Social Protection and Children in West and Central Africa

Case Study Senegal

Paola Perez nieto and Dr Abdou Salam Fall

* Disclaimer: The views presented in this paper are those of the authors and do not necessarily represent the views of UNICEF WCARO

Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
UK

Tel: +44 (0)20 7922 0300 Fax: +44 (0)20 7922 0399
www.odi.org.uk
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List of acronyms

AfDB  African Development Bank
AfDF  African Development Fund
BCI  Consolidated Investment Budget
CAFSP  Support Group for Health Financing and Partnership
CAPE  Centre for Care of infancy
CBO  Community-based Organisation
CCS  Social Security Pension Fund
CCT  Conditional Cash Transfer
CONAFE  National Coalition of Associations and NGOs for Children
CPRS  Centre for Protection and Social Reintegration
CRC  UN Convention on the Rights of the Child
CSO  Civil Society Organisation
CT  Cash Transfer
DEYOSP  Direction for the Education of Young Offenders and Social Protection
DHS  Demographic and Health Survey
DNSR  National Directorate of Reproductive Health
DPCR  Directorate for the Protection of Children’s Rights
ESAM  Household Living Standard Survey
ESPS  Senegalese Poverty Survey
FGC  Female Genital Cutting
FNR  National Retirement Fund
GDP  Gross Domestic Product
GDI  Gender Development Index
GNI  Gross National Income
HDI  Human Development Index
HIPC  Heavily Indebted Poor Countries
HIV/AIDS  Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICS  Industries Chimiques du Sénégal
IDA  International Development Association
IFPRI  International Food Policy Research Institute
IGT  Intergenerational transmission of poverty
ILO  International Labour Organization
IMF  International Monetary Fund
IPEC  ILO International Programme on the Elimination of Child Labour
IPM  Health Insurance Institute
IPRES  Institute for Retirement Planning of Senegal
M&E  Monitoring and Evaluation
MDG  Millennium Development Goal
MDRI  Multilateral Debt Relief Initiative
MEF  Ministry of Economy and Finance
MFNSWEM  Ministry of Family, National Solidarity, Women’s Entrepreneurship and Microfinance
MHMP  Ministry of Health and Medical Prevention
MP  Member of Parliament
MPFEPO  Ministry of Public Function, Employment and Professional Organisations
MTEF  Medium-term Expenditure Framework
NGO  Non-governmental Organisation
NPV  Net Present Value
OECD  Organisation for Economic Co-operation and Development
OVC  Orphans and Vulnerable Children
PAIN  Integrated Nutritional Activity Package
PARRER  Partnership for the Reduction and Reintegration of Street Children
PCIME  Integral Care for Children’s Illnesses
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>PFM</td>
<td>Public Financial Management</td>
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<td>PPG</td>
<td>Public and Publicly Guaranteed</td>
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<td>PPP</td>
<td>Purchasing Power Parity</td>
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<td>PRN</td>
<td>Nutritional Strengthening Programme</td>
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<td>PRS</td>
<td>Poverty Reduction Strategy</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>PSI</td>
<td>Poverty and Social Impact Analysis</td>
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<td>RG</td>
<td>General Regime (IPRES)</td>
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<td>SCB</td>
<td>Selective Child Benefit</td>
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<td>SCBpmt</td>
<td>Selective Child Benefit using a proxy means test</td>
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<td>SCBpt</td>
<td>Selective Child Benefit with perfect targeting</td>
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<td>SNEEG</td>
<td>National Strategy for Gender Equity and Equality</td>
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<td>SSP</td>
<td>Primary Health Care</td>
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<tr>
<td>STEP</td>
<td>Strategies and Tools against Social Exclusion and Poverty (ILO)</td>
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<tr>
<td>UCB</td>
<td>Universal Child Benefit</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNCDF</td>
<td>UN Capital Development Fund</td>
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<td>UNDAF</td>
<td>UN Development Assistance Framework</td>
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<td>UNDP</td>
<td>UN Development Program</td>
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<td>UNFPA</td>
<td>UN Population Fund</td>
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<td>UNICEF</td>
<td>UN Children’s Fund</td>
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<td>WAEMU</td>
<td>West African Economic and Monetary Union</td>
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<td>WCA</td>
<td>West and Central Africa</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
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Executive summary

Senegal’s current and expected rates of growth are insufficient to meet Millennium Development Goals (MDGs) and poverty reduction strategy paper (PRSP) targets, despite policy efforts, positive impact of economic growth and better access to basic services. In addition, growth is not distributed evenly across regions and population groups. In light of this, Senegal’s PRSP II (2006–2010) focuses on generation of pro-poor growth. With respect to social protection policies, the PRSP II shows policymakers have awareness about the need to reduce vulnerabilities and mitigate risks. This is a positive entry point for policy engagement to promote child-sensitive social protection, particularly given the commitment to achieving the MDGs and the potential contribution of social protection to doing so. The PRSP recognises the need to give specific attention to improving the lives of poor and vulnerable groups, including children, by extending social protection mechanisms to help ensure these groups benefit from wealth creation, are protected from risks and have better access to social services.

This study examines existing mechanisms and explores alternatives that might help systematise approaches to reduce vulnerabilities, in particular those affecting children, who are an explicit target group in the PRSP and the National Social Protection Strategy 2005–2015 (NSPS). Child-focused social protection is a set of public institutions, norms and programmes concerned with tackling the causes and consequences of childhood poverty and vulnerability, as well as stemming potential intergenerational poverty cycles. Because of the multidimensional nature of childhood poverty and vulnerability, it is important to pay attention to complementary actions that could address non-economic/ non-material dimensions, especially exploitation and abuse and voicelessness.

Currently, 15.9% of the Senegalese population now lives in absolute poverty. There has been progress on key social and human development indicators, although average indicators hide inequalities across gender, regions and poverty quintiles. Poverty is highly correlated with access to basic infrastructure services, human development, employment and vulnerability to external shocks. Vulnerability has become an increasing concern. Numerous and diverse vulnerable groups have been identified, including rural dwellers; children living in poor households, living outside their homes or faced with illness and disability; the disabled; the elderly; and refugees. It is vital to target children specifically in poverty reduction interventions, given that measures to reduce overall household or community poverty levels might have less than proportional effects on reducing childhood poverty. This is particularly problematic because children are more vulnerable to health, lifecycle, social and economic risks.

Much work is still required to significantly reduce health vulnerabilities of children and their carers. Results from the most recent demographic and health survey (DHS) (2005) show an improvement in survival rates of both mothers and children, but there are significant disparities between urban and rural areas. The level of poverty in the household is another important determinant of child mortality, with almost double the number of children under five dying in households in the poorest quintile. Progress has been recorded on stunting, wasting and underweight children, but the prevalence of malnutrition is greater in rural than in urban areas, in cases where mothers have low or no schooling and in the poorest households. Fewer children under five years were registered in 2005 than in 2000, and registrations are far less frequent in rural than in urban areas. It is thus crucial for Senegal to promote birth registration more actively.

Gender continues to be a factor of vulnerability for some children, but gender equality in primary education has made significant progress. In the case of primary education, urban/rural differences are not very large. The gap is significantly wider in secondary education, indicative of significant numbers of girls dropping out of school after completing
primary education. In general, important progress has been achieved on most school-related indicators, including net primary school enrolment rates and primary achievement rates, although school attendance shows significant disparities between rural and urban areas. There has also been significant progress in children’s enrolment in preschool. This progress in education has been largely the result of greater government effort, as illustrated by the increased share of the budget allocated to education, as well as by the range of programmes supporting the sector. These efforts should be pursued down to the local government level and could include specific budgetary allocations for children at the local level, along with monitoring mechanisms to ensure such resources reach children.

