An elevation in vocal tone for the purpose of intimidation and use of words that implicitly denigrate -Shares of speech avoidance in the last 12 months -Sexual violence includes rape attempts, non-consensual sexual touching, strokes and physical restraint for sexual intercourse, gang rape, gun-related rape, sexual harassment, rape threats
	Vulnerability of young migrant girls	1	<ul style="list-style-type: none"> -A study was conducted in December 2013 to analyze the needs of migrant girls - There is a lack of information

			<p>on domestic girls and reproductive health issues</p> <ul style="list-style-type: none"> -Development of a booklet for all actors involved in reproductive health issues for adolescents
Sexual and reproductive health rights	10		<ul style="list-style-type: none"> -Sexual health needs a positive and respectful approach to sexuality and sexual relations -The possibility of having sexual experiences that bring pleasure safely and without constraints, discrimination or violence -The sexual rights of all persons must be respected, protected and safeguarded according to the World Health Organization
Promotion of family planning	1		<ul style="list-style-type: none"> -Men are not sufficiently informed on family planning -Women use it without consent of their spouse -Sensitization of communities on the use of family planning methods -Promotion of the use of family planning methods
Health and well-being of women and adolescent girls	1		<p>Launch of the project to improve the health and well-being of women and girls in southern Senegal</p> <ul style="list-style-type: none"> -Improved use of health services

			and SRHR
Policy Documents (Total 6)	Elaboration of SRHR Strategic Plans	6	<ul style="list-style-type: none"> -Adoption of the Declaration of Population Policy (DPP) adopted in 1988: a first theoretical frame of reference to guide the population/ development programs implemented in the territory -Implementation of reference documents for universal access to health services -National Program in Reproductive Health -Developing the Strategic Plan for Reproductive Health (2011-2015) -Development of adolescent-friendly health services in Senegal
Theses and dissertations (Total 3)	Institutional responses to the SRHR issue	1	<ul style="list-style-type: none"> - Early marriages and rapes are at the origin of many SRHR problems (AIDS, suicide, divorce, infanticide, adultery, etc.) - Establishment of a National Reproductive Health Service and an office for adolescents. - Establishment of a Reference Center in SRHR - Information and awareness campaigns for young people on Family Life Education (FLE) and

			<p>early pregnancies</p> <ul style="list-style-type: none"> -Other themes are conducted at the level of unwanted pregnancies, STI/AIDS and counseling centers for adolescents housed in the Departmental Centers of Physical and Sports Education (CDEPS) - Establishment of the Youth Promotion Project, which housed the CCA Tambacounda in 1996 - The IME (School Medical Inspectorate) which provides all the care that the students who come for consultations need except for pregnancy cases -The National Council of Fight Against Aids (CNLS)
	Contraception among youth	1	<ul style="list-style-type: none"> -The general perception is that young people should not even have sex and even less claim rights to contraception -A generational communication problem -Parents who urge children to preserve themselves and not to disappoint the family -The young people who intend to live their life as they see fit

			<p>and without the knowledge of their parents</p> <ul style="list-style-type: none"> -Parents do not explain to young people why they must protect themselves - Young people, in the prime of their lives are often imprudent when having unprotected sex or using inappropriate protection
	Peer influence on SRHR	1	<ul style="list-style-type: none"> -Different sources of information can be used by young people to enable them to negotiate sex - Health facilities can help young people to get advice and answers on issues related to sexuality, STIs, HIV/AIDS etc. -Teachers can be considered a reliable source of technical information on STIs and HIV/AIDS -Teachers are not the right people to teach practical skills to young people
Research reports (Total 17)	Undesired pregnancies	6	<ul style="list-style-type: none"> -Undesired pregnancies have consequences on school performance -The majority of pregnancy cases are caused by young

			<p>people in villages, pupils and students</p> <ul style="list-style-type: none"> - The high number of unwanted pregnancies has prompted NGOs to focus on this issue - Teenagers are not well prepared to cope with peer pressure
	Female Genital mutilation	3	<ul style="list-style-type: none"> - FGM affects young girls in almost the entire Senegalese territory -The number of circumcised women is higher in rural than in urban areas - Circumcision is practiced on girls from the age of 10 -Various actions by the actors for the abandonment of FGM
	Gender based violence	4	<ul style="list-style-type: none"> -Violence (beatings and injuries) is more common among girls than boys in Matam, Dakar, Kolda and Tamba -The control of sexuality by parents often leads to these forms of violence -These forms of violence are often the cause of unwanted abortions or pregnancy losses

	<p>Contraceptive methods and family planning</p>	<p>4</p>	<ul style="list-style-type: none"> - There is still low access to contraceptive methods by girls, - There is also a lack of awareness of contraceptive methods by adolescents, - Adolescents often use social networks to learn about contraception -This lack of knowledge is often the cause of unwanted pregnancies and STIs -Some teens started attending designated facilities for advice
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The synthesis of references to girls' education and reproductive health and the rights of adolescent girls in Senegal shows that they face several barriers. These barriers are described in more detail in the following sections.

4.4.1. Barriers related to the supply and demand of educational services

Several factors explain the exclusion of girls from the educational system, such as the geographical isolation of schools (some parents do not allow their daughters to travel long distances away from home). Other factors include: socio-cultural barriers which position the school against societal and religious values; poor school results; the need for labor for domestic work; the educational choices of parents who prefer to invest in boys.

It is useful to dwell on the question of accessibility in terms of infrastructures that do not always take into account girls' specific needs (lack of toilets etc.) especially from the period of puberty. In addition, the lack of equipment affects girls more than boys who are typically better prepared for competition.

Textbooks and other media perpetuate gender bias in their contents which position men at the center with women occupying secondary roles. To this must be added the sexist behaviors and attitudes of some teachers that negatively influence the maintenance and performance of girls in school (Touré, 2007).

4.4.2. Information and education barriers

In general, adolescents hear about reproductive health, contraception, HIV/AIDS, pregnancy and so on, but their knowledge remains superficial. For instance, in Senegal, the lowest level of knowledge of HIV is observed among women and men aged 15-17 years (18% and 23% respectively). The percentage of young women and men aged 15-24 who have full knowledge of HIV is higher in urban areas than in rural zones: 38% vs. 15% respectively for women, and 47% vs. 20% respectively for men (DHS, 2017). Knowledge of HIV increases along with education level, varying from 10% among women without education to 41%

among the ones with middle/secondary education or higher.

A quick analysis of the literature shows that adolescents obtain information from four main sources: the media (radio was mentioned as a major and privileged source); schools or teachers; health personnel; family and friends. The media is therefore the major source of information. However, it does not affect all categories of adolescents nor does everyone have the same access. Few teenagers are in the media and those in rural areas are even less likely to listen frequently to the radio (Cissé, Fall, & Jacquemin, 2017).

In schools, programs include courses on Social and Family Life Education. However, there is an obvious lack of comprehensive sexual education, although it could have contributed to the deconstruction of prejudices and myths about sexuality, which is a topic that remains underexposed and disarticulated within school programs (Chau, Seck et al., 2016). Moreover, even if sex education programs were provided in all schools, some adolescents, the majority of whom were out of school, would not benefit from them even though they have complementary and specific needs due to their particular living conditions.

In light of the lack of dialogue between parents and adolescents, peer education projects were initiated. This assumes that teens talk more easily about sex with each other. However, these projects are not suitable for all categories of adolescents and education does not always lead to "healthy" behaviors. These projects are often aimed at those who live near adolescent centers in urban areas. Those who live in peripheral areas, or who are employed or engaged in domestic tasks, remain on the margins of these interventions.

4.4.3. Socio-cultural barriers

The Senegalese society is marked by a strong patriarchal tradition, as well as a well-defined hierarchy between sexes and generations. In general, the demands of the family dominate individual choices, and the social groups to which people belong, whether ethnic or religious, often define how individual goals are to be achieved.

For girls' education, the reluctance of parents to support their schooling and resistance in certain areas with a strong religious base, are all factors in the retention of girls out of school. Further, the negative perceptions of some girls in relation to their own image at the time of puberty have an impact on their academic performance (Touré, 2017). These sociocultural constraints to girls' education have repercussions on their reproductive health.

Regarding early marriages, in addition to the precarious socio-economic situation of households, norms, values and expectations of the family or lineage that magnify the roles of wife and mother for the girl compel teenagers to quickly enter the cycle of procreation and the education of children through marriage. Another factor is the desire of parents to ensure that their daughters practice sexual abstinence until marriage.

Condom use is also affected by socio-cultural norms. For girls, asking for condom use would be a sign of "light manners" that could expose her to violence and reduce her chances of building a lasting relationship. Similarly, for access to contraception, adolescent girls have a significant unmet need for contraception. Multiple barriers, such as social stigma, strongly constrain the use of health services. Moreover, there is some discomfort among adolescent girls to undertake prevention or treatment for the effects of premarital sex. Adolescent girls, whether married or not, continue to struggle with family planning services and are often unable to benefit from modern contraceptive methods.

This is the reason why health services are only used as second-line, after failure of self-medication, medicinal plants or traditional treatment. The use of traditional healers and pharmacies is favored for the management of STIs alongside public hospitals and clinics because they provide confidential services.

4.4.4. Financial barriers

Education costs (registration fees, supplies, transportation, food and clothing) can weigh on the family budget and are even more important for girls than boys (sanitary pads and other toiletries). Ultimately, they can hinder the school attendance of girls. In low-income households, management of such costs works to the detriment of girls (Touré, 2017).

Financial precariousness very often motivates the entry of adolescent girls into sexual life or their having unprotected sex. The child marriage rate is closely related to household wealth, with the phenomenon being more prevalent in poor households than in rich ones.

4.4.5. Barriers related to the place of residence and the family environment

Adolescents' vulnerabilities are further exacerbated when they live in rural areas. Access to information or services related to reproductive health and rights remains more difficult, the number of uneducated girls is higher, grade repetition or abandonment, marriages and pregnancies are more frequent as well.

The family environment is crucial and families do not seem to adequately prepare adolescent girls for responsible sex. The lack of communication with parents and the encouragement of modesty around sexuality is a major feature in the adolescent reproductive health literature. Peer influence can also increase exposure to risky behaviors. Indeed, the extent of peer influence, both positive and negative, has increased significantly. Some girls do not seem to have the strength to resist pressures from their peers who invite them to be sexually active.

Trend analysis shows the multidimensional vulnerabilities that adolescent girls face in the economic and social context of Senegal. To achieve the demographic dividend, it is crucial to implement robust social and economic policies and improve the wellbeing of adolescent girls and human capital.

5. DISCUSSION ON RESULTS: POLICY ANALYSIS

This section has three components: (i) analysis of girls' educational policies, (ii) analysis of reproductive health policies and adolescent rights, (iii) mapping of actors in girls' education, reproductive health and rights of adolescents/youth.

5.1. Analysis of education policies for girls in Senegal

As early as 1236, the Mandé Charter²⁵ proclaimed that education concerns the whole community, and that West African societies should organize themselves according to "the respect for human life, right to life, principles of equality and non-discrimination, individual freedom, justice, equity and solidarity." Such a perspective was broken by evangelism and colonization.

- **The slow introduction of girls' education**

Girls' education has been introduced since 1817 with the establishment of girls' schools by Christian religious organizations. The objective was to prepare girls for reproduction, childcare and domestic work, especially culinary knowledge. The first students were "mixed girls, boarders of public or private orphanages run by the social workers of churches and later daughters of civil servants. They were followed by the daughters of riflemen and leaders often forced to send their daughters to please the colonial administration." (MEN, 2012)

Several studies show that the access of boys to school was privileged above that for girls. It was not until 1938 that a teacher training college for girls was created in Rufisque, while the boys' school had been established since 1903. Reforms were introduced in 1930 to encourage the recruitment of girls in schools.

²⁵ *La Charte du Mandé*, 2009 list of UNESCO immaterial cultural heritage of humanity

Until independence in 1960, girls' schooling was not the subject of a specific policy. On the contrary, the education of girls by Christian religious organizations and the lack of commitment by the colonial authority were factors that held back girls' education in areas with strong Islamic influence such as Kaolack, Kaffrine, Diourbel, Tambacounda, etc. At the same time, other cities such as Dakar, Saint-Louis and Ziguinchor were opening up to girls' schooling.

Niang (2006) analyzes "how colonial and postcolonial policies continue to affect the entire system, and the impact of these policies on current crises such as school (cessation) by girls in the elementary cycle." According to her, high school dropout rates among girls are the consequence of the prolonged nature of the colonial school in the post-independence phase. School remains the space of violence and discrimination of girls: "School is in fact a social space that prolongs and reproduces the relationships of domination and discrimination against a backdrop of multifaceted violence." (Bennadallah, 2010)

- **The new way introduced by the Estates General of Education and Education for All (Jomtien): the promotion of a national and democratic school**

The Estates General of Education in 1981 marked a decisive break in favor of a national, democratic and popular schooling system. This promoted a cultural re-anchoring of the Senegalese school that would be more inclusive for girls. The period of structural adjustment plans (SAPs) during which the Estates General of Education were held restricted the effects of the policy which favored more widespread schooling for girls.

The Jomtien conference (Thailand) was held in 1990 to accelerate education for all. The National Education Orientation Act (No. 91-22 of 30 January 1991) was thus passed in 1991 by the National Assembly and highlighted the secular and democratic character of school.

In 1995, the human resources development policy defined by the Senegalese State with the support of the World Bank systematized the schooling of girls and the first project entitled "Schooling Girls" (SCOFI) was set up. Architectural standards that took into account women's specificities as well as scholarships for girls were recognized in this context. In the same year

(1995), the Fatick Forum highlighted an action plan to encourage girls' education. Since then, the Senegalese government has made a strong commitment to enroll girls in primary and secondary school. The National Committee of Teachers for the Promotion of Girls Schooling (CNEPSCOFI) was also established.

In a similar vein, the Forum of African Women Educationalists (FAWE) was created in 1996 and initiated considerable mobilization for the education of girls. The environment became even more favorable when in 2000, under the leadership of UNESCO, Dakar hosted the world conference on education whose focus was the "Education for All by 2015" target. Universal primary education and gender equality therefore gained significant momentum.

In addition, more than three decades after the Estates General of Education, the government organized the Assizes of Education in 2014, which calls for a renewal of the education system. The conclusions call for the setting up of a "school of success" through, among other things, internal and external efficiency of the education system. The importance of girls' education is emphasized because of its proven effect on population variables such as fertility behavior, maternal and child health, etc. (Rapport Assises Nationales, 2014).

- **The mainstreaming of girls' education by the Education and Training Development Program (PDEF)**

A new decade for education (2000-2010) began in Senegal thanks to the Education and Training Development Program (PDEF), which positioned girls' education as a principal indicator of success per the 2001 NAP/EFA National Program on Access and Quality of Education. The Directorate of General and Secondary Education (DEMSG) set up the Girls' Mathematics Education Project (FEMSA) in 2000 to orient girls in the fields of science and technology.

To sustain efforts in keeping girls in school and also work towards the Millennium Development Goals (MDGs) (especially the MDGs for gender equality and women empowerment), technical and financial partners provided support to the Senegalese

government in setting up the Coordination Framework of Interventions on Girls' Education (CCIEF) in 2006.

- **Human Resources Development Project (PDRH 2) and the Girls Schooling Project (SCOFI)**



The success of this program is due to the multiple actions, especially the community mobilization, to open up the school to parents and associations/NGOs. Awareness campaigns were organized at each regional level. The actions proved relevant and targeted the needs of the girls. They have also been implemented consistently.

- **The Girls' Education Support Program (PAEF) and the promotion of inclusiveness for girls**

The Italian cooperation supports the emergence of the Girls Education Support Project (PAEF) in the Ministry of National Education in four regions (the suburbs of Dakar, Louga, Diourbel and Fatick). In 80 elementary schools with 20,000 girls and 600 teachers, civil society associations and women's groups are involved in support actions for girls' education.

The goal of the PAEF is to improve the gross enrollment ratio by removing the barriers to girls' access to school as well as their retention.

The project identifies different types of actors and assigns them specific roles: excellence scholarships for successful girls and academic support for those with learning difficulties; teacher training on the gender approach; involvement of school management committees in monitoring girls (punctuality, homework control, lifting other constraints such as menstruation management, health, girls' separate toilets at school); communication campaigns against stereotypes and prejudices against girls at school; institutional and financial support for civil society organizations and women's groups to create economic autonomy and encourage participation in the monitoring of girls' education.

The PAEF introduces a holistic vision and puts girls' education at the heart of the synergy of the types of actors in school. By reinforcing the capacities of the actors in their diversity and by mobilizing them, each in their area of competence, the PAEF innovates by echoing a school of communities conscious and committed to equity and the integral education of girls. The educational offer is improved and accompanied by capacity building actions for teachers and inspectors in gender analysis, school remediation with support for students with learning difficulties and home monitoring. The community is engaged and girls' education becomes the concern of diverse actors who may have been previously uninvolved.

- **Various institutional measures are taken to make girls' education sustainable**

As early as 1978, the presidential decree N° 78.973 marks the creation of a female general education establishment including the middle and secondary cycles called 'Maison d'Education de l'ordre national du Lion' (M.E.O.N.L) located in Cap Manuel. Transferred to Gorée in 1979, this establishment is known today under the name of "Maison d'Education Mariama BA" following the decree n° 85-445. The institution is an institution of excellence that welcomes, through competitive examination, the 35 best girls in Senegal after obtaining their CFEE.

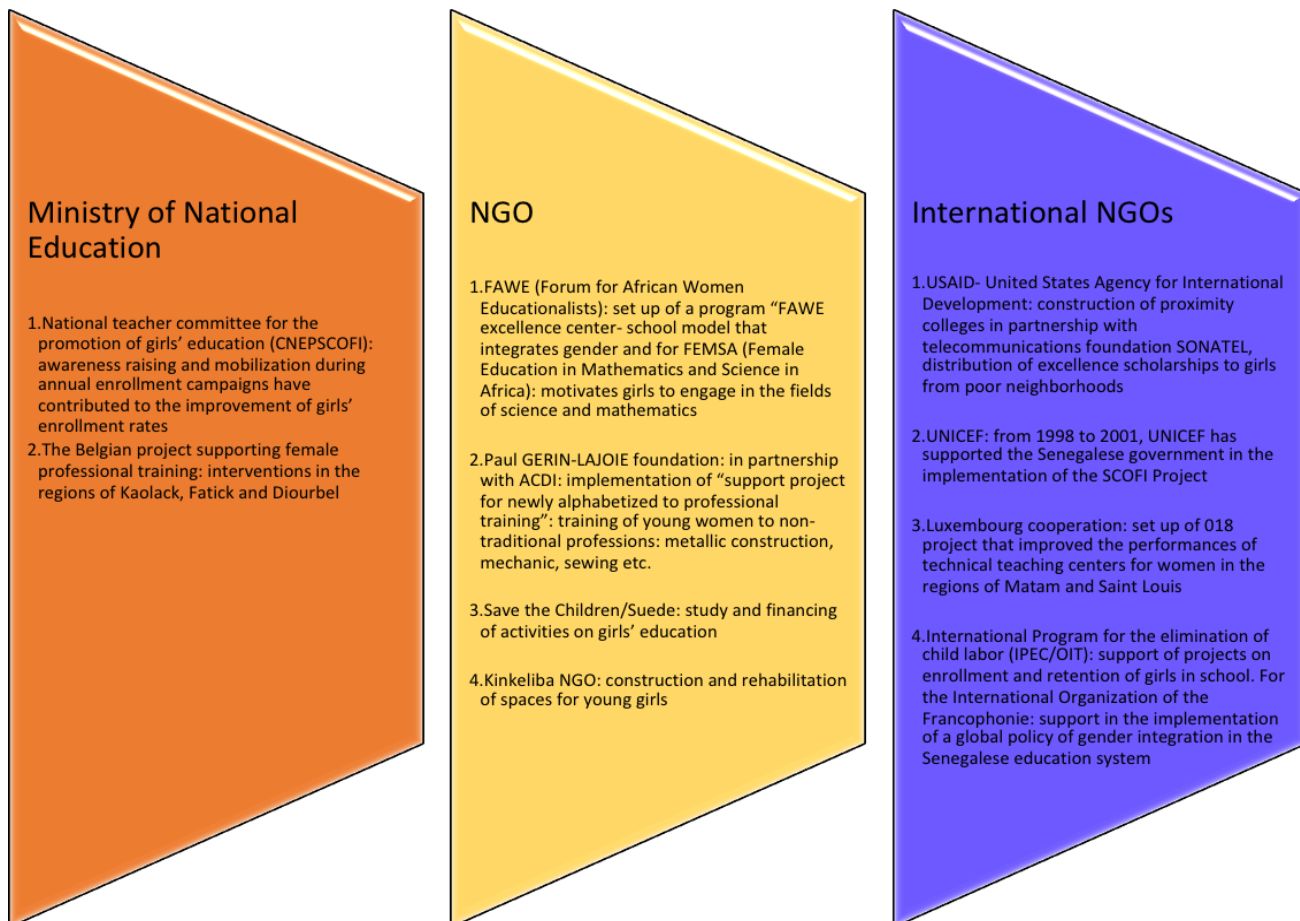
Another institutional measure was the establishment in 2004 of the Gender Bureau within the Directorate of Human Resources of the Ministry of National Education, whose aim is to integrate the gender dimension into the education system.

To address the exclusion of pregnant girls in schools and in accordance with girls' rights, circular N° 004379 / ME / SG / DEMSG / DAJLD of 1 October 2007 was issued to allow pregnant girls to resume their studies after childbirth.

Concentrated efforts towards girls' access to school have significantly increased enrollment rates in general. Since 2007, gender parity has become more of a reality in the elementary school level, despite some regional disparities and certain socio-economic factors that impact girls' dropout rates (MEN, 2012).

More strategically, the Ministry of Education initiated the Girls' Education Development Plan in Senegal (2009/2011) and provided a policy framework for the CCIEF to coordinate girls' retention in school. Similarly, the Government of Senegal has been actively involved in promoting gender equity and access to equal opportunities, especially among boys and girls, by developing the "National Strategy for Equity and Gender Equality (SNEEG) by 2015." SNEEG sought to "promote attitudes and practices that promote equity and equality of recognition, treatment, opportunity and results for women and men and, in particular, to strengthen, alongside education and health, the social position and the ability of women to take action" (SNEEG, 2005, Ministry of Women, Family and Social Development).

- **Diverse actions of education actors in favor of girls' education**



- **The Women's Education and Empowerment Support Project (PAEF-Plus)**

The Women's Education and Women's Empowerment Project for Inclusive Local Development (PAEF-Plus 2014-2018) is part of the holistic and already inspiring vision of the previous PAEF. More generally, the PAEF-Plus is inspired by the strategic orientations of the Government of Senegal termed the "Emerging Senegal Plan" (PSE 2013-2035). One of the three priority areas of the PSE is "human capital development." The Ministry of National Education has planned its policy through the Program for the Improvement of Quality, Equity and Transparency in the Education and Training Sector (PAQUET) for the period 2013-2025. Such convergences of educational programs and reference policy frameworks promote the need for organizational coherence through the Coordinating Framework of Interventions on Girls' Education (CCIEF).

The PAEF-Plus is based on the assumption that the constraints to girls' education mainly lie in the socio-economic and cultural environment of the school. Involving community actors is therefore the surest way to break down barriers and achieve inclusivity. Actions such as uniform donations, distribution of school kits for girls and support for mothers' associations, as well as creation of mutual health schemes for girls have increased with the PAEF. There is significant research that validates the predominantly community-based approach, whereas previously it remained "exclusively supply-oriented". This allows "the school as an institution to be integrated in the social imaginary of the parents." (Gérard, 1998). Nevertheless, economic barriers also exist as "school represents a cost". For low-income families, school expenses remain a true sacrifice (Baux, 2006). In fact, "the cost factor weighs in the expectancy of school life" (Dorothee, 2010).

- **Program for the Development of Education in Senegal (PADES 2019-2022): the new educational policy that favors a better gender management**

The PADES which provides support to the Ministry of National Education from the Global Fund for Education and AFD, innovates by introducing improved management, communication, funding, quality and equity of the education that is being offered to the children of Senegal. The logical framework adopted aims at a change based on the fact that "gender-related social representations are all complex and interacting factors in regional and national averages of school performance" (PADES, 2019-2022). The renewed steering of the educational policy involves multiple actors targeting the equity of the educational routes. Management remains the area where gender is most taken into account in the new educational policy: "the monitoring of teacher allocation choices in the different classes of elementary is done according to the specificities of teachers (qualifications, seniority, gender) through the dashboard of each school" (PADES, 2019-2022). Similarly, at the managerial level, the increasing proportion of women with responsibilities remains a leading indicator of PADES.

Conclusion: give priority to technical and financial partners' budget support for girls' education and ensure greater sustainability of policies

Educational policies for girls identify different types of constraints. At the household level, girls are assigned more domestic responsibilities than boys. Fieldwork, livestock and crafts are all income-generating activities which can involve children and prematurely put them to work. Early marriages are also a concern. While public school education is free, it still entails additional costs in the form of contributions which can accumulate to similar levels as private school costs. Other costs include, but are not limited to, food, transportation, clothing, etc. Families end up making choices that impact girls negatively.

Babacar Fall (MEN, 2012) highlighted another factor affecting girls' retention in school which is "the near absence of female success models (especially in rural areas where the majority of teachers are men)" (MEN, 2012). Late enrollment, early pregnancy, sexual abuse and the taboos surrounding them are all factors that limit girls' access to and retention in school.

Structural inequalities between urban and rural areas persist. Indeed, schools are better distributed in urban than in rural areas. The more experienced teachers are frequently found in the cities. In rural areas, some schools are far from the places of residence and this results in a geographic inequality that disadvantages girls' education. In addition, the school environment (separate toilets, fences, and water availability) and learning conditions are better in urban areas. Socio-economic disparities also contribute to the widening gap between boys and girls. Similarly, there are gender inequalities in access to school when parents favor boys over girls. Textbooks continue to convey gender stereotypes and prejudices, specifically about girls and women in general.