The multiple types of vulnerability can lead to various forms of exploitation, abuse and exposure to risk and antisocial behaviour. For children, vulnerability can include lack of access to basic social services or insufficient income for adequate household subsistence; parents’ poor socioeconomic status, which is strongly correlated with poor child well-being indicators and thus causes intergenerational transmissions of poverty; youth unemployment; and situations of breaking away from society, with street children who are neglected at risk of entering into conflict with the law. Many children are exposed to abuse at a very young age, as a result of harmful traditional practices, abuse or exposure to an environment with no protection, including children being sent out to beg, child labourers, young girls going into prostitution for cash or favours, children living with physical or mental disability and/or suffering from a serious or chronic illnesses and orphans and vulnerable children (OVC). Child begging in particular has become an important child protection problem in Senegal, and child work is also a concern. In this sense, a national level education programme on human rights, and particularly on children’s rights as well strengthening formation on child protection throughout the education system would be crucial.

Social protection comprises a series of mechanisms to fight poverty and redistribute the fruits of growth. In Senegal, this includes social security regimes that provide benefits to private sector employees and public sector functionaries; private or community regimes, formal and informal, with similar objectives to mutual health and professional funds; and social assistance programmes for the poorest and most vulnerable. Traditional or informal mechanisms are still relevant for individuals, although these have been eroded in recent years. In this context, new systems of community-based solidarity have developed, in the form of pooled community funds, essentially for women. Despite the more recent access to some forms of external social protection mechanism, community-based mechanisms continue to be the most accessible for the majority of the population. Remittances are also a very significant mechanism of informal social protection.

Evidence from evaluations after the conclusion of the first PRSP in 2005 made it clear that a different approach to social protection was needed. The NSPS 2005–2015 was developed with the objective of strengthening and extending, in an equitable manner, social protection instruments to achieve the following: extending health insurance coverage from 20% to 50% of the population and implementing a social protection regime that covered risks resulting from shocks, mainly affecting populations working in the informal sector. The NSPS was embedded in Pillar 3 of PRSP II, which increases the feasibility of taking actions towards the achievement of some of its objectives. It is still necessary to define concrete programmes that mobilise actions and resources in a sequenced manner, so that gradual implementation can occur according to a defined plan of action (still missing) in order to strengthen the strategy’s sustainability, even beyond the completion of the PRSP.

Over 50% of Senegal’s population is poor and existing social protection mechanisms reach only under 20% of the population, and not those among the poorest and most vulnerable. As such, one of the aims of Senegal’s NSPS, reflected in the PRSP, is to promote the ‘extension of social protection’ to those currently excluded from formal social security systems while promoting the enrolment of those that do benefit from formal social security in complementary schemes to eliminate the need to make co-payments. For this purpose, the following objectives are planned: i) strengthening mutuals; ii) establishing a health risk
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protection system for vulnerable persons or the ‘destitute’; and iii) establishing social insurance systems for persons engaged in agriculture and economic players in the informal sector. The NSPS and PRSP also define categories of vulnerable groups towards which social protection actions will be focused: i) the disabled; ii) women in vulnerable circumstances; iii) children at risk; iv) the elderly; v) youth and adolescents; vi) displaced and repatriated persons.

Although the development of the NSPS and the PRSP has been positive for consolidating the state’s social protection ‘vision’, there have been problems in rollout. Given the horizontal nature of social protection, involving cross-sectoral policies and programmes, there has been little coordination among stakeholders, resulting in weak programming of interventions. This has been exacerbated by the relatively weak institutional framework in charge of social protection. Although the NSPS and the social protection pillar in the PRSP are positive steps towards ensuring a more institutionalised approach, significant institutional weaknesses still need to be addressed.

The implementation of the NSPS involves a range of government agencies, donors, non-governmental organisations (NGOs) and civil society organisations (CSOs). However, there has been poor translation of policy objectives into programme design from the key sectoral agencies as well as insufficient leadership in the sector, causing delays in programme rollout and disbursement of funds according to plan. Systems for the provision of basic social services, including social protection mechanisms, have weak governance and accountability. Many existing programmes lack instruments for monitoring and evaluating effectiveness and impact. It is crucial to promote the improvement of governance parameters to ensure a better use of scarce public resources, better access to social protection services and more effective programme delivery. Development agencies could play an important role by strengthening the capacity to monitor and evaluate governance dimensions of these programmes.

Improving leadership and developing more concrete programmatic linkages to social protection principles in the PRSP is an initial step to promote the generation of fiscal space. Despite government and donor support, the financing gap for social protection is significant, increasing the probability that not all social protection targets will be achieved. Some benchmarks for fiscal and economic performance agreed by the government to benefit from donor support and debt relief, as well as to ensure macroeconomic and debt stability in the long run, place some constraints on its capacity to generate fiscal space. Nevertheless, the envelopes for social sector spending are significant; it is important for the government to pursue measures to improve the quality of spending across sectors, in addition to creating sustainable fiscal space that is in line with its economic targets.

Reallocationing spending from lesser to higher priorities and from less to more effective programmes might be the most appropriate means to generate fiscal space for social protection in Senegal. There is already a significant envelope of resources for social sector spending, with the potential to be used more effectively in social protection. This does not mean reducing financing to key social services, but improving efficiency of expenditure in the sector could release resources for social protection. Another area for reallocation of expenditure is existing subsidies of food and fuel: existing subsidies and tax exemptions could be made more pro-poor; these fragmented subsidies are not effective, nor are they well targeted.

Therefore, in the medium to long run, authorities could consider implementation of a cash transfer system, which could be more cost effective than current measures to protect the poor in Senegal. Both the NSPS and Pillar 3 of the PRSP include provisions for potential cash transfer mechanisms. Given slow progress on the NSPS, a cash transfer is being seen as a more effective means of channelling support, mobilising funds and mitigating vulnerabilities of the very poor and excluded. Cash transfers could bring some cohesiveness to the social protection system, as a simpler and more effective mechanism to mobilise resources to reduce vulnerabilities. To determine the potential poverty-reducing impact of a
national cash transfer programme targeting children in Senegal, a series of simulations were made using national household survey data. These simulations suggest that child-focused social transfers can have a significant impact on the reduction of poverty and vulnerability in Senegal.

Senegal has seen significant progress in the supply of basic services, but one of the barriers reducing the uptake of these is their direct and indirect costs (including opportunity costs). There are still significant challenges in access to quality services, particularly in rural areas. Thus, a cash transfer programme would need to be developed in a way that does not crowd resources out of investment in basic social services. However, a cash transfer programme to poor households with children could be a helpful mechanism to strengthen uptake of services, so complementarities can be strengthened. In particular, it would be useful to look at models where women are transfer recipients, on the condition of children attending school and regular health checks. Poor governance and weak administrative capacity need to be carefully analysed to inform design; effective technical capacity building for those involved in the programme, and drawing on the most effective mechanisms for the transfer of resources, might be ways to minimise these risks.

Health care services are underpinned by principles of solidarity and equity. The importance of social protection for health, particularly for children, relates to the opportunity to: prevent the poverty-inducing effects of ill health and catastrophic health costs; protect vulnerable populations through relief from ill health and disease; and promote capabilities and improved income opportunities by smoothing spending patterns on health and increasing productivity through improved health and human capital. In this sense, social health protection should be embedded within a broader framework of policy and programming action, including increasing access to quality health services to the whole population and enhancing social equity, especially through facilitating the healthy development of children.

Those excluded from existing social security systems are more vulnerable to social, health and economic risks. Although these formal systems provide for dependent benefits, including some health-related services for children of beneficiaries, the population covered by such systems is very small. Only 10.5% of children receive child allowances under formal social security schemes. Households in rural areas, where social protection mechanisms are scarce and access to health services is weakest, fare the worst. Further, formal mechanisms provide coverage only for immediate family; in the Senegalese family, a household is made up of extended family, often dependent on one or few incomes, so that vulnerability extends to those beyond the nuclear family.