Actions motivated and guided by policies aimed at girls' education call for better coordination. To this end, the Senegalese government should emphasize the synergy of actions by making the CCIEF more visible and dynamic. Multi-stakeholder interventions require sustained efforts in consultation and rigorous planning. However, in this area, the short cycle of girls' schooling projects and their retention in school still suffers from speculation on the gains made from the end of a project and the start of a new one. Girls' education is of such importance that its programs should benefit from the government's public financing therefore ensuring its continuity. One of the keys for technical and financial

partners to prioritize is budget support from the State, which would guarantee the sustainability of girls' education.

5.2. Analysis of the reproductive health policy and rights of adolescents and youth

- **It was school health originally**

During the colonial period, school health had been the subject, since 1942, of a regulating decree (n° 3521 of October 7, 1942) which installed the general service of medical inspection of schools (Ba et al., 2009). The policy in this era was mainly preventive, focusing on vaccination campaigns in schools, the environmental health of schools, the control of students' aptitude for physical and sports tests and finally the health monitoring of food, especially in boarding schools. The target population covered children and adolescents in school from 6 to 20 years. With periodic medical monitoring and systematized vaccination in educational institutions, school health had its moments of glory until the late 1970s.

The beginning of structural adjustment plans (SAPs) in the early 1980s until 2000 resulted in a narrowing of state action to the detriment of social policies. This new situation resulted in a reversal of the association movement that had been involved in the management of several sectors and emerging needs. The health of young people and adolescents was one of these sectors that did not receive significant investment following changing public policies.

- **The role of school in the health of teenagers and youth**

The creation of the School Medical Control Division in 1986 (Decree n° 86-877 of 19 July 1986), following the 1981 Estates General of Education and Training, marks an important step towards improved health in schools. Nevertheless, it is only gradually that reproductive health became integrated into the service, this under the impetus of UNFPA. The 1978

Senegalese Fertility Survey (ESF) and the 1986 Demographic and Health Survey (DHS) provided significant scientific evidence on adolescent SRHR.

For instance, the 1988 Population Policy Declaration (DPP) explicitly mentions adolescent health in its components: pre-marital sex, early and/or unwanted pregnancies and sexually transmitted infections (STIs). It therefore served as an institutional framework for the implementation of adolescent-oriented reproductive health (RH) programs starting in the early 1990s with two components. The first component consists of two projects geared towards schools. The Family Life Education program was launched in 1992 at the elementary school level with a project implemented by the Ministry of National Education with the support of UNESCO. The middle and secondary school levels were part of a project executed by the Group for the Study and Teaching of Population (GEEP) which is a non-profit organization that has deployed a participatory approach in organizing students in clubs known as Family Life Education (EVF clubs), since 1994. The second component targets young people in the out-of-school environment with two major initiatives: the "Youth Promotion Project" (PPJ) managed by the Ministry of Youth and the "Xàll Yoonn" project set in motion by Senegalese Scouts. These projects were set up in the wake of the International Conference on Population and Development (ICPD) held in Cairo in September 1994.

- **The Cairo Conference: roadmap to SRHR**

One of the effects of the Cairo Conference was that family economy was recognized as part of education system, and reproductive health was mainstreamed in elementary, middle and secondary education. This encouraged teachers of various disciplines such as Life and Earth Sciences to devote more time to teaching on the prevention of STIs, HIV/AIDS as well as the prevention of major endemic diseases (malaria, tuberculosis, leprosy, etc.). School programs in combination with the club activities involving family life education have significantly contributed to the progress in adolescent health training.

The 1994 International Conference on Population and Development (ICPD) in Cairo marks a turning point in the promotion of adolescent and youth health, which is now considered a priority area in the reproductive health policy of the Ministry of Health.

The National Health and Social Development Program (PNDSS) initiated by the Government of Senegal and adopted in 1994 introduced adolescent and youth health with a strong emphasis on the need to take into account the specific needs of young people and adolescents in both school and out-of-school settings. These needs can be summarized as prevention of risky behaviors, access to basic health, vaccination, avoidance of unwanted pregnancies and early marriages.

- **WHO and the new reproductive health strategy for Africa**

In 1998, WHO developed its global strategy for reproductive health in the African Region (1998-2007) promoting adolescent health. This included the learning of reproductive biology and the promotion of reproductive health, responsible behaviors among adolescents in the area of contraception, healthy sexual practices and prevention of sexually transmitted infections.

In 1999, the Ministry of Health broke new ground by setting up an office called Adolescent Health in the Reproductive Health division. A year later, in 2000, the Ministry of Health developed the integrated health development program (PDIS), which addressed the health of young people and adolescents. A credit line (\$2 million USD for three cycles of three years) in the financing of the World Bank was dedicated exclusively to NGOs and associations.

The Senegalese Association for Family Welfare (ASBEF: family planning and youth clinics), the Group for the Study and Teaching of Population (GEEP: education in family life by youth clubs in schools), the Community Development Association (ACDEV: Community Health in Underprivileged Suburbs), SanFam (Reproductive Health in the Private Sector), Xàll Yoonn (Family Life Education in Scouting, the Youth Promotion Project), the Ministry of Youth's Youth Promotion Project (PPJ) in addition to the creation of adolescent counseling centers are initiatives promoted by the various associations. They aim to emphasize and guide the needs of young people, as well as offer services in the areas of contraception, STI prevention, and family life education.

Voluntary support from institutions such as UNFPA, WHO, Population Council, UNICEF, World Bank, among others, has helped broaden the spectrum of interventions by installing multiple actions both from the State and non-state actors such as associations and NGOs. These interventions have crossed the threshold of experimentation by targeting large spheres of action and young people from different backgrounds. The State thus built on the values of civil society by paying attention to the education of young people for family life, adolescent counseling services and peer education.

- **The 2000 UNESCO Education for All Conference: an institutional turn for teenagers and youth**

In 2000, UNESCO organized a major conference on Education for All that gave close attention to school health, nutrition and HIV/AIDS. In partnership with the World Bank, WHO, UNICEF, UNESCO launched the FRESH initiative to mobilize resources for effective school health. The FRESH approach is integrated within the PDEF youth health. Between 2000 and 2010, the School Health and Nutrition Program was implemented, covering children aged 6 to 12 as part of the 10-year Education and Training Program (PDEF). Even without being systematized into school curricula, reproductive health gained importance thanks to the basic notions of preventive health and the lessons on the human body, including the genitals. The preparation of adolescent girls for menstruation was also included in the civic education program in high schools and colleges, while early marriage was debated within student associations.

In 2001, with the support of UNFPA, the GEEP extracurricular EVF program picked up on the integration of the EVF in the Scout program, the Ministry of Youth's teen counseling centers and the integration of adolescent sexual and reproductive health and rights into the school curriculum. In 2003, the EVF in middle and secondary education and the EVF in ten *daaras* (koranic schools) of six regions echoed the concept of "education for all". The initiative launched was strong with diverse actors mobilized to bring practical solutions to the multiple vulnerabilities of teenagers.

Senegal therefore managed to converge three principal public policies around the health of young people and adolescents: the PDEF which proposed to make health an input for education; the PDIS that made adolescent and youth health a priority for their development; and the National Youth Policy which aspired to have a healthy and educated youth in order to make them the driving force for economic and social development.

- **Institutionalization of the adolescent health strategy by the Ministry of Health**

In 2005, the Ministry of Health adopted the adolescent health strategy, supported by UNFPA and WHO. In the same year, the Reproductive Health Law was adopted in July (n° 15/2005 of 19 July 2005) and gave a platform to the health of adolescents in the Ministry of Health. This law made it possible to move from a youth assistance approach to creating an environment that was favorable towards adolescent and youth health.

The legislation was followed by the National Strategy for Adolescent and Youth Health, which focuses on improving adolescents' access to services tailored to their needs, adopting and creating a regulatory environment that focuses on the health of adolescents and young people in the context of reproductive health.

- **Spaces open to teenagers in health centers**

In 2014, the public health structures that had merely favored a biomedical approach because of the limited training of health care providers in non-medical services were now called upon to receive young people and adolescents. Training of health providers was promoted to remove socio-cultural barriers and open spaces in the health structures for young people and adolescents. This policy adopted a two-pronged approach: (i) offering biomedical and non-medical services in health facilities; and (ii) sexual and reproductive health education for adolescents and youth was achieved by concentrating public resources of the Ministry of Health to health structures only.

While associations and NGOs are always welcome on the public space of youth health, they must provide funding for their own activities. They are involved in youth and adolescent

health consultations conducted by the Division of Youth and Adolescent Health of the Ministry of Health. However, budget lines previously planned for two to three cycles in the Ministry of Health budgets allocated by the World Bank are no longer exclusively available to them. The Ministry of Health is opening up spaces for young people and adolescents within the health structures.

- **The diversity of actors and multi-stakeholder consultation framework**

The institutional and political environment is now more favorable to the health of young people, resulting in the multiplication of actors working to boost the demand for SRHR services for young people and adolescents. New actors include the Luxembourg Cooperation, in addition to international NGOs such as Save the Children, Marie Stopes, World Vision, and AMREF, as well as networks of volunteer and professional educators such as the Youth Network of the Senegal Youth Council supported by UNFPA, or the African Network for Health Education (RAES) which offers information and audiovisual production in Senegal and across Africa.

The Ministry of Health has set up about 20 youth spaces in the health centers and plans to scale up these spaces to several hundred health centers in Senegal. It has spurred a new reproductive health strategy based on a holistic approach and a strong focus on the health of youth and adolescents.

- **The New Policy on Reproductive Health and Adolescent Rights: A Holistic and Cross-Sectoral Framework**

This conceptual framework has a wide vision and targets the protection, assistance, counseling/guidance and support for adolescent girls. The policy encompasses a diversity of state actors (ministries in charge of youth, health, education and gender), technical and financial partners, NGOs and associations. It is therefore a policy open to stakeholders who are involved in defining, monitoring and evaluation through the consultation framework facilitated by the Division of Reproductive Health of Adolescents/Youth.

The vision is exhaustive in articulating the follow-up, management of the teenager (pregnancy, care during childbirth and post-partum care), access to healthcare, sex education as well as protection against different risks (abuse, sexual exploitation, cybercrime). It also covers relational and psychological aspects of self-esteem, parent-adolescent communication, IEC/BCC and counseling to address other vulnerabilities such as HIV/AIDS, female genital mutilation, malnutrition, narcotics, smoking, accidents or injuries and the use of psychoactive substances.

This vision seeks the development of adolescents who can make responsible choices. It also seeks to develop adolescents who interact with their environment, are proactive in their self-knowledge and enjoy their rights against all forms of stereotypes or stigmas.

The main challenge facing such a policy is effectiveness. The standards and protocols as well as the strategy developed by the Adolescent Reproductive Health division provide direction. Partnerships with non-governmental actors should go beyond consultation so that the co-produced policy finds public resources for the joint implementation by the state, associations, local authorities and development partners.

6. THE MAPPING OF ACTOR INTERVENTIONS IN SRHR AND GIRLS' EDUCATION IN SENEGAL

The intervention mapping proposes a visualization of the geographical and thematic structure of actor interventions in Senegal. It aims to locate regionally, the most significant actor interventions in the two fields of study: SRHR and girls' education. For each area, the actions of the actors are identified at the regional scale and classified according to sub-themes or types of activities.

6.1. Mapping Method

The method consisted of identifying the interventions, locating them in their region of execution and finally classifying them by theme. This first operation was technically consolidated by a second operation to process and visualize the data by a computer application which would periodically update the map.

The census analysis which was the most demanding activity due to the need for exhaustiveness was facilitated by an earlier mapping done by a sociology expert in 2015 on behalf of the SRHR Division of the Ministry of Health and social action. This mapping has been updated thanks to the identification of actors' actions through documentary analysis and interviews with the various types of actors, in particular the youth network operators, but also seniors who have been active in the field for two to three decades. The activities that took place during the survey, such as the teenage forum organized by ACDEV in Guédiawaye (Conference on combating the sexual exploitation of children through digital media held in Dakar on September 2019) were used to capture micro-interventions, especially in the suburbs.

To avoid duplication, we have chosen to classify technical and financial partners separately, and other actors benefiting from their technical and financial support.

Subsequently, the survey team carried out a first ranking by region and by sub-themes/types of action. Sub-themes derive from the conceptual framework outlined in the SRHR policy analysis, while the types of actions in girls' education are contained in the action plans presented in the policy analysis of girls' education. For both themes and types of actions, we opted to select the three most significant areas of each actor. The gaps have also been identified. Phone interviews were conducted with the network facilitators to identify additional information on the identification of interventions. This iterative approach has been useful in refining the exercise and identifying micro-interventions with limited geographic coverage.

The computer application, previously prepared, has also been refined to receive the data and make their processing possible. The first step was the classification of organizations in SRHR on the one hand, and in girls' education on the other hand according to the theme and field of intervention throughout the national territory. This classification facilitated the setting of the distribution tables used in statistics, which made it possible to note the frequency of occurrence for each class. The results are available in the following tables:

- SRHR distribution chart and girls' education distribution chart
- SRHR thematic distribution table and girls' education thematic distribution table.

The second step is to use Highcharts²⁶ which is a library developed in JavaScript that allows the drawing of many types of graphs, from the classics such as curves, histograms and pie charts to less common ones such as the boxplot or the gauges and the meters.²⁷

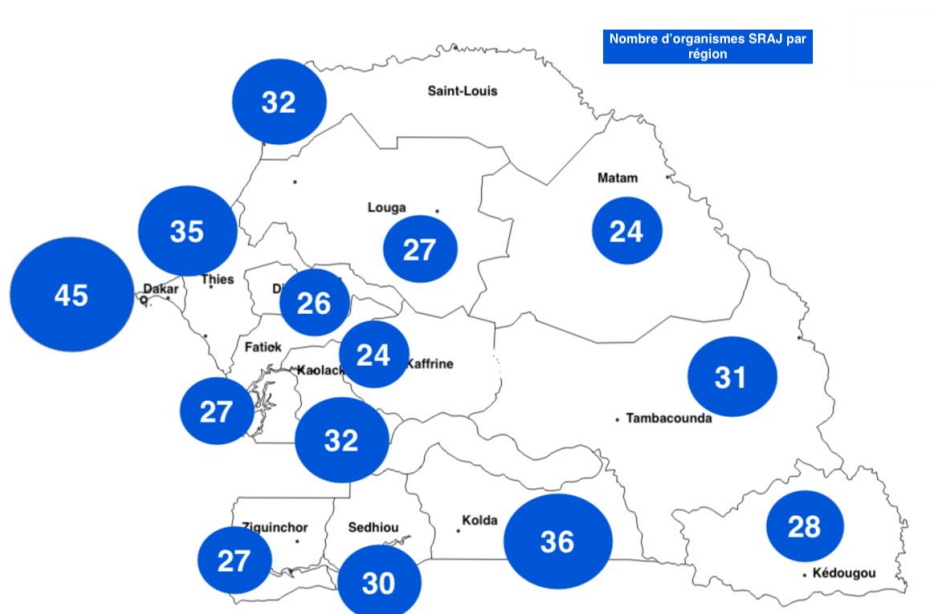
6.2. Mapping of SRHR interventions in Senegal

The distribution of SRDA interventions across the fourteen regions of the country reveals an unequal distribution of interventions, with large gaps noted between the Senegalese capital, which has the majority of interventions (45), and the regions of Matam and Kaffrine, which record the lowest number of interventions (24) (Map 4).

²⁶ <https://www.highcharts.com>

²⁷ This is currently being developed and maintained by a team of Norwegian.

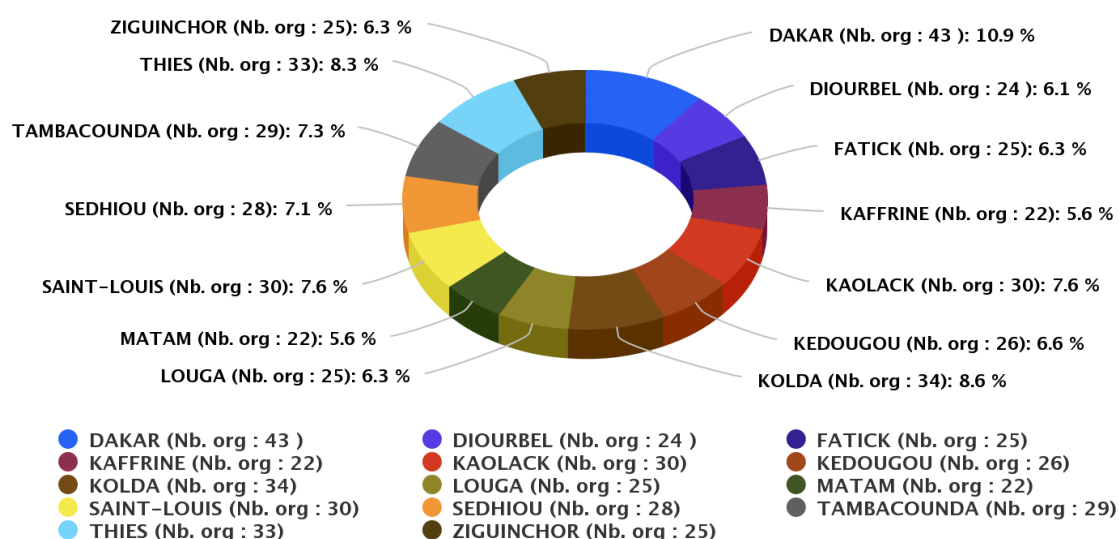
Map 4: Interventions in SRHR of adolescents



6.2.1. Mapping of SRHR interventions by region

Interventions in adolescent reproductive health are concentrated at close to 11% in the Senegalese capital, Dakar, which contains one-fifth of the national population. The region of Kolda receives 8.6% of interventions due to the acute problem of early marriages in this southern part of Senegal and poor access to health services by the population. The region of Thiès located between the center and the west of Senegal is the third-ranked region in terms of SRHR interventions with 8.3%. Its accessible geographical position makes the interventions easier. The region of Saint-Louis is the third largest urban area in Senegal and has the Senegal River delta. This region that contains the industrial city of Richard Toll as well as the irrigated areas of Dagana and Podor, retains its attraction for SRHR interventions with 7.6% located there. Similarly, the Kaolack region which has the same percentage as the northern capital of Saint-Louis, in the center and heart of the groundnut basin remains a dynamic urban hub and crossroads leading to the East and the South (Figure 15).

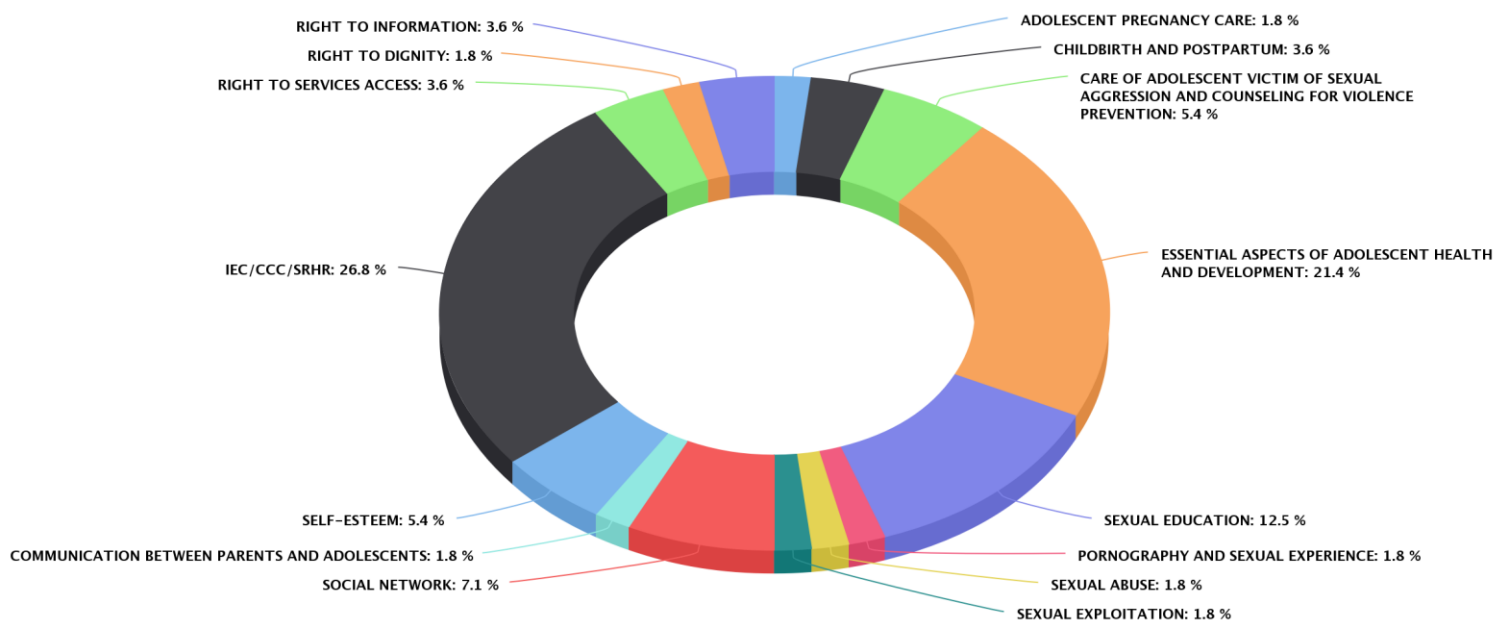
Figure 15 : Distribution of SRHR organizations by region (%)



These spatial dynamics of human settlements shows a growing urban multipolarity inviting decentralized interventions in a variety of regions. In addition, there are areas where technical and financial partners for development aid programs are concentrated. The regions of Tambacounda (7.3%), Sedhiou (7.1%), Ziguinchor (6.3%) and Fatick (6.3%) are areas where UNICEF is concentrated, while the US focuses on the Eastern/Southern regions, and Belgian development partners are concentrated in the regions of central Senegal.

The regions with intervention gaps are Matam and Kaffrine (5.6%), Diourbel (6.1%), Louga (6.3%) and Kédougou (6.6%). Low intervention regions are characterized by their peripheral position either in the North and East (Matam and Kedougou) or the Central regions (Kaffrine, Diourbel) and the North Central area (Louga). These regions also lag behind due to low schooling rates (Figure 15).

Figure 16 : Number of organizations by thematic category



- ADOLESCENT PREGNANCY CARE
- CHILDBIRTH AND POSTPARTUM
- CARE OF ADOLESCENT VICTIM OF SEXUAL AGGRESSION AND COUNSELING FOR VIOLENCE PREVENTION
- ESSENTIAL ASPECTS OF ADOLESCENT HEALTH AND DEVELOPMENT
- SEXUAL EDUCATION
- PORNOGRAPHY AND SEXUAL EXPERIENCE
- SEXUAL ABUSE
- SEXUAL EXPLOITATION
- SOCIAL NETWORK
- COMMUNICATION BETWEEN PARENTS AND ADOLESCENTS
- SELF-ESTEEM
- IEC/CCC/SRHR
- RIGHT TO SERVICES ACCESS
- RIGHT TO DIGNITY
- RIGHT TO INFORMATION

6.2.2. Thematic Mapping in Reproductive Health and Adolescent Rights

Thematic mapping classifies interventions according to sub-themes from the SRHR conceptual framework. The Education Information Communication/Communication for Behavioral Change in SRHR draws 26.8% of interventions demonstrating the sustained efforts of stakeholders to educate adolescents and increase demand for reproductive health. Essential aspects of adolescent reproductive health and development attract 21.4% of the actions. Almost half of the actions (48.2%) involve the categorical targeting of adolescents in SRHR and the development of messages and communication contents for specific support (Figure 16).

The second group of interventions (19.6%) brings together sex education (12.5%) and the use of social networks in SRHR (7.1%). It draws attention to the need for sexual education independently and the use of social networks. This highlights the logics of transversality and peer dynamics that characterize the adolescence period.

The third group (10.8%) revolves around the protection of adolescents against violence and aggression (5.4%) and the expression of self-esteem (5.4%), which marks their identity and conscious decision making.

The fourth group (7.2%) which concerns the management of childbirth and postpartum delivery (3.6%) as well as the right to information (3.6%) is indicative of early marriages and the engagement of networks of actors to promote the rights of adolescent girls.

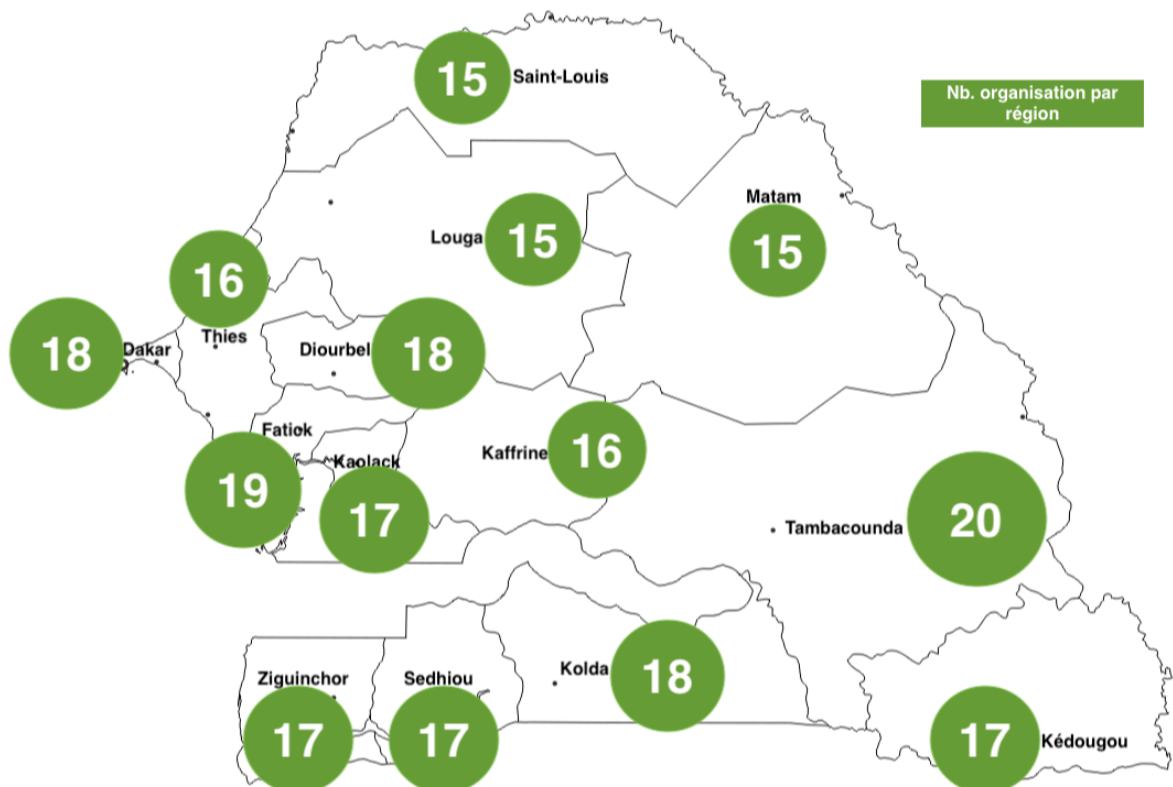
Gaps are identified around interventions that account for less than 2% including romantic relationships, communication between parents and adolescents, psychoactive substance use/mental health, HIV infection, harmful traditional practices, right to information, services, choice, security, privacy, confidentiality, and opinion.