Despite various changes in the health system in recent years to extend health social protection to address the problem of insufficient health social protection, there is no fee waiver or gratuity programme to cover the health costs of children. Children and youth benefit through schemes that include: free deliveries; free caesarean deliveries; free anti-malarial treatment for children and pregnant women; and free immunisation coverage. However, carers must still pay for other health interventions for children – including consultations, and thus either have enough money for out-of-pocket health expenditure or be covered by mutual health insurance.

Health financing mechanisms are extending social protection coverage to more household heads and carers, who can then include their children as beneficiaries, making health-related social protection available to more children and youth. Nevertheless, coverage of the mutual health system remains relatively small, with a total of 129 mutual health funds and beneficiaries at only 3.79% of the population: a great number of children and youth (and their carers) remain excluded.

Another component of Senegal’s social protection extension is its strategy to extend health service financing to the agricultural sector, essentially informal workers. It is planned for this to become a large-scale, high-impact initiative, with its first phase starting by the end of 2008.
This is essentially a ‘demand-side’ programme, where the beneficiary in principle has more decision-making power but health providers are covered for the services they provide. Through a consolidated management approach, it is planned that that this system will reduce management costs and improve systems to facilitate the administration of health funds in a less costly way, with greater transparency and accountability. This consolidates movement away from gratuity of health service provision, shifting the state’s responsibility for health care financing to the provision of significant subsidies to facilitate full health care coverage.

Another important dimension of analysis is how to strengthen child protection services within broader social protection systems. A very positive step towards the systematisation of child protection is the inclusion of ‘vulnerable children’ as a specific category in the PRSP’s Pillar 3. The explicit inclusion of child protection priorities is crucial in terms of generating the potential policy space for programmatic rollout. Many of the specific actions proposed by the strategy relate to the improvement of care practices and institutions for children who are vulnerable or already exposed to a situation of risks. Importantly, some dimensions of prevention are also articulated, including strengthening legislation and promoting grassroots social communication activities aimed at modifying cultural practices that put children at risk.

In addition, it is crucial to recognise as child protection priorities children’s development and poverty reduction, to break intergenerational transmissions of vulnerability. This would include, for example, emphasising the relevance of reducing household and community poverty, which tends to force children into risky and exploitative circumstances, as well as guaranteeing access to basic services. For this purpose, increasing children’s visibility in other areas of the PRSP, such as Pillar 2 on increasing access to basic services, is crucial to promote a more comprehensive approach to child protection, one which includes protective, preventative, promotive and transformative measures embedded within a strategy for broader economic and social transformation.

There are now ample opportunities for promoting synergies between child protection and social protection, especially as the Directorate for the Protection of Child Rights sit within the ministry in charge of coordinating the wider social protection agenda. This should contribute to closer dialogue and help mainstream child protection priorities into the social protection agenda.

**UNICEF’s engagement**

The current momentum around the issue of social protection in Senegal has been favourable to the development of new ideas regarding mechanisms to extend and strengthen social protection, as well as ensuring the most vulnerable groups of the population are reached, according to the objectives of the PRSP. UNICEF Senegal has become a key player in the social protection agenda, mainly as a result of its contribution to the development of the NSPS, its participation in the PRSP process and its support of the PRSP annual review – including by providing funding for the evaluation of the component on vulnerable populations. In this way, it has taken a leadership role and has been present in debates, particularly on how to improve the component on vulnerable children and youth in the PRSP.

Given the complexity of social protection, coordination among different stakeholders involved in the rollout of the strategy is crucial. Leadership is needed to foster this communication and cooperation, so as to facilitate progress and maximise opportunities for synergies across stakeholders. Given UNICEF’s active engagement in the social protection policy process, it could continue promoting coordination through the development of spaces, including a permanent working group tasked with monitoring progress on the implementation of PRSP-related actions and the corresponding mobilisation of resources. In the case where a secretariat is created to enhance coordination among Pillar 3 stakeholders, UNICEF could play a technical advisory (and possibly funding) role to help ensure that crosscutting issues affecting children’s social protection are addressed in the different components of Pillar 3, not only in the one related to vulnerable groups.
In taking this role, UNICEF would be strategically positioned to mainstream children into the social protection strategy, through supporting relevant research, knowledge sharing and capacity building that could help rally support in favour of children’s increased visibility in child protection mechanisms. Similarly, through its work with sectoral ministries, UNICEF could be more actively involved in the development of new ideas on child-focused social protection based on international best practices, which could then be fed into decision-making processes within the secretariat and its coordination with sectors.

Further, UNICEF can contribute to the development of quality evidence, given the interest by multiple stakeholders in introducing a cash transfer, by financing and developing the research framework for a feasibility study for a child-focused cash transfer programme. Evidence and recommendations provided in this report can provide the evidence base to rally political and financial support to fund the development of a pilot cash transfer programme. With UNICEF’s technical support, such a pilot would also have a very robust M&E framework that would enable lessons for its potential expansion and sustainability to be drawn.
1. Introduction and analytical framework

1.1 Introduction

Senegal has achieved good economic results over the past decade, particularly as compared with other countries in the sub-region. After weaker economic performance in 2006, it recovered its impetus in 2007 and prospects look positive for 2008 to 2010. Gross domestic product (GDP) growth averaged almost 5% from 1996 to 2007 and there were positive achievements in poverty reduction, with a decline in the number of households living under the poverty line, from 48.5% in 2002 to 42.6% in 2005 (République du Sénégal 2006a) and almost 15 percentage points between 1994 and 2002.

Nevertheless, Senegal remains a poor country, with a gross national income (GNI) of US$1,640 (at purchasing power parity or PPP) and important deficiencies in its infrastructure and human development. Despite relatively robust economic performance, the development of Senegal's rural areas, where the majority of its poor and vulnerable population lives (or from where it migrates to urban centres), continues to lag further behind as a result of structural vulnerabilities to external shocks, unequal access to public and private services and a limited range of strategies to prevent, mitigate and cope with risk (République du Sénégal 2006a; World Bank 2006a).

The Senegalese government has recognised that it needs to take a stronger policy stance in order to achieve the Millennium Development Goals (MDGs) and halve poverty by 2015. An analysis of progress towards the MDGs (République du Sénégal 2006b) provides a diagnostic of the likelihood of reaching the eight different goals. By continuing on the same track as in 2005, achieving the first goal – halving poverty by 2015 – was uncertain, since progress towards poverty reduction had been insufficient. As such, Senegal's second poverty reduction strategy paper (PRSP II)\(^1\) (2006–2010), developed in 2006, aims to generate pro-poor growth. By triggering higher economic growth rates, one of the government’s stated objectives is to stimulate the generation of internal resources, higher employment and greater fiscal revenues to promote poverty reduction through strong social protection mechanisms and programmes aimed at promoting greater equity, as well as improving the delivery of basic social services. Additionally, the government has expressed its intent to improve governance and strengthen participatory processes and decentralisation, which have been performing rather poorly.

In particular, the most recent PRSP recognises the need to give specific attention to improving the lives of poor and vulnerable groups, including children, by extending social protection mechanisms that can help ensure that these groups benefit from wealth creation, are protected from risks and have better access to social services (République du Sénégal 2006a). In this context, the present study examines existing social protection mechanisms that are being planned and/or implemented, as well as exploring alternatives that might help systematise approaches to reduce vulnerabilities, in particular those affecting children, who are an explicit target group in the PRSP and the National Social Protection Strategy 2005–2015 (NSPS).\(^2\)

The objective of this study is to provide UNICEF with an in-depth understanding of the actual and potential role of social protection systems in reducing poverty, vulnerability and risk among children in Senegal. This report is one of five case studies, undertaken in Equatorial Guinea, Ghana, Mali, Senegal and Congo, and part of a broader study on social protection and children at the regional level (West and Central Africa – WCA), which includes a desk

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\(^1\) République du Sénégal (2006a), hereinafter referred to as PRSP II or the second PRSP.

review and synthesis report. The aim of the study is to enable UNICEF to apply an evidence-based ‘systems approach’ to social protection that benefits children, in place of the piecemeal programmes and interventions that currently exist.