6.3. Mapping of girls' education interventions

6.3.1. Mapping of girls' education interventions by region

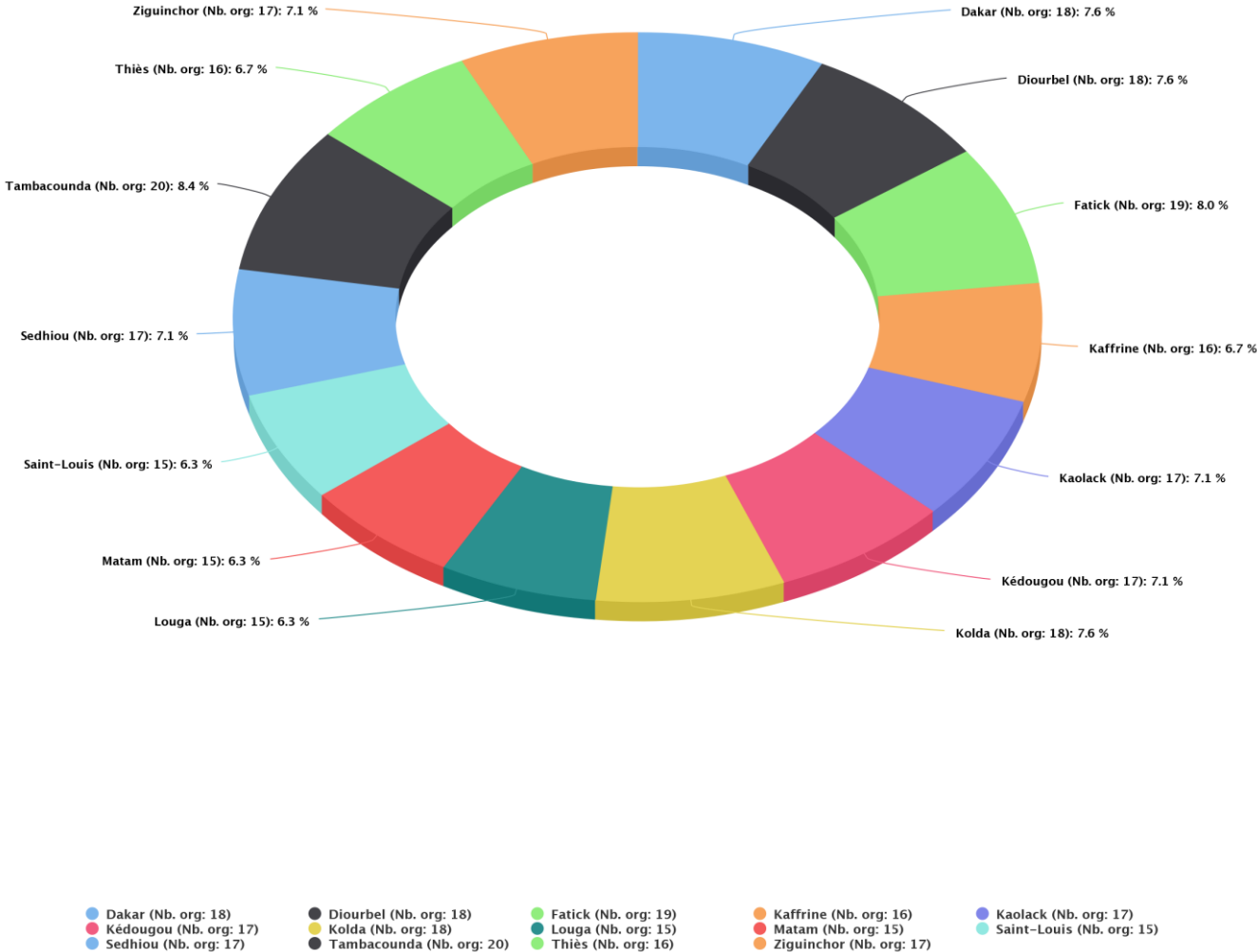
The distribution of girls' education interventions (Map 5) shows that the gaps between regions are not very significant.

Map 5: Number of organizations by region



In the field of girls' education, the results are highly consistent across regions. This relatively balanced distribution of interventions reflects the universal approach to schooling and policies to keep girls in school. Apart from the pilot regions Tambacounda (8.4%) and Fatick (8.0%), and the three regions with 7.6% (Kolda, Diourbel and Dakar), the second group of regions are tied at 7.1% (Ziguinchor, Sédhiou, Kédougou, and Kaolack) (Figure 17). The last group consists of five regions with a gap reflected by the lowest scores. Matam, St. Louis and Louga with 6% are slightly outperformed by the Thies and Kaffrine regions with 6.7%.

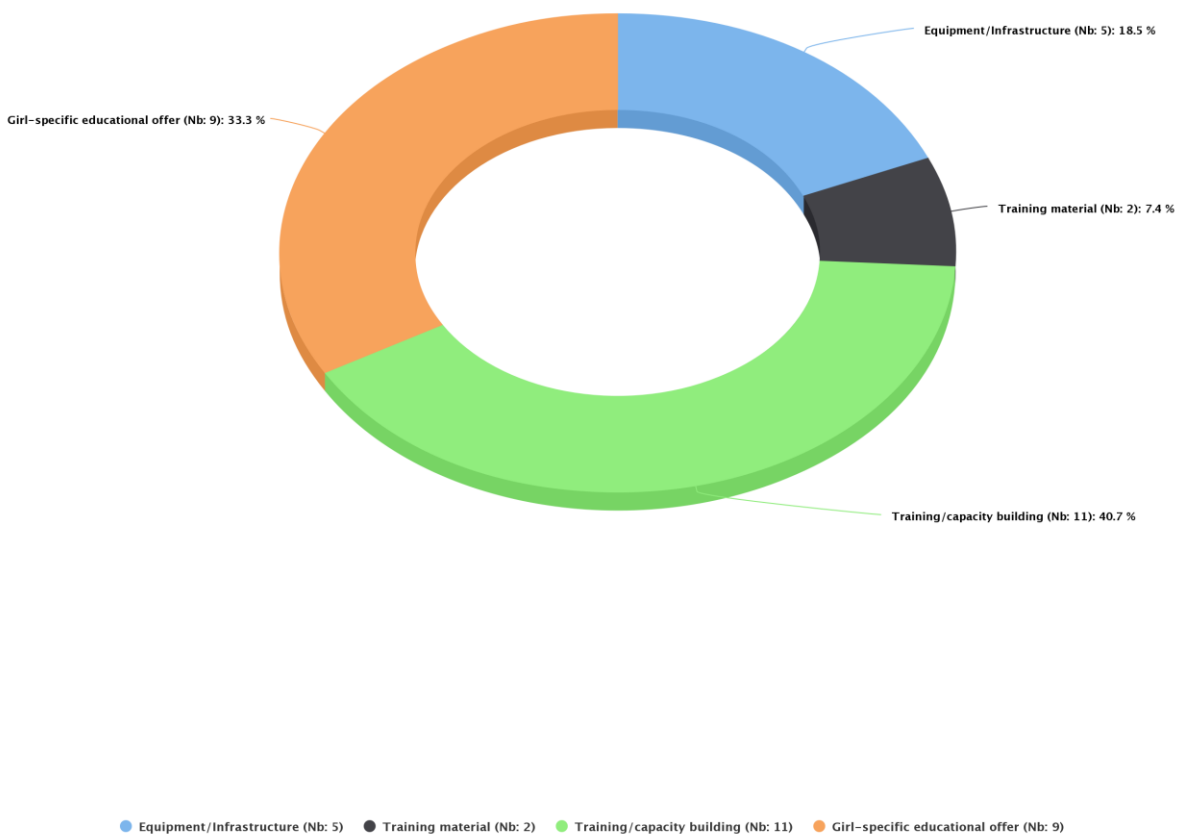
Figure 17 : Distribution of girl’s education organizations by region (%)



6.3.2. Mapping by action type (in %)

The homogeneity noted above is confirmed by the grouping together of the three areas that concern learning: 81.6% of the actions are related to learning with 40.7% targeting training and capacity building, 33.5% for girl-specific offers, and 7.4% related to materials in the form of textbooks, didactic cards or pamphlets for girls' education. Equipment and infrastructure (gowns, girls 'and boys' separate toilets, etc.) are estimated at 18.5% (Figure 18).

Figure 18 : Number of organizations by action type (%)



In conclusion, the mapping shows significant gaps in reproductive health and adolescent rights. In this area, dating relationships, communication between parents and adolescents,

psychoactive substance use/mental health, HIV infection, harmful traditional practices as well as rights to information services, choice, security, privacy, confidentiality, opinion, etc. all call for more action. While demand has been stimulated, supply still needs to adapt to the adolescent target(s).

Gaps are identified in areas with few interventions: Matam, Kaffrine, Diourbel, Louga and Kedougou. They are in a peripheral position to the North and East (Matam and Kedougou), in central Senegal (Kaffrine, Diourbel) and the North Central for Louga.

Girls' educational interventions are better distributed by region and type of action. However, infrastructure and equipment actions as well as teaching aids (see Figure 18) show deficits compared to learning-related actions (specific educational provision, training materials and capacity building).

CONCLUSION

Interventions on girls' education have involved all regions, thanks to specific programs and significant progress has been noted in terms of access throughout the country. Indeed, the results of the mapping showed a relatively balanced distribution of interventions. We note a leading group with the regions of Tambacounda (8.4%), Fatick (8%), and three other regions Kolda, Diourbel and Dakar (7.6% each). The second group of regions is composed of Ziguinchor, Sédhiou, Kédougou, and Kaolack with 7.1%. The last group is composed of five regions with the lowest scores: Thiès and Kaffrine with 6.7% and finally Matam, Saint-Louis and Louga with 6.3%.

However, if we focus on the fields of action, it appears that the interventions have been concentrated on training and capacity building (40.7%), which are largely focused on:

- Capacity building for quality vocational and technical training accessible to girls and boys,
- The development of girls' education, early childhood and health education and support for school governance,
- Support for school enrolment and retention,
- The modernization of the "daara",
- The prevention of trafficking in children for begging purposes,

- Support for non-formal education.

The provision of specific education for girls ranks second with 33.3%. It is articulated around several types of intervention such as:

- Awareness-raising/social mobilization for the mass recruitment of girls and the enhancement of gender differences and the complementarity of male and female roles,
- The retention of girls, the allocation of scholarships, gowns and supplies for girls and holiday courses, funding for mothers of pupils
- Guidance for girls in science courses,
- The strengthening of girls' skills for the improvement of the living conditions of girls and women,
- Monitoring the recruitment and assignment of female teachers

The infrastructure and equipment component is also significant, accounting for 18.5% of interventions. The main actions are related to access to water, the installation of separate toilets for girls and boys, facilities for children living with disabilities, school canteens and the provision of textbooks to students.

The component on the development of training materials represents 7.4% of the interventions and addresses issues of communication/advocacy for the integration of the gender approach in development policies and programs. Didactic materials for quality vocational and technical training that is accessible to girls and boys are also developed. The production of these teaching materials aims at promoting the education of girls and women to enable their full participation in the eradication of poverty.

If we look at the distribution of these components by region, it emerges that the interventions reach all regions of the country except for the training materials component, which only concerns Dakar, Kaolack, Fatick, Diourbel and Kaffrine. This homogeneous distribution does not translate into greater investment in the priority zones where the indicators on girls' education are the weakest. Indeed, seven regions out of the 14 are lagging behind in several indicators. These are Diourbel, Kaffrine, Tambacounda, Matam, Kédougou, Sédhiou and Louga. For example, in elementary education, there is a significant

gap between regions in terms of girls' completion rates. The regions of Kaffrine (35.1%), Diourbel (43.3%), Louga (50.9%), Matam (58.6%) and Tambacounda (56.8%) are below the national average (65.9%).

For middle education, the lowest completion rates for girls below the national average (39%) are found in the regions of Kaffrine (16%), Diourbel (18.6%), Kolda (21.6%), Tambacounda (22.7%), Kédougou (26%), and Matam (28.8%). In secondary education, these trends are confirmed and the gap in completion rates is increasing between regions. The national average (27%) is far higher than that of the regions of Kaffrine (8.8%), Kédougou (8%), Diourbel (13%), Tambacounda (13.5%), Kolda (14.4%), Matam (14.5%) and Sédhiou (15.7%).

Therefore, the interventions did address the educational needs of girls, but they did not cover all needs. In fact, several lines of action are emerging and are likely to reinforce measures already undertaken in the field by the state, NGOs/associations and other development partners.

- The cross-analysis of education indicators and fields of intervention shows that the targeting of the regions of intervention needs to be improved by giving greater emphasis to the priority regions: Diourbel, Kaffrine, Tambacounda, Matam, Kédougou, Sédhiou and Louga.

- This study also revealed a strong correlation between the education and reproductive health sectors. Girls' education promotes better adolescent reproductive health and vice versa. The more girls are educated, the better they will be able to make responsible sexual and reproductive health choices. At the same time, better sexual and reproductive health could help prevent the high number of school dropouts due to early pregnancy.

- Social mobilization and mobile fairs facilitate girls' access to civil status. Indeed, some girls who reach school age and do not have a birth certificate may not be accepted in school. Despite the exceptional derogations allowed to certain candidates for the CFEE, some girls may encounter difficulties in passing their primary school graduation exam if they do not have a birth certificate. This explains the high dropout rates and raises the issue of keeping girls in school.

- The improvement of gender-sensitive teaching content and methods through capacity building of teachers both in the regional centers for the training of education staff (CRFPES) and inspectors and in the IA and IEFs should be considered.
- Strengthening the development of tools, resources and teaching methods that take into account the specificities of girls, avoid stereotypes and which do not place them in vulnerable situations should be the way forward. Such interventions could be complemented by the integration of the gender dimension and gender equality in initial teacher training in teacher training centers.
- The monitoring of girls' learning, especially for those with learning difficulties at the primary level, would be carried out thanks to remedial courses run by grassroots actors and teachers. Academic support for girls in secondary school (would concern regions with the greatest deficit in retention). Large-scale programs can be conducted by community-based remediation teams in collaboration with community organizations and academic authorities. Parents could be made more aware and provided with pedagogical tools that would enable them to develop support for girls within households.
- The strengthening of school equipment and environments that promote the upgrading of basic community schools, literacy classes, vocational training, daara, schools located on street corners is necessary to better promote the participation of girls in the education system. The creation of pathways between these forms of learning and the formal system could further boost the retention of girls in school.
- The provision in schools of menstrual management kits for girls, as well as the installation of functional and separate toilets (girls and boys) would help limit girls' absenteeism during menstruation periods.
- More generally, greater investments should be made in improving school facilities and the school environment to ensure the well-being and safety of girls (fence walls, water, electricity, sufficient table-benches to avoid promiscuity). Once again, the involvement of parents in the school life and monitoring the quality of equipment and infrastructure specific to girls would be a major area for action.

In the area of adolescent reproductive health, interventions are not homogeneous, as seen in the area of girls' education. The first group is composed of Dakar, the capital city, which contains nearly 11% of the interventions. The second group of regions include Kolda (8.6%),

Thiès (8.3%), Saint-Louis and Kaolack (7.6%), Tambacounda (7.3%), Sédhiou (7.1%), Kédougou (6.6%), Ziguinchor (6.3%), and Fatick (6.3%) and finally Diourbel (6.1%). The two regions with intervention gaps are Matam and Kaffrine (5.6%) which also have low indicators in girls' education.

The thematic mapping shows a concentration on IEC/CCC actions (26.8%), which consists of raising awareness among adolescents and stimulating demand for reproductive health services. Essential aspects of adolescent reproductive health and development account for 21.4% of the actions. This component encompasses all actions related to adolescent-specific reproductive health care (sexual and reproductive health, skills and other services). These first two components represent almost half of the interventions (48.2%).

The second group of interventions represents 19.6% of the total and is composed of actions on sexual education (12.5%) and the use of social networks in reproductive health (7.1%). The third group focuses on the protection of adolescents against violence and aggression (5.4%) as well as the expression of self-esteem (5.4%) and represents 10.8% of the total interventions. The fourth group (7.2%) concerns childbirth and post-partum care (3.6%) and finally information rights (3.6%).

Gaps in intervention areas (those with less than 2%) include: right to dignity, care during adolescent pregnancy, communication between parents and adolescents, pornography and adolescent sexual experiences, sexual abuse and sexual exploitation.

Looking at the distribution of these components by region, it can be seen that certain themes are not addressed in all regions. The component on care for victims of violence or sexual abuse and counselling to prevent violence is concentrated in only four regions (Dakar, Kolda, Sédhiou and Ziguinchor). The same applies to the self-esteem theme, which is present in only six regions (Dakar, Fatick, Kaolack, Kolda, Louga and Saint-Louis). Interventions on the right to services are carried out in four regions (Dakar, Kaolack, Louga, Saint-Louis) and the right to information in eight regions (Kolda, Dakar, Thiès, Saint-Louis, Tamba, Kédougou, Sédhiou, Ziguinchor). These regional disparities are even greater in the areas of sexual

abuse, which involves only the Dakar region while communication between parents and adolescents involves only Matam.

However, when comparing regions, it is clear that more adolescent girls have started their reproductive lives in Tambacounda (30%), Kolda (30%) and Kédougou (39%) than in Dakar (9%). Similarly, girls in the regions of Tambacounda (17.1 years), Kédougou (16.9 years), Kolda (17.0 years) and Sédhiou (17.1 years) start their sexual life earlier in comparison to girls in the regions of Dakar (22.4 years) and Thiès (20.3 years). The phenomenon of female genital mutilation among girls between 0 and 14 years is much more frequent in the regions of Matam (61%), Kédougou, Tambacounda (44%), Kédougou (45%) and Sédhiou (43%), Kolda (35%) and Ziguinchor (38%) than Dakar (4%).

The mapping of reproductive health and adolescent rights interventions highlights the isolation of hard-to-reach areas and newer administrative regions. This gap corresponds to regions such as Kaffrine, Matam, Kédougou, Diourbel, etc., which are regions with low schooling and retention rates. Thus, there is a correlation between those regions with low completion rates for girls and those that are deficient in reproductive health interventions.

This situation suggests several priority areas for action:

- Better coordination of policies and interventions in girls' education and reproductive health to improve the well-being of adolescents. To achieve this, it will be necessary to conduct studies on the links between girls' education and adolescent reproductive health in order to produce evidence in the field to ensure advocacy with stakeholders. For example, it would be interesting to study the impacts of teaching in Life and Earth Sciences (SVT), home economics and family life education in keeping girls in school.
- Directing interventions towards deficit regions and strengthening the presence of a diversity of stakeholders in themes that are addressed by only one actor in order to cover more of the reproductive health needs of adolescents. The promotion of various rights (information, access to care, opinions, confidentiality, etc.) and the fight against violence and abuse must be strengthened. Better knowledge of the aspirations and determinants that guide adolescents' behavior, choices and decisions must be included in the areas of intervention.

- Integration of the 10-14 age group in data collection and sexual and reproductive health interventions. Nationally representative studies on the sexual and reproductive behavior of adolescents focus only on people of reproductive age (15 years and above). This is important given that 26% of teenage pregnancies in schools occur between the ages of 12 and 15.
- The use of technology needs to be strengthened in intervention strategies to disseminate information to adolescents. Widespread use of media and digital technology could be very useful in reaching adolescents who have limited access to information and services, such as those in rural areas and those who are out of school.

These results and courses of action were presented and discussed during the scoping review validation day. This event was an opportunity for education and SRHR actors to provide elements of explanation to observe trends on education and sexual reproductive health indicators. Indeed, access to elementary education has significantly improved with a parity index of the Gross Enrollment Rate (GER) that rose from 1.10 in 2011 to 1.15 in 2018 in favor of girls (DPRE, 2019 and 2017).

However, despite compulsory schooling for all children aged 6 to 16, there are significant disparities in the Kaffrine and Diourbel regions, which have experienced the highest rates of school refusal. In 2018, the elementary school completion rate increased everywhere in favor of girls with a parity index of 1.22 (except in the Kédougou and Sédhiou regions). However, the dropout rate in fifth grade remains high at 24.5% for girls compared to 21.6% for boys.

Girls represent the majority (52.8%) of learners in the middle school level, according to 2018 headcount figures. This trend has been observed since 2008 with an increase of 8.1 percentage points over the last ten years. The lowest proportions are found in the regions of Sédhiou, Ziguinchor, Fatick, Kaolack and Louga. In Senegal as a whole, the repetition (21.8%) and dropout (20.4%) rates in the third grade are still high, significantly exceeding national rates. The overall average completion rate of 36.2% in 2018 remains higher for girls (39.4%) than for boys (33.1%). For general secondary education, from 2008 to 2018, the overall GER increased from 16% to 33.8%, and from 13.3 to 34.6% for girls. In 2018, girls and boys have the same completion rate. The regions with a deficit in GER and completion rates are

Kaffrine, Diourbel and Kédougou. The level of repetitions in the final year of high school (31.3% of girls compared to 29.5% of boys) and dropouts (21%) is high.

The working group on the education component focused on low GER factors in some regions, specifically Ziguinchor, looking at the GER parity index and measures taken to improve the situation. Education stakeholders showed that GER and completion rates are low in most regions due to economic, socio-cultural and religious factors. According to these resource persons, there are factors common to all the regions such as:

- The management of menstruation that hinder girls' attendance. When girls have their period, they do not go to school because they do not have functional or separate male/female toilets;
- The precariousness of families who lack the means to meet certain educational expenses. In some cases, families are even less willing to pay for girls;
- The dilapidated school environment, which reflects a lack of suitable equipment and infrastructure (e.g. no ramp for people with disabilities, no fence, no running water, sufficient benches for tables).

Other factors are specific to certain regions such as Touba, Kaffrine, Diourbel, Kolda, Kédougou:

- Nomadism in Kaffrine: in some localities, people move during the dry season in search of herbaceous areas for grazing;
- Rejection of French schools: the socio-cultural constraints in Touba, Diourbel and Kaffrine persist and make French schools less attractive. There are also religious homes that offer Koranic education;
- Parents' illiteracy: some non-literate parents still reject school
- The remoteness and isolation of regions: these geographical factors limit girls' attendance. In Kédougou, Kolda and Matam, it is important to note the existence of a strong belief that girls must remain at home;
- Child marriages of girls between 12 and 18 years of age: in Kédougou, Kolda and Matam, Tambacounda and Sédhiou, early marriage leads to low retention of girls in school;
- Gold mining in the Kédougou region: girls are drawn into gold panning, which leads to strong internal migration from the sub-region (e.g. Guinea and Mali).

This combination of factors shows that socio-cultural, geographical and economic dimensions persist in the exclusion of girls from school.

In addition, the Ziguinchor region stands out for its performance in girls' education with both its GER and its completion rate among the highest in Senegal. This situation could be explained by:

- An openness by communities to French schools;
- The influence of the Catholic Church, which strongly encourages both boys and girls to attend school;
- A mix of ethnicities due to its border position with other West African countries (Gambia and Guinea Bissau);
- A tradition of empowering women who must find the resources to cover family expenses. To this end, they are more sensitive to encouraging the education of children, including girls.

Stakeholders also focused on government measures that support girls' education and retention in school. Among these measures, the following were highlighted:

- The circular on the management of pregnancies and early marriages in 2007 inviting girls to return to the education system after childbirth;
- The 10-year compulsory education requirement for children aged 6 to 16;
- The gender approach taken into account in the curriculum;
- An observatory of vulnerability to school wastage (OVDS);
- The installation of gender units at both central and decentralized levels in academy and departmental inspectorates as well as in schools;
- School canteens in some regions;
- Uniforms to combat inequalities related to clothing;
 - The Miss Maths and Miss Sciences competitions;
 - A framework for coordinating interventions on girls' education.

These measures have proven to be effective and efficient in improving girls' enrollment and retention in school. This high level of government commitment has led to investment by technical and financial partners as well as NGOs in specific actions for girls:

- School kits aimed at empowering girls in the management of menstruation;
- Family Life Education Clubs, TUSEME Clubs to promote girls' free expression and personal development;
- Programs to strengthen the protection of children in schools (RAP),
- Bridge classes in Casamance and Kédougou;
- The Educating Mothers Program;
- The construction of local establishments by partners in collaboration with the government.

These combined efforts have contributed to raising the educational achievement level of girls.

The second working group focused on reproductive health and adolescent girls' rights. The summary of the situation shows the vulnerability of girls in school with early pregnancies reported by GEEP in 2019, i.e. 1,321 cases of teenage pregnancies for girls aged between 12 and 19 in 439 middle and secondary schools. 78% of pregnancies occurred between 12 and 18 years of age, while a quarter occurred before the age of 15. Kédougou region (in the east of the country) had the majority of cases, followed by Kaolack and Sédhiou. More than half of all pregnancies are effectively outside marriage.

Faced with the fact that 48.6% of registered pregnancies are among married adolescent girls, the group shed more light on the contextual reasons for the high prevalence of child marriage, namely:

- Parents' illiteracy;
- The importance of religious factors;
- The persistence of socio-cultural constraints, in particular the value of children as a labor force in the fields;

- The effects of poverty and large households. Marrying girls early relieves families of the burden of caring for them.