This paper is structured as follows: after looking at the analytical framework underpinning the research, the methodological approach is presented in Section 2. Section 3 presents an overview of the political and socioeconomic development context. Section 4 provides an analysis of poverty and vulnerability in Senegal; Section 5 focuses on analysing the national social protection system, its policies and programmes. An analysis of fiscal space for social protection programmes is presented in Section 6. Section 7 explores the pros and cons of cash transfers as a mechanism to tackle childhood poverty. Section 8 presents an analysis of the potential contribution and feasibility of health insurance. Section 9 focuses on child protection and the possibility of integrating this into broader protection systems. Section 10 explores opportunities for policy engagement to promote better mechanisms for social protection, particularly for children.

1.2 Analytical framework

In view of the particularly severe, multiple and intersecting deprivations and vulnerability and risks faced by children and their carers in WCA, we adapt Devereux and Sabates-Wheeler's (2004) transformative social protection framework for this study. This which encompasses protective, preventative, promotive and transformative social protection measures which, in turn, are embedded within a strategy for broader economic and social transformation. Operationally, it refers to social protection as the set of all initiatives, both formal and informal, that provide:

- **Social assistance** to extremely poor individuals and households. This typically involves regular, predictable transfers (cash or in-kind, including fee waivers) from government and non-governmental entities to individuals or households aimed at reducing poverty and vulnerability, increasing access to basic services and promoting asset accumulation.

- **Social services** to marginalised groups that need special care or would otherwise be denied access to basic services based on particular social (rather than economic) characteristics. Such services are normally targeted at those who have experienced illness, death of a family breadwinner/carer, an accident or natural disaster, or who suffer from a disability, familial or extra-familial violence, family breakdown or unemployment, or who are war veterans or refugees.

- **Social insurance** to protect people against the risks and consequences of livelihood, health and other shocks. Social insurance supports access to services in times of need, and typically takes the form of subsidised risk-pooling mechanisms, with potential contribution payment exemptions for the poor.

- **Social equity** measures to protect people against social risks such as discrimination or abuse. These can include anti-discrimination legislation (in terms of access to property, credit, assets, services) as well as affirmative action measures to attempt to redress past patterns of discrimination. The dimension of voice and agency may also be critical in informing the design of social protection instruments and the evaluation of their operationalisation.

These social protection instruments are used to address the vulnerabilities of the population in general, but can also be adapted to address the specific vulnerabilities and risks faced by children, as mapped out in Table 1 below. Given the close and potential linkages between women’s empowerment and child well-being (what UNICEF has dubbed the ‘double dividend’), each of the general social protection measures could also usefully be assessed using a gender-sensitive lens.
By extension, child-focused social protection is a set of public institutions, norms and programmes concerned with tackling the causes and consequences of childhood poverty and vulnerability, as well as stemming potential intergenerational poverty cycles. Because of the multidimensional nature of childhood poverty and vulnerability, it is particularly important to pay attention to complementary actions that could address non-economic/non-material dimensions, especially exploitation and abuse and voicelessness.

It is also important, therefore, to understand and analyse how the uptake of general and child-specific social protection instruments will be refracted through existing political institutions, political discourses about poverty and care and possibly path-dependent national social protection systems. As such, we also consider factors such as political will on the part of the state to address poverty and vulnerability; the extent to which the intersection between poverty and social exclusion is recognised by government officials designing and implementing social protection programmes; the composition of the labour market and men’s, women’s and children’s differential integration/positioning within it; etc.

Such an analysis will aim to help find appropriate policy entry points for UNICEF’s engagement with social protection in the region, as well as to identify the processes and opportunities by means of which social protection can be politically sustainable and develop (and operationalise) a state–citizen contract that has citizenship rights at its centre.

Table 1: Child-sensitive social protection

<table>
<thead>
<tr>
<th>Type of social protection</th>
<th>General measures for household</th>
<th>Specific measures for children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promotive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social assistance</td>
<td>CT, CCTs, Food Aid etc.</td>
<td>Scholarships, school feeding, CCTs with child-related conditionality, fee waivers for schools, fee waivers for childcare</td>
</tr>
<tr>
<td><strong>Protective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social insurance</td>
<td>Heath insurance, subsidised risk pooling mechanisms – disaster insurance, unemployment insurance, etc</td>
<td>Fee waivers for health insurance for children</td>
</tr>
<tr>
<td><strong>Preventative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td>Distinct from basic services as can be vulnerable regardless of poverty status – social welfare services focused on those needing protection from violence and neglect – e.g. shelters for women, rehabilitation services, etc</td>
<td>Child foster systems, child-focused domestic and community violence prevention and protection services, rehabilitation services after trafficking, basic alternative education for child labourers, etc</td>
</tr>
<tr>
<td><strong>Transformative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social equity measures</td>
<td>Anti-discrimination legislation, affirmative action policies, asset protection</td>
<td>Legislation to promote child rights as victims (e.g. of violence, trafficking, early child marriage, etc) and as perpetrators (special treatment and rehabilitation services for young offenders); efforts to promote children’s voice and agency</td>
</tr>
</tbody>
</table>

**Complementary measures**

| Complementary basic services | Health, education, economic/financial, agricultural extension | Child-focused health care services, pre, primary and secondary school, childcare services |
| Complementary pro-poor or growth with equity macroeconomic policy frameworks | Policies that support growth + distribution | Policies that support progressive realisation of children’s rights in line with macroeconomic growth indicators |
2. Methodological approach

The research presented in this report was carried out using the following approach:

- A situation analysis of: i) the existing poverty situation and types of vulnerability and risk affecting children in Senegal; and ii) current social protection systems and programmes in the country and their impact on children.

- An informed assessment of the current and potential role of social protection in reducing poverty and vulnerability among children in Senegal focusing particularly on: i) cash transfers; ii) health insurance; and iii) mechanisms to strengthen child protection services.

- An assessment of the priority needs for strengthening social protection systems in the country through: i) an analysis of the political context, key institutional and policy actors as well as ways in which social protection debates could be effectively framed; and ii) a child-sensitive budget analysis to identify the potential scope for increasing resources to strengthen social protection interventions.

- Policy implications and recommendations for policy engagement to inform the development of a strategy to promote child-focused social protection systems by UNICEF Senegal.

A multidisciplinary perspective informs these four components. They use document analysis and quantitative and qualitative data to draw attention to the complex interplay of macro-, meso- and micro-level factors that underpin social protection systems.

Over 20 interviews with key informants were conducted in Senegal, including government officials from the Ministries of Health and Protection (MHP), Ministry of Family, Women’s Entrepreneurship and Microfinance (MFWEMF) (Directorate for Social Development, Directorate for Child Protection and Child Rights and Children, Directorate of Social Assistance and Poverty Reduction Unit). We also met with several non-governmental organisations (NGOs), including Save the Children Sweden and Plan International, and with a Member of Parliament (MP) who heads the Committee on Population and Family, in charge of children’s affairs. We met with the Social Protection Specialist from the World Bank and with the Country Economist, with the Deputy Representative of the World Food Programme (WFP) and with the International Labour Organization’s (ILO’s) Strategies and Tools against Social Exclusion and Poverty (STEP) programme. In addition, we participated in the presentation of the preliminary mid-term evaluation results from the PRSP Pillar 3 on social protection and interviewed key informants who work independently but are involved in the design or evaluation of the social protection strategy. Furthermore, we interviewed key UNICEF staff involved in issues related to child-focused social protection: Social Policy, Health, Child Protection and Monitoring and Evaluation Advisors, the Deputy Representative and the Representative. Lastly, we did a day of field visits to Thiès, a city outside Dakar, to interview informants from different models of mutual health insurance schemes and to obtain a more practical understanding of the functioning of this system.