The second issue addressed by the group was the specific case of Ziguinchor, which has both a high GER and a high number of early pregnancies. The group mentioned several factors:

- The historical factor: Ziguinchor was marked by the early arrival of missionaries (evangelization having led to the use of French to understand preaching);
- The economic factor: girls are engaged in paid domestic work to cover the costs of education;
- The socio-cultural factor: in some areas, girls must prove their fertility in order to be in a union. Moreover, the cultural mixing with neighboring countries contributes to the absence of taboos related to sexuality;
- The political factor: Ziguinchor is an area marked by separatist conflict. This situation exposes girls to high mobility and abuse (early sexuality, rape, assault).

Pregnancies do not seem to be a barrier to education in this southern region of Senegal.

The working group that focused on recommendations reflected on the first issue related to lessons learned from the implementation of policies and programs in education and reproductive health and adolescent girls' rights. The following recommendations were proposed:

- Encourage stakeholders to work in synergy (ministerial departments on one hand, and ministries and civil society on the other hand);
- Capitalize and model program results;
- Mobilize and sensitize stakeholders on the issue of girls' education in the implementation of policies and programs (training, management committee);
- Take better account of the gender dimension in policies and programs.

The second issue relates to the importance of inter-ministerial coordination for ensuring better results in education and reproductive health. In this respect, the proposal delves into

the mainstreaming of an intersectoral approach. To achieve this, it is necessary to support ministries in setting up inclusive and functional discussion forums.

The third issue concerns targeted interventions for each level of education (Elementary, Middle, and Secondary) taking into account the different needs affecting these levels.

To this end, recommendations were made for each level of education.

In elementary school:

- Train teachers to better understand and take into account these issues (girls' education and reproductive health and adolescent girls' rights);
- Sensitize parents on communication and listening to teenage girls;
- Make the most of the communication spaces around the school: management committee, school governments, and associations for educating mothers.

In middle and secondary school:

- Strengthen teachers' capacities to master the challenges of girls' education and reproductive health;
- Raise awareness and involve parents in both areas of girls' education and reproductive health;
- Promote family life education;
- Involve adolescents through peer education as well as in the design and implementation of projects and programs;
- Establish a framework for consultation at the regional level by giving parents an important place;
- Advocate the state for the sustainable provision of medicine boxes and nursing stations in high schools.

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Mapping appendices

List of SRHR organizations by region

DAKAR

1. ACDEV, Action pour le Développement
2. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
3. Alliance Droit et Santé (Premier club métier communication au Sénégal)

4. ANJ : Alliance Nationale des Jeunes (Les jeunes sensibilisés sur la santé de la reproduction).
5. Association nationale pour la prévention et le développement (ANPD)
6. Association pour le Bien Etre Familial (ASBEF)/Projet pour l'Eradication des Grossesses en Milieu Scolaire au Sénégal (PEGMISS).
7. Association sénégalaise pour le bien être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
8. Association Sénégalaise pour le Bien Etre Familial (ASBEF).
9. Association Sénégalaise pour le Bien-Etre Familial (ASBEF) : Projet Accès Services Connaissances (ASK, en anglais) ASBEF/ASK.
10. Association synergie Banlieue/ projet aar Xaley Pikine
11. CENTRE GINDDI (Centre d'accueil, d'information et d'orientation pour enfants en situation difficile) : Projet Accès Services Connaissances (ASK, en anglais).
12. Centre Jacques Chirac
13. CNLS / le projet de promotion des jeunes (PPJ)
14. Coalition des organisations de la société civile pour la planification familiale (COSC/PF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
15. CONAFE
16. Conseil Sénégalais des femmes (COSEF)
17. Coordinations nationales des enfants et jeunes (CNAEJT)
18. Education à la Vie Familiale en matière de Population.
19. Élargir le modèle informatif de poussée pour la planification familiale au Sénégal (Intrahealth).
20. ENDA Lead
21. Fondation pour la médecine et la recherche en Afrique (AMREF, en anglais) : Projet Accès Services Connaissances (ASK, en anglais) AMREF/ASK.
22. Forum des Educatrices Ouest Africaines (FAWE/Sénégal).
23. Groupe pour l'étude et l'enseignement de la population (GEEP) Promotion de l'Education à la Vie Familiale.
24. Groupe pour l'Etude et l'Enseignement de la Population (GEEP).
25. INTERMONDES.
26. Jeunes Ambassadeurs. Des jeunes ambassadeurs PF investissent les réseaux sociaux.
27. Jeunesse et développement (JED) un projet de lutte contre les mutilations génitales féminines.
28. L'amélioration de la qualité de vie des jeunes (African girls)
29. L'association Unies vers'elles/Maison rose
30. Marie Stopes International - Sénégal (MSIS)/Espaces jeunes UCAD, UGB et Université de Thiès.
31. ONG OneWorld.UK : Apprendre A Vivre-Sénégal : Projet Connecting4life.
32. Programme « Initiative Sénégalaise pour la Participation et le Développement des
33. Projet de Promotion des Jeunes (PPJ)/Centres Conseils pour Adolescents (CCA).
34. Projet Education à la Vie Familiale et Education en matière de population (EVF/EMP) à l'école.
35. Projet EVF/EMP et EVF / Daara.
36. Projet Pilote « Renforcement des capacités des adolescentes défavorisées ».
37. Projet pilote d'intégration des services de santé de la reproduction en milieu scolaire.
38. Projet Plaidoyer Renforcement de l'Education Sexuelle Complète (PPRESC)/ASBEF.
39. Projet Promotion de l'EVF dans la jeunesse extra-scolaire.
40. Réseau Africain d'Education pour la Santé (RAES)/Plateforme Sunukaddu (Notre parole).
41. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
42. Réseau siggil jiggen programme AFP au Sénégal.
43. Série Télénovéla « C'est la Vie ».
44. Shops plus
45. Women in Law & Development in Africa / lutte pour les droits des femmes (Wildaf).

THIES

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission

d'IST/VIH-SIDA chez les jeunes.

2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. Association des journalistes en santé, population et développement (AJSPD). Projet « Voix pour la santé ».
5. Association nationale pour la prévention et le développement (ANPD)
6. Association sénégalaise pour le bien-être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
7. CNLS / le projet de promotion des jeunes (PPJ)
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21. Jeunesse et développement (JED) un projet de lutte contre les mutilations génitales féminines.
22. L'amélioration de la qualité de vie des jeunes (Afriyan girls)
23. Marie Stopes International- Sénégal (MSIS)/Espaces jeunes UCAD, UGB et Université de Thiès.
24. ONG OneWorld.UK : Apprendre A Vivre-Sénégal : Projet Connecting4life
25. Programme « Initiative Sénégalaise pour la Participation et le Développement des adolescent(e) s défavorisés ».
26. Projet « intégration de l'EVF dans le programme scout » .
27. Projet de Promotion des Jeunes (PPJ) / Centres Conseils pour Adolescents (CCA).
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35. Women in Law & Development in Africa / lutte pour les droits des femmes (Wildaf).

DIORBEL

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6. CNLS / le projet de promotion des jeunes (PPJ)
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26. Women in Law & Development in Africa / lutte pour les droits des femmes (Wildaf).

LOUGA

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3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. ASBEF/Mouvement d'Action pour les Jeunes (MAJ) et le Projet Choix des Jeunes (PCJ).
5. Association nationale pour la prévention et le développement (ANPD)
6. Association sénégalaise pour le bien être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
7. Association Sénégalaise pour le Bien Etre Familial (ASBEF).
8. Association Sénégalaise pour le Bien-Etre Familial (ASBEF) : Projet Accès Services connaissances (ASK, en anglais) ASBEF/ASK.
9. CNLS / le projet de promotion des jeunes (PPJ)
10. Coalition des organisations de la société civile pour la planification familiale (COSC/PF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
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24. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
25. Réseau siggil jiggen programme AFP au Sénégal.
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27. Women in Law & Development in Africa / lutte pour les droits des femmes (Wildaf).

SAINT-LOUIS

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4. ASBEF/Mouvement d'Action pour les Jeunes (MAJ) et le Projet Choix des Jeunes (PCJ).
5. Association des journalistes en santé, population et développement (AJSPD). Projet « Voix pour la santé ».
6. Association nationale pour la prévention et le développement (ANPD)
7. Association sénégalaise pour le bien être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
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27. Projet Promotion de l'EVF dans la jeunesse extra-scolaire.
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29. Réseau siggil jiggen programme AFP au Sénégal.
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32. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

MATAM

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
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21. Réseau siggil jiggen programme AFP au Sénégal.
22. Série Télénovéla « C'est la Vie ».
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24. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

KAOLACK

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2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. ASBEF/Mouvement d'Action pour les Jeunes (MAJ) et le Projet Choix des Jeunes (PCJ).
5. Association des journalistes en santé, population et développement (AJSPD). Projet « Voix pour la santé ».
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7. Association sénégalaise pour le bien être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
8. Association Sénégalaise pour le Bien-Etre Familial (ASBEF): Projet Accès Services connaissances (ASK, en anglais) ASBEF/ASK.
9. CNLS / le projet de promotion des jeunes (PPJ)
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11. CONAFE
12. Conseil Sénégalais des femmes (COSEF)
13. Coordinations nationales des enfants et jeunes (CNAEJT)
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32. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

FATICK

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9. CNLS / le projet de promotion des jeunes (PPJ)
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25. Série Télénovéla « C'est la Vie ».
26. Shops plus
27. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

KAFFRINE

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TAMBACOUNDA

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
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6. Association Sénégalaise pour le Bien Etre Familial (ASBEF).
7. Centre Conseils pour Adolescents (CCA) de Tambacounda.
8. CNLS / le projet de promotion des jeunes (PPJ)
9. Coalition des organisations de la société civile pour la planification familiale (COSC/PF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
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11. Conseil Sénégalais des femmes (COSEF)

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23. Projet de Promotion des Jeunes (PPJ) / Centres Conseils pour Adolescents (CCA).
24. Projet Education à la Vie Familiale et Education en matière de population (EVF/EMP) à l'école.
25. Projet EVF/EMP et EVF/Daara.
26. Réseau Africain d'Education pour la Santé (RAES)/Plateforme Sunukaddu (Notre parole).
27. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
28. Réseau siggil jiggen programme AFP au Sénégal.
29. Série Télénovéla « C'est la Vie ».
30. Shops plus
31. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

KEDOUGOU

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. Association nationale pour la prévention et le développement (ANPD)
5. Association sénégalaise pour le bien être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
6. CNLS / le projet de promotion des jeunes (PPJ)
7. Coalition des organisations de la société civile pour la planification familiale (COSC/PF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
8. CONAFE
9. Conseil Sénégalais des femmes (COSEF)
10. Coordinations nationales des enfants et jeunes (CNAEJT)
11. Education à la Vie Familiale en matière de Population.
12. Élargir le modèle informatif de poussée pour la planification familiale au Sénégal (Intrahealth).
13. ENDA Lead
14. Forum des Educatrices Ouest Africaines (FAWE/Sénégal).
15. Groupe pour l'étude et l'enseignement de la population (GEEP) Promotion de l'Education à la Vie Familiale.
16. INTERMONDES.
17. Jeunes Ambassadeurs. Des jeunes ambassadeurs PF investissent les réseaux sociaux.
18. Jeunesse et développement (JED) un projet de lutte contre les mutilations génitales féminines.
19. L'amélioration de la qualité de vie des jeunes (Afriyan girls)
20. ONG OneWorld.UK : Apprendre A Vivre-Sénégal : Projet Connecting4life.
21. Programme « Initiative Sénégalaise pour la Participation et le Développement des adolescent(e)s défavorisés ».
22. Projet de Promotion des Jeunes (PPJ) / Centres Conseils pour Adolescents (CCA).