In addition to the above, analysis of key documents and programme evaluation was carried out.
3. Overview of political and socioeconomic development context

Senegal is part of the West African Economic and Monetary Union (WAEMU). With a population estimated at about 12 million, its economy is dominated by a few strategic sectors, including groundnuts, fisheries and services. The role of the agricultural sector has declined over time, from almost 15% of GDP in 1960 to 7% in 2004. However, according to the 2005–2006 Senegalese Poverty Survey (ESPS) (République du Sénégal 2007), Senegal’s poverty survey, 58% of the population is rural, and more than half is concentrated in a small area (Dakar, Thiès and Diourbel). The remaining eight regions are relatively depopulated as per population density. This underlines a major imbalance in the generation and distribution of resources. The informal sector accounts for about 60% of GDP.

Table 2: Key country statistics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population (total)</strong> a</td>
<td>10.6 million</td>
</tr>
<tr>
<td>Urban b</td>
<td>42%</td>
</tr>
<tr>
<td>Rural b</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Poverty rate (total)</strong> a</td>
<td>50.6%</td>
</tr>
<tr>
<td>Population in extreme poverty</td>
<td>15.9%</td>
</tr>
<tr>
<td><strong>GNI per capita</strong> c</td>
<td>US$820 (US$1,640 PPP)</td>
</tr>
<tr>
<td><strong>Human Development Index (HDI)</strong> d</td>
<td>156/177 (0.499)</td>
</tr>
<tr>
<td><strong>Gender Development Index (GDI)</strong> d</td>
<td>134</td>
</tr>
</tbody>
</table>


Senegal’s economy has been growing for over 10 years, with an average growth of 4.4% from 1996 to 2006 (AfDB and OECD 2008). Growth fell to 2.3% in 2006 but recovered in 2007 to 4.8%. In 2008, growth is expected to reach 5.3%, its level in 2005 (IMF 2008a). This significant increase has been attributed mainly to positive performance in the services and construction sectors; however, for the second year in a row, agricultural output declined.

More specifically, economic expansion has been concentrated in services such as telecommunications and construction of large infrastructure projects, e.g. roads. However, the livelihoods of about half the population are still tied closely to agriculture, which has performed poorly (IMF 2008a), suggesting the need to promote more pro-poor growth and ensure redistribution mechanisms, such as social protection measures, are in place to make sure that all segments of the population, particularly the poor, can benefit from growth. Importantly, remittances contribute significantly to growth, with official remittances accounting for 7.6% of GDP in 2006 (World Bank 2008). Significant shares of these remittances serve as a form of informal social transfer to migrants’ (often poor) families that remain in Senegal.

Senegal has made significant progress in poverty reduction, with the poverty headcount going from 67.9% of the population in 1994 (République du Sénégal 2006a) to 50.6% in 2005 (République du Sénégal 2006a); the country is among the best-performing countries in the region. However, although growth is recovering, it is still below the 7% projections required to meet MDG goals and poverty reduction targets set in the country’s PRSP, which poses significant challenges to achieving some of the MDGs. To ensure more equitable development, it is necessary to give specific attention to ensuring that vulnerable groups are not excluded from the country’s growth and development.

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3 Hereafter referred to as the 2005–2006 ESPS.
3.1 Political context: background and policy priorities

Over the past decades, Senegal has enjoyed a stable political climate and has remained largely unaffected by regional instability, although a southern separatist group in the Casamance region has clashed sporadically with government forces since 1982, despite a peace agreement having been signed in 2004. According to the World Bank (2007), this stability is the result of relatively free and diverse media (with numerous newspapers, radio and TV stations) and an active civil society (with hundreds of NGOs), as well as the ability to preserve the historical social equilibrium between modern institutions and religious communities. Several indicators used by the international community, such as World Bank Institute governance indicators and the Freedom House ranking of civil liberties and political rights show that Senegal compares favourably with most African countries.

This stability has been strengthened by two successful electoral processes, one in 2000 and the re-election of President Abdoulaye Wade in 2007. This last electoral process was calm and stable, although events such as shifts in the Cabinet's composition and disputes between the President and one of the former Prime Ministers have led to some government spending irregularities, weaker budgetary controls by the judiciary and legislative and fragile governance in public and quasi-public enterprises (World Bank 2007).

Although there is in principle a commitment to decentralisation, interviews carried out in Senegal suggested that, in fact, power is increasingly being centralised in the President, who makes executive decisions regarding policies, Cabinet reorganisation and use of government resources that do not necessarily go through the appropriate channels for political discussion or legislative sanctioning. This presents a potential risk to the introduction of specific policies and programmes in a context of changing policy decision making. Further, the Senegalese government is quite big, with 29 ministries, in charge of often overlapping agendas. This takes its toll on government expenditure, with a significant amount of resources going towards covering high administrative costs, as well as on government effectiveness. One of the problems of policy implementation cited by interviewees is the instability of ministries; there are frequent modifications to the government's composition, causing some confusion as to the mandates and activities of some key areas. This has been the case for the now disappeared Ministry of Social Development: some of its functions have been taken over by the Ministry of Family, National Solidarity, Women's Entrepreneurship and Microfinance (MFNSWEM); some others, such as social protection, are still not clearly attributed to a specific ministry.

The role of the Parliament has been weakened by the increasing centralisation of decision-making power in the President and the majority of the ruling party. This limits the scope for debate and reform to executive proposals. For example, the Parliament does not have the power to modify the annual Law of Finance (which includes the budget): it can either approve it or reject the proposal from the executive (the latter never occurs). This reduces the scope for revising resource allocation and thus the weight given to different policies and programmes in practice. Further, there has not been a parliamentary audit of the budget since the 1990s. Therefore, to improve the balance of power between the executive and legislative, it is necessary for the Senegalese government to strengthen legal provisions to guarantee effective checks and balances. However, as in most developing countries, the technical capacity of some parliamentarians is weak – particularly in the case of the many parliamentarians who are newcomers – so they lack the capacity to understand, analyse and propose legislation. Enhancing the role of the legislative branch would need to be accompanied by schemes to support the capacity and skills development of these parliamentarians.

With respect to decentralisation, Senegal has made significant progress, becoming one of the countries in the region with the most devolution of responsibilities. The plan for decentralisation in rural areas, for example, has three different types of territorial authorities,
each with a distinct legal identity and financial autonomy: rural communities, urban communities and regions. Their combined mission is to design and implement development actions in a number of sectors, such as state-owned facilities, the environment, natural resource management, health, young people, sport, leisure activities, culture, education, land use planning, city planning and housing. Despite this progress, relative responsibilities often overlap between central and decentralised levels as well as between sectoral and multi-sectoral programmes. In theory, the 1995 decentralisation law transferred responsibilities for most basic infrastructure to local governments (communes in cities and communautés rurales in rural areas). In practice, most infrastructure investments continue to be carried out by the central sectoral ministries. This is a result of the incomplete devolution of fiscal responsibilities, a desire by the central level to retain control over resources and the perception by sectoral agencies that local governments lack capacity, which is often the case. Nevertheless, departing from top-down sectoral planning, there has been much effort to develop local planning processes, although linkages between these local investment plans and investment programmes by the central sectoral ministries remain weak (World Bank 2006). Strengthening decentralisation, particularly fiscal decentralisation, would contribute to curbing top-down political decision making.

3.2 Economic context

The Senegalese economy is driven mainly by growth in the secondary and tertiary sectors, with only 13% of GDP coming from agriculture. Over 60% of the population is involved in the tertiary sector. The low base scenario in the 2006–2011 PRSP projected 5% for medium-term economic growth and continued low inflation during 2007–2011. However, economic growth in Senegal has performed below expectations in the past two years, with growth falling to 2.3% in 2006, recovering to 4.8% in 2007. This is related to a number of internal and external factors, including poor rainfall; the crisis of the country’s largest phosphates producer, Industries Chimiques du Sénégal (ICS), which has impacted on productivity and thus on GDP; and higher oil prices, which have translated into a rise in general price levels, as well as an increase in state subsidies to oil and thus on the budget deficit (AFDB and OECD 2008). Economic recovery in 2008 and 2009 will be linked largely to the service and construction sectors, including a couple of major development projects (an airport and a trade centre). However, unless there is careful planning for the distribution of resources generated by growth (through, for example, social protection mechanisms), the promotion of growth in the agricultural sector, which is lagging behind (Ndione 2008), and better progress on PRSP objectives, growth is unlikely to impact on poverty reduction and mitigation of the vulnerabilities of the poorest quintiles of the Senegalese population.

Ndione (2008) highlights that economic growth in Senegal is currently not pro-poor, and is actually exacerbating inequalities, with the risk of hindering sustainable economic growth and social stability in the medium term, with important implications for the vulnerability of marginalised groups. He argues that this has two possible causes. The first is the poor agricultural climate: agricultural production has been declining since 2006, when it fell by 5.4%; the decline continued in 2007, falling by 4.2%, reducing the share of the primary sector to 13% of total GDP (over 60% of the population is dependent on the primary sector). The second cause of inequality is related to the concentration of economic growth in two sectors: construction/public works and services (mainly telecommunications), which does not trickle down to those living in rural areas, which include most of the poor. Thus, possible ways to make growth more pro-poor in Senegal include stimulating agricultural production, which involves the majority of the population – and which has been neglected in recent years – as well as the promotion of effective social protection mechanisms for those who are increasingly vulnerable. These actions could be framed in the context of the PRSP’s Section 1, which focuses on growth promotion, and Section 3 on social protection. A strengthened

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4 58% of the population lives in rural areas, but not all those living in rural areas are involved in agriculture. Similarly, a small proportion of the population living in urban and peri-urban areas works in the primary sector.
5 The state provides subsidies to petrol consumption,
agricultural policy accompanied by active promotion of non-agricultural activities in rural areas would be useful to diversify sources of revenue, improve living conditions and stem the migration from villages to urban areas. Support mechanisms in the form of cash or in-kind transfers might also help mitigate the impacts of the crisis, as has been suggested in the PRSP’s Section 3 on social protection.

According to the government’s 2008 Economic and Financial Report (République du Sénégal 2008), there is a commitment to preserve macroeconomic stability, with at least 5% annual growth, controlled levels of inflation and a sustainable budget deficit and public debt, in order to create a base for strong economic growth and poverty reduction. In the short term, macroeconomic perspectives are based on the 2006–2010 PRSP. In 2007, Senegal’s overall fiscal deficit was kept at 3.5% of GDP, compared with 6% of GDP a year before. However, in early 2008, authorities committed more spending than envisaged, partly to food and energy subsidies. This meant postponing the issuance of payment orders to the private sector equivalent to 2% of GDP. In addition, there is a possibility that extra-budgetary spending of about 0.2% of GDP may have occurred. With regard to external debt sustainability, indicators improved substantially after the enhanced Heavily Indebted Poor Countries (HIPC) Initiative and the Multilateral Debt Relief Initiative (MDRI). Senegal reached its HIPC completion point in April 2004, when it received debt relief of about US$850 million in nominal terms. In 2005, Senegal qualified for further debt relief under the MDRI when the International Monetary Fund (IMF), the International Development Association (IDA) and the African Development Fund (AfDF) cancelled their claims on Senegal, amounting to about US$1.4 billion in nominal terms. As a result of these two initiatives, the net present value (NPV) of external public and publicly guaranteed (PPG) debt outstanding has been reduced substantially, from 33.1% of GDP at end-2005 to an estimated 18.3% of GDP at end-2007 (IMF 2008a). Senegal continues to receive significant aid inflows, with aid representing 8.5% of GNI in 2005 (the average for sub-Saharan Africa is 5.5%).

An additional source of foreign capital inflow is remittances. The growing number of Senegalese living abroad, including many in developed countries, and the increasing number of facilities to send money across international borders have generated a steady increase in remittances, estimated at around US$633 million in 2006 or 7.6% of GDP (World Bank 2008). Some authors (e.g. Gupta et al 2007) have suggested that remittances augment recipient households’ resources, smooth consumption, provide working capital and have multiplier effects through increased household spending. In many cases, remittances are used to finance consumption or invest in education, health care and nutrition, so they can be an informal social protection mechanism for the poor. Villages in Senegal sometimes pool resources to pay for the migration expenses of their most skilled young men (ibid). Remittances are the return on this joint investment. This is very significant, as some evidence suggests that national and international transfers can account for 30% to 70% of income in rural households (Van Vlaenderen et al 2004).

### 3.3 Development policy

Recent analysis (Ndione 2008) indicates that the Senegalese government is now perceived as less efficient than a few years back, but it is still viewed as a good performer in sub-Saharan Africa. The government has shown a capacity to generate economic growth, in spite of exogenous shocks (such as droughts and natural disasters).

The government of Senegal frames policy priorities around its second PRSP for 2006–2010, which was prepared with the purpose of better addressing gaps in poverty reduction and development that had not been achieved during the first PRSP. This new strategy includes

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7 This sum is for officially recorded remittances only. True size of remittances, including unrecorded flows through formal and informal channels, is believed to be large.
four main sections (or axes) founded on the MDG priorities and the Accelerated Growth Strategy: i) wealth creation; ii) access to basic social services; iii) **social protection of vulnerable groups and risk management** (including a subsection on vulnerable children); and iv) good governance. The focus of the strategy, however, is to promote growth in order to reduce the poverty rate to below 30% by 2015 on the basis of an annual growth rate of 7% to 8% in real terms between 2006 and 2010, which, given the current national and international context, now seems unachievable. There are also several programmes (and related expenditures) that remain off the budget – particularly large infrastructure developments – which in practice results in less resources being available to finance the priority sectors as defined by the PRSP.

### 3.4 Concluding remarks

Senegal has had a positive economic growth pattern for over 10 years. However, current and expected rates of growth are insufficient to meet MDG goals and PRSP targets. Therefore, in addition to stimulating growth, it is important that the government ensures that growth targets the primary sector, where most of the population – particularly the poor and most vulnerable – are engaged. In relation to social protection policies, the 2006–2010 PRSP shows there is awareness by policymakers about the need to reduce social and economic vulnerabilities and mitigate risks, which is a positive entry point for policy engagement to promote child-sensitive social protection, particularly given the government’s commitment to achieving the MDGs by 2015 and the potential contribution of social protection to doing so.
4. Analysis of poverty and vulnerability

Senegal has been making progress in poverty reduction over the past few years, reducing its poverty headcount from 67.9% in 1994 to 50.6% in 2005, with 15.9% of the population living in absolute poverty (République du Sénégal 2006b). There has been progress on key social and human development indicators, although average indicators hide inequalities across gender, regions and poverty quintiles.

Poverty in Senegal is highly correlated with access to basic infrastructure services, human development, employment and vulnerability to external shocks and catastrophes. The regions with the highest levels of poverty, such as Ziguinchor, Kolda, Kaolack and Djourbel, are also those with the lowest access to water, sanitation and electricity and with the highest mortality rates, as well as the lowest educational attainments, causing problems with chronic poverty and reduced possibilities to exit the poverty trap (IDA and IMF 2006). Poverty in Senegal is linked also to the difficulty in finding jobs: as many as four out of 10 potential workers are unemployed or underemployed. This proportion is even higher for young people who lack skills and experience. Another determinant of poverty is the vulnerability of the rural population to external shocks (such as climatic conditions, changes in the market), which affects their income negatively, leading to increased migration toward cities, in particular Dakar. This in turn contributes to the deterioration of living conditions in urban areas and to the emergence of new vulnerable groups such as street children (Fall 2005).

Vulnerability has become an increasing concern in Senegal, as reflected in the country’s second PRSP, which has a section focused on the protection of vulnerable groups and risk management. Numerous and diverse vulnerable groups have been identified in Senegal, including rural dwellers – particularly those who depend on agriculture and are exposed to diverse external shocks; children living in poor households, living outside their homes or faced with illness and disability; the disabled; the elderly; and refugees. This section seeks not only to summarise key findings and trends in data, but also to highlight gender- and age-specific manifestations of poverty and vulnerability in Senegal.