23. Réseau Africain d'Education pour la Santé (RAES)/Plateforme Sunukaddu (Notre parole).
24. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
25. Réseau Siggil Jiggen programme AFP au Sénégal.
26. Série Télénovéla « C'est la Vie ».
27. Shops Plus
28. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

KOLDA

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. ASBEF/Mouvement d'Action pour les Jeunes (MAJ) et le Projet Choix des Jeunes (PCJ).
5. Association nationale pour la prévention et le développement (ANPD)
6. Association pour le Bien Etre Familial (ASBEF)/Projet pour l'Eradication des Grossesses en Milieu Scolaire au Sénégal (PEGMISS).
7. Association sénégalaise pour le bien-être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
8. Association Sénégalaise pour le Bien Etre Familial (ASBEF).
9. Centre Conseils pour Adolescents (CCA) de Kolda.
10. CNLS / le projet de promotion des jeunes (PPJ)
11. Coalition des organisations de la société civile pour la planification familiale (COSCPF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
12. CONAFE
13. Conseil Sénégalais des femmes (COSEF)
14. Coordinations nationales des enfants et jeunes (CNAEJT)
15. Education à la Vie Familiale en matière de Population.
16. Élargir le modèle informatif de poussée pour la planification familiale au Sénégal (Intrahealth).
17. ENDA Lead
18. ENDA SANTE et Sans Accès. Projet violences sexuelles et mutilations génitales au Sénégal (VIMOS).
19. Forum des Educatrices Ouest Africaines (FAWE/Sénégal).
20. Groupe pour l'étude et l'enseignement de la population (GEEP) Promotion de l'Education à la Vie Familiale.
21. Inspection Médicale des Ecoles (IME) de Kolda.
22. INTERMONDES.
23. Jeunes Ambassadeurs. Des jeunes ambassadeurs PF investissent les réseaux sociaux.
24. Jeunesse et développement (JED) un projet de lutte contre les mutilations génitales féminines.
25. L'amélioration de la qualité de vie des jeunes (Afriyan girls)
26. ONG OneWorld.UK: Apprendre A Vivre-Sénégal: Projet Connecting4life.
27. Programme « Initiative Sénégalaise pour la Participation et le Développement des adolescent(e)s défavorisés ».
28. Projet de Promotion des Jeunes (PPJ) / Centres Conseils pour Adolescents (CCA).
29. Projet Education à la Vie Familiale et Education en matière de population (EVF/EMP) à l'école.
30. Projet EVF/EMP et EVF/Daara.
31. Réseau Africain d'Education pour la Santé (RAES)/Plateforme Sunukaddu (Notre parole).
32. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
33. Réseau siggil jiggen programme AFP au Sénégal.
34. Série Télénovéla « C'est la Vie ».
35. Shops plus
36. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

SEDHIOU

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. Association nationale pour la prévention et le développement (ANPD)
5. Association sénégalaise pour le bien-être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
6. Centre Conseils pour les Adolescents (CCA) de Sédhiou.
7. CNLS / le projet de promotion des jeunes (PPJ)
8. Coalition des organisations de la société civile pour la planification familiale (COSC/PF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
9. CONAFE
10. Conseil Sénégalais des femmes (COSEF)
11. Coordinations nationales des enfants et jeunes (CNAEJT)
12. Education à la Vie Familiale en matière de Population.
13. Élargir le modèle informatif de poussée pour la planification familiale au Sénégal (Intrahealth).
14. ENDA Lead
15. ENDA SANTE et Sans Accès. Projet violences sexuelles et mutilations génitales au Sénégal (VIMOS).
16. Forum des Educatrices Ouest Africaines (FAWE/Sénégal).
17. Groupe pour l'étude et l'enseignement de la population (GEEP) Promotion de l'Education à la Vie Familiale.
18. Inspection Médicale des Ecoles (IME) de Sédhiou.
19. Jeunes Ambassadeurs. Des jeunes ambassadeurs PF investissent les réseaux sociaux.
20. Jeunesse et développement (JED) un projet de lutte contre les mutilations génitales féminines.
21. L'amélioration de la qualité de vie des jeunes (Afriyan girls)
22. ONG OneWorld.UK : Apprendre A Vivre-Sénégal : Projet Connecting4life
23. Projet d'appui à la santé de la mère et de l'enfant (PASME) financé par l'AFD. Volet SRAJ.
24. Projet de Promotion des Jeunes (PPJ) / Centres Conseils pour Adolescents (CCA).
25. Réseau Africain d'Education pour la Santé (RAES)/Plateforme Sunukaddu (Notre parole).
26. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
27. Réseau siggil jiggen programme AFP au Sénégal.
28. Série Télénovéla « C'est la Vie ».
29. Shops plus
30. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

ZIGUINCHOR

1. Ademas : un projet de marketing social pour la réduction des comportements à risque de transmission d'IST/VIH-SIDA chez les jeunes.
2. Alliance Droit et Santé (Premier club métier communication au Sénégal)
3. Alliance Nationale des Jeunes (ANJ) Les jeunes sensibilisés sur la santé de la reproduction.
4. Association nationale pour la prévention et le développement (ANPD)
5. Association sénégalaise pour le bien être de la famille (ASBEF) : renforcement de capacités des adolescents et des jeunes et de prévention du VIH.
6. CNLS / le projet de promotion des jeunes (PPJ)
7. Coalition des organisations de la société civile pour la planification familiale (COSC/PF). Le Projet de Renforcement de l'Engagement de la Société Civile pour la Planification Familiale)
8. CONAFE
9. Conseil Sénégalais des femmes (COSEF)
10. Coordinations nationales des enfants et jeunes (CNAEJT)

11. Education à la Vie Familiale en matière de Population.
12. Élargir le modèle informatif de poussée pour la planification familiale au Sénégal (Intrahealth).
13. ENDA Lead
14. ENDA SANTE et Sans Accès. Projet violences sexuelles et mutilations génitales au Sénégal (VIMOS).
15. Forum des Educatrices Ouest Africaines (FAWE/Sénégal).
16. Groupe pour l'étude et l'enseignement de la population (GEEP) Promotion de l'Education à la Vie Familiale.
17. INTERMONDES.
18. Jeunes Ambassadeurs. Des jeunes ambassadeurs PF investissent les réseaux sociaux.
19. Jeunesse et développement (JED) un projet de lutte contre les mutilations génitales féminines.
20. L'amélioration de la qualité de vie des jeunes (Afriyan girls)
21. ONG OneWorld.UK : Apprendre A Vivre-Sénégal : Projet Connecting4life.
22. Projet de Promotion des Jeunes (PPJ) / Centres Conseils pour Adolescents (CCA).
23. Réseau Africain d'Education pour la Santé (RAES)/Plateforme Sunukaddu (Notre parole).
24. Réseau population et développement (RESOPOPDEV) la lutte contre les fléaux néfastes et précaires pour la Jeunesse.
25. Réseau siggil jiggen programme AFP au Sénégal.
26. Série Télénovéla « C'est la Vie ».
27. Women in Law & Development in Africa/ lutte pour les droits des femmes (Wildaf).

SRHR Technical and Financial Partners

MULTILATERAL PARTNERS	UNFPA
	World Bank
	OMS
	PAM
	UNICEF
	Reach UNICEF
BILATERAL COOPERATION	USAID
	LUXDEV
	JICA
	IntraHealth
	FHI 360
	Population Council
	Koica
	AFD
	ENABEL Senegal
INTERNATIONAL NGOs	Nutrition Internationale
	AMREF

	Flying Doctors
	Plan International
	Helen Keller International
SPECIALIZED STRUCTURES	Cellule de Lutte contre la Malnutrition

List of organizations intervening in girls' education

Dakar

1. Action Éducative en Milieu Ouvert (AEMO).
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CIEFFA/UA
5. CNEPSCOFI
6. COSYDEP
7. EDEN (éducation et développement de l'enfant)
8. Éducation Pour Tous (EPT)
9. EEDS
10. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
11. Organisation Internationale de la Francophonie (OIF)
12. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal
13. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
14. Projet d'Éducation des Filles en Mathématiques (FEMSA)
15. Projet d'Appui à l'Éducation des Filles (PAEF)
16. SAVE THE CHILDREN (education inclusive)
17. SCOFI
18. UNESCO

Diourbel

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE « Centres d'Excellence FAWE » - Modèle d'École qui intègre le genre
9. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
10. Le Projet (belge) d'appui à la formation professionnelle féminine.
11. Organisation Internationale de la Francophonie (OIF)
12. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
13. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
14. Pour la fondation Paul GERIN-LAJOIE : en partenariat avec l'ACDI : projet « appui des néo alphabétisés à la formation professionnelle ».
15. Projet d'Éducation des Filles en Mathématiques (FEMSA)
16. Projet d'Appui à l'Éducation des Filles (PAEF)
17. SCOFI
18. UNESCO

Fatick

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
9. Le Projet (belge) d'appui à la formation professionnelle féminine.
10. Organisation Internationale de la Francophonie (OIF)
11. PAEF PLUS
12. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
13. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
14. Pour la fondation Paul GERIN-LAJOIE : en partenariat avec l'ACDI : projet « appui des néo alphabétisés à la formation professionnelle ».
15. Projet d'Éducation des Filles en Mathématiques (FEMSA)
16. Projet d'Appui à l'Éducation des Filles (PAEF)
17. SCOFI
18. UNESCO
19. USAID/ Fondation SONATEL

Kaffrine

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
9. Le Projet (belge) d'appui à la formation professionnelle féminine.
10. Organisation Internationale de la Francophonie (OIF)
11. PAEF PLUS
12. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
13. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
14. Projet d'Éducation des Filles en Mathématiques (FEMSA)
15. SCOFI
16. UNESCO

Kaolack

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
9. Le Projet (belge) d'appui à la formation professionnelle féminine.
10. Organisation Internationale de la Francophonie (OIF)
11. PAEF PLUS
12. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
13. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
14. Pour la fondation Paul GERIN-LAJOIE : en partenariat avec l'ACDI : projet « appui des néo alphabétisés à la formation professionnelle ».
15. Projet d'Éducation des Filles en Mathématiques (FEMSA)
16. SCOFI
17. UNESCO

Kédougou

1. Action Éducative en Milieu Ouvert (AEMO)

2. AFSTECH/ maintien des filles à l'école
3. AIDE ET ACTION
4. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
5. CNEPSCOFI
6. COSYDEP
7. Éducation Pour Tous (EPT)
8. EEDS
9. FAWE
10. La coopération luxembourgeoise (LUXDEV)
11. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
12. Organisation Internationale de la Francophonie (OIF)
13. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal
14. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
15. Projet d'Éducation des Filles en Mathématiques (FEMSA)
16. SCOFI
17. UNESCO

Kolda

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE
9. La coopération luxembourgeoise (LUXDEV)
10. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
11. Organisation Internationale de la Francophonie (OIF)
12. PAEF PLUS
13. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
14. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
15. Projet d'Éducation des Filles en Mathématiques (FEMSA)
16. SCOFI
17. UNESCO
18. USAID/ Fondation SONATEL

Louga

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. EEDS
7. FAWE
8. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
9. Organisation Internationale de la Francophonie (OIF)
10. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
11. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
12. Projet d'Éducation des Filles en Mathématiques (FEMSA)
13. Projet d'Appui à l'Éducation des Filles (PAEF)
14. SCOFI
15. UNESCO

Matam

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI

5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE
9. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
10. Organisation Internationale de la Francophonie (OIF)
11. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
12. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
13. Projet d'Éducation des Filles en Mathématiques (FEMSA)
14. SCOFI
15. UNESCO

Saint-Louis

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE
9. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
10. Organisation Internationale de la Francophonie (OIF)
11. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
12. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
13. Projet d'Éducation des Filles en Mathématiques (FEMSA)
14. SCOFI
15. UNESCO

Sedhiou

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE
9. La coopération luxembourgeoise (LUXDEV)
10. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
11. Organisation Internationale de la Francophonie (OIF)
12. PAEF PLUS
13. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
14. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
15. Projet d'Éducation des Filles en Mathématiques (FEMSA)
16. SCOFI
17. UNESCO

Tambacounda

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. AIDE ET ACTION
4. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
5. CNEPSCOFI
6. Collibri fondation
7. COSYDEP
8. Éducation Pour Tous (EPT)
9. EEDS
10. FAWE

11. La coopération luxembourgeoise (LUXDEV)
12. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
13. ONG Kinkéliba
14. Organisation Internationale de la Francophonie (OIF)
15. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
16. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
17. Projet d'Éducation des Filles en Mathématiques (FEMSA)
18. SCOFI
19. UNESCO
20. USAID/ Fondation SONATEL

Thiès

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE
9. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
10. Organisation Internationale de la Francophonie (OIF)
11. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
12. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
13. Pour la fondation Paul GERIN-LAJOIE : en partenariat avec l'ACDI : projet « appui des néo alphabétisés à la formation professionnelle ».
14. Projet d'Éducation des Filles en Mathématiques (FEMSA)
15. SCOFI
16. UNESCO

Ziguinchor

1. Action Éducative en Milieu Ouvert (AEMO)
2. AFSTECH/ maintien des filles à l'école
3. Bureau genre au sein de la Direction des ressources humaines du Ministère de l'éducation nationale.
4. CNEPSCOFI
5. COSYDEP
6. Éducation Pour Tous (EPT)
7. EEDS
8. FAWE
9. La coopération luxembourgeoise (LUXDEV)
10. Le Cadre de Coordination des Interventions sur l'Éducation des Filles (CCIEF)
11. Organisation Internationale de la Francophonie (OIF)
12. Plan Cadre National de Prévention et d'Élimination du Travail des Enfants au Sénégal.
13. Plan pour le Développement de l'Éducation des Filles pour la phase 3 du PDEF.
14. Projet d'Éducation des Filles en Mathématiques (FEMSA)
15. SCOFI
16. UNESCO
17. UNICEF programmes de scolarisation

Technical and Financial Partners in Girls' education

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MULTILATERAL PARTNERS	UNICEF Reach UNICEF World Bank African Development Bank UEMOA OIT UNFPA UNESCO UNWOMEN
BILATERAL COOPERATIONS	Agence Espagnole de Coopération Internationale et de Développement (AECID) LUXDEV JICA Fondation SONATEL USAID FHI 360 Affaires mondiales Canada Agence française de développement (AFD)
INTERNATIONAL NGOs	Club DSI Aide et Action NGO Plan international Save The Children Dubai Cares APRODEN
SPECIALIZED STRUCTURES	Projet SCOFI PAEF PAEF + CCIEF