4.1 Major trends in poverty and vulnerability

According to Senegal’s second PRSP, there is a cause and effect relationship between income poverty and inequality that operates in both directions: ‘Poverty increases vulnerability because of the lack of available income to pay for essential services during times of stress and the impossibility of falling back on savings, loans or mutual aid networks. In turn, vulnerability reinforces poverty’. Progress in poverty reduction can be rapidly reverted if there are no mechanisms in place to mitigate the risks that render the population socially or economically vulnerable. For example, although the level of income poverty has improved on average, poor households that cannot afford expensive health treatment and are unable to pay fees for joining health insurance schemes are vulnerable to becoming poor when a household member falls ill. Thus, mitigating vulnerability through improvement in household income, access to basic services and opportunities and mechanisms to reduce social risks can contribute favourably to poverty reduction.

Senegal has clear geographic and some significant gender disparities in the incidence of poverty, with higher poverty rates in rural areas, where it is estimated at 55.6% - five percentage point above the average for Senegal (République du Sénégal 2006b).

With regard to inequality, there are also very important disparities in income and consumption between the poorest and the richest. Table 3 below shows that the richest 20% of the population covers 40% of total consumption, which means that 80% of the population spends the remaining 60%. ESPS 2005–2006 data also indicate that, on average, 45.6% of
Consumption expenditure goes towards food and (non-alcoholic) drink. This means that, in poor households, very little money is left to spend on other goods and services, including health and education.

**Table 3: Annual consumption expenditure per poverty quintile in FCFA per capita, according to location**

<table>
<thead>
<tr>
<th></th>
<th>Average</th>
<th>Dakar</th>
<th>Other cities</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consumption expenditure per capita</td>
<td>Share of total consumption (%)</td>
<td>Share of total consumption (%)</td>
<td>Share of total consumption (%)</td>
</tr>
<tr>
<td>1st quintile (20% poorest)</td>
<td>97,677</td>
<td>8.2</td>
<td>8.3</td>
<td>8.4</td>
</tr>
<tr>
<td>2nd quintile</td>
<td>153,027</td>
<td>12.8</td>
<td>12.4</td>
<td>13.2</td>
</tr>
<tr>
<td>3rd quintile</td>
<td>200,574</td>
<td>16.8</td>
<td>16.1</td>
<td>17.3</td>
</tr>
<tr>
<td>4th quintile</td>
<td>265,926</td>
<td>22.3</td>
<td>21.6</td>
<td>22.7</td>
</tr>
<tr>
<td>5th quintile (20% richest)</td>
<td>476,332</td>
<td>40.0</td>
<td>41.5</td>
<td>38.5</td>
</tr>
<tr>
<td>Average</td>
<td>239,279</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>


The poverty headcount ratio (50.6%) and household ratio (42.6%) are indicative of the need to make more progress in poverty reduction in Senegal. However, in addition to these ‘objective’ indicators, it is also interesting to look at perceptions of household and community poverty. Figure 1 below shows data according to responses from household heads in relation to their perception of poverty, according to answers to the ESPS survey. The figure for the average perception of household poverty (52.1%) is significantly above the household poverty headcount which, according to ESPS data, was 42.6% in 2005–2006. This is significant, as it can indicate that, although households might have enough resources to be over the poverty line, household income is uncertain and can easily go below the poverty line. It also suggests that those living slightly above the poverty line are not much different from those slightly below it but, in any case, they are households that are at risk of going deeper into poverty when faced by external shocks, such as sudden shortfalls in household revenue, illness or health needs of a household member, among others. Also, very interestingly, the perception of poverty in rural households (61.6%) and communities (64.7%) is significantly higher than in Dakar (39.9% and 42.5%, respectively), another indication of inequalities between rural and urban areas.

**Figure 1: Perception of poverty in households and communities (%)**

![Figure 1: Perception of poverty in households and communities (%)](source)


According to the ESPS analysis of the evolution of the perceptions of poverty over a four-year period at national level, 43.9% of household heads consider that poverty has become worse; this compares with 64.6% of household heads who had this perception in 2001, which means that, for many, there has been an improvement. On the other hand, 31.2% consider that poverty has come down, compared with only 18.2% of household heads who thought so in 2001. This would suggest that, although perceptions of poverty are still relatively high, some improvements have been felt by the population over the past four years. However, despite overall progress, there are population groups that remain vulnerable and thus require special types of interventions, which is the case for poor and vulnerable children. In
particular, one of the government’s objectives under the second PRSP is to strengthen priority actions to eliminate the worst forms of child labour and to protect children and their carers against all forms of exploitation, abuse and violence, livelihood risks and economic vulnerabilities, as well as to improve their access to basic services.

Table 4 provides some interesting insights on the poverty rate and poverty gap by age, sex and household type. Although the data are not updated, as they are based on data from ESAM II 2001–2002 (Enquête Sengalaise Après des Ménages or Senegalese Household Survey) it is useful to illustrate some basic trends with regard to how poverty affects different population groups. This is particularly important for our analysis of child poverty, even when consolidated figures on poverty are different from those used by the rest of the report.8

Table 4: Poverty rate and poverty gap in Senegal

<table>
<thead>
<tr>
<th></th>
<th>Food poverty rate</th>
<th>Basic needs rate</th>
<th>US$1/day poverty line</th>
<th>Food poverty rate</th>
<th>Basic needs rate</th>
<th>US$1/day poverty line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All individuals</strong></td>
<td>19.7</td>
<td>65.0</td>
<td>34.4</td>
<td>4.5</td>
<td>22.5</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>Children (0–14)</strong></td>
<td>20.9</td>
<td>66.7</td>
<td>38.5</td>
<td>4.7</td>
<td>23.1</td>
<td>10.9</td>
</tr>
<tr>
<td><strong>Working age adults (15–59)</strong></td>
<td>18.4</td>
<td>63.3</td>
<td>30.7</td>
<td>4.2</td>
<td>21.9</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Elderly (60+)</strong></td>
<td>20.8</td>
<td>66.5</td>
<td>35.2</td>
<td>4.6</td>
<td>23.1</td>
<td>9.4</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>20.1</td>
<td>65.4</td>
<td>35.0</td>
<td>4.6</td>
<td>22.8</td>
<td>9.8</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>19.4</td>
<td>64.7</td>
<td>33.9</td>
<td>4.4</td>
<td>22.3</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Source: Gassmann and Behrendt (2006).

Table 4 is very useful to illustrate how children are more than proportionally affected by poverty, with poverty for children between 0–14 being higher than the average by all three measures of poverty and of any other population groups. Similarly, the poverty gap (which is the average income shortfall of the poor with respect to the poverty line) is also higher for children. This highlights the importance of targeting children specifically in poverty reduction interventions, given that measures to reduce overall household or community poverty levels might have less than proportional effects on reducing childhood poverty, particularly problematic because, as explained in this study’s analytical framework, children are more vulnerable to health, lifecycle, social and economic risks.

4.1.1 Vulnerabilities

Children and youth in Senegal are vulnerable and currently faced with a dearth of protection mechanisms. The family, once the primary source of protection, very often lacks the means to provide this function as a result of exposure to multiple risks, mainly economic. Families are changing and new family structures are developing. In spite of a tradition of community living, more individualistic behaviour is increasingly common because of pressures to survive. The whole system of solidarity and mutual aid, which represents a form of social capital and traditional social protection, is collapsing and being replaced by relationships based on instrumental rationality. Rather than inter-household solidarity, many households have become more reliant on remittances from family members – including children – who have migrated to cities or abroad.

According to a 2006 World Bank study analysing vulnerabilities (particularly in rural areas) in Senegal, the vicious cycles of vulnerability make it difficult for rural households to move out of poverty, or can easily drive those households and/or individuals that had been able to improve their situation back into poverty. This can easily lead to chronic poverty and intergenerational transmissions of poverty.

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8 The ESPS is a more recent household survey on assessing poverty, but the survey report does not include analysis of poverty headcount and poverty gap and provides little analysis of age-disaggregated data.
Figure 2 illustrates how certain negative shocks increase the likelihood of other adverse events occurring. For example, in the case of Senegal, a drought may prompt temporary labour migration, which increases exposure to HIV and other health risks for both the migrant and the partner who stays in the village. A bad harvest and the resulting income shock may reduce the likelihood that a woman with a pregnancy complication seeks adequate health care or increase the risk that a child drops out of school. In particular, the 1.8 million rural residents in the lowest consumption quintiles or the 1.4 million of the poorest households who are engaged in seasonal agricultural labour are less likely to be able to cope with any type of shock (World Bank 2006a).

Figure 2: Seasonal concentration of rural risks


4.1.2 Types of risks

To provide an overview of the main risks and vulnerabilities affecting the population in Senegal, we draw on the World Bank’s (2006) analysis.

Natural risks are closely related to the agricultural nature of the rural economy and particularly its Sahelian setting. Cyclical droughts reduce agricultural production and destroy herds. However, the impacts of these shocks are highly variable, depending on the agricultural season, the agro-ecological zone, the type of crop and whether land is under irrigation. In the past 25 years, Senegal has experienced six years with major precipitation shocks, including the late onset of rains, irregularity in spatial distribution and an early end of the rainy season. One of the consequences of this, for example, was the loss of production of groundnuts, valued at between US$35 and US$135 million, and the loss of millet/sorghum valued at between US$24 and US$60 million during drought years. Other natural risks involve pests and plant and animal diseases, which can be devastating to crops. For example, approximately 20% of rural households were affected in 2004 by grain losses from pests, estimated at about US$14 million, plus extensive damage to livestock pastures in certain regions. Economic risks in rural areas are linked to exposure to an open economy and include changes in agricultural production, market demand and commercialisation systems, and income and purchasing power risks. While employment is a major economic risk in urban areas, this is not as relevant for rural Senegal, where most of the labour force is self-employed or engaged in informal or part-time activities to diversify income.
With regards to **health-related risks**, rural populations are more exposed to health shocks and face greater barriers to accessing health services. Malaria is the most widespread health issue facing Senegal, accounting for 31% of morbidity and 32% of mortality, affecting children more severely. Infant mortality, maternal mortality and child malnutrition are also much higher in rural areas. Although Senegal has one of the lowest HIV prevalence rates in sub-Saharan Africa, at an estimated 1.5% of the adult population, risks to rural populations come from transmission through labour migrants and a lower level of knowledge about prevention and treatment options. Health risks such as these are further exacerbated by low utilisation of health services in the face of a health shock; this is particularly problematic in rural areas, where health services tend to be less accessible and of lower quality, and there are greater financial barriers (World Bank 2006a).

Another set of risks that has an impact on future opportunities for individuals, particularly children, by limiting their human capital development and knowledge base, includes risks to educational accumulation. In Senegal, these include never enrolling, dropping out during the course of the year or between years and not learning the sufficient skill base. Factors that appear to impede rural primary educational attainment most are illness of the child and lack of perceived relevance (resulting from a combination of low returns to primary education in rural areas, low levels of parental schooling and parental preferences for religious and Arabic education) (World Bank 2006a; République du Sénégal 2007). When several of these shocks are presented simultaneously, individual and households' well-being rapidly worsen.

### 4.1.3 Impact of food and fuel price increase

One particular source of risk for poor households in Senegal is the current food and fuel price crisis. Households in Senegal, particularly those living in rural areas, spend most of their household income on basic foodstuffs (approximately 45%). The increase in food prices can have various effects. On the one hand, farmers who produce grains that are in high demand (such as rice, which is a staple food in Senegal) and who had a good crop this year might be less affected by the crisis, but these are not the majority of farmers in Senegal. For most other poor households, rising food prices may negatively impact human development in five dimensions, each difficult to reverse and with implications for years, sometimes generations, to come:

- By increasing poverty and inequality, as it is the poorest who are most vulnerable to the price hike and less able to diversify;
- By worsening nutrition, as households with limited incomes will not be able to purchase the same amount of foodstuffs. Children risk being the worst affected by malnutrition with effects in the medium to long term;
- By reducing the utilisation of education and health services, as higher food prices means that there are fewer household resources available to spend on other goods and services;
- By depleting the productive assets of the poor, as many households will need to use savings or sell their productive assets to get through the crisis; and
- By increasing child work (either locally or through child migration) as a means to increase available household income.

Given this risk and the implications for the population – many people in Senegal have in fact been protesting against high food prices this year – development agencies have stressed the importance of multi-sectoral policy responses. Some of the interventions recommended internationally by the World Bank, International Food Policy Research Institute (IFPRI) and the WFP, among others, include comprehensive social protection and food and nutrition initiatives to meet the short- and medium-term needs of the poor. In the case of Senegal, failure to respond quickly to the food crisis can result in increased social instability. Although the government has promoted ‘protection’ measures, there is evidence that these have not necessarily been well targeted to the most vulnerable or the poorest (authors’ interview with IMF, 2008).
In the past two years, the government has introduced subsidies on the price of electricity and gas, which are costly and are not contributing towards mitigating the vulnerability of the poorest to high prices of food. According to World Bank analysis in Senegal (Ndione 2008), measures to mitigate the rise in the price of basic foodstuffs, which have included tax relief on certain products such as imported rice, have not yet shown signs of slowing the impact of the increase in prices paid by consumers; some evidence suggests that the price differentials are kept by producers and sellers, rather than being reflected effectively on consumers. This suggests that current government interventions to deal with food and fuel prices are not pro-poor; drawing on social protection mechanisms to address the effects of the food price crisis in the short run might be a more effective way to reduce the vulnerability of households, and particularly children, whose real household income and level of poverty are greatly dependent on the price of basic foods. In fact, by increasing the price of basic staple foods, the poverty line defined by a basket of basic goods rises, with an increasing number of poor falling below it.

4.1.4 Progress in basic socioeconomic indicators

Table 5 shows the progress Senegal has made in 2005 toward achieving the MDGs by 2015. There is a positive diagnostic for some of the child-focused MDGs, such as achievement of universal primary education, the reduction of child mortality, as well as in the fight against HIV/AIDS, malaria and other diseases, although the situation is less positive in the case of elimination of extreme poverty and hunger and achieving gender equality, which are also crucial in terms of achieving equitable child development. Such progress is indicative of policy efforts, positive impact of economic growth and better access to basic services. However, this progress is not distributed evenly across regions and population groups.

Table 5: Will it be possible for Senegal to achieve the MDGs by 2015?

<table>
<thead>
<tr>
<th>Goals</th>
<th>Progress (yes or no)</th>
<th>Likelihood of achievement (strong/medium/weak)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate extreme poverty and hunger</td>
<td>Yes</td>
<td>Medium</td>
</tr>
<tr>
<td>Achieve universal primary education</td>
<td>Yes</td>
<td>Strong</td>
</tr>
<tr>
<td>Promote gender equality and empower women</td>
<td>Yes</td>
<td>Medium</td>
</tr>
<tr>
<td>Reduce child mortality</td>
<td>Yes</td>
<td>Strong</td>
</tr>
<tr>
<td>Improve maternal health</td>
<td>Yes</td>
<td>Weak</td>
</tr>
<tr>
<td>Combat HIV/AIDS, malaria and other diseases</td>
<td>Yes</td>
<td>Strong</td>
</tr>
<tr>
<td>Ensure environmental sustainability</td>
<td>Yes</td>
<td>Medium</td>
</tr>
<tr>
<td>Develop a global partnership for development</td>
<td>Yes</td>
<td>Medium</td>
</tr>
</tbody>
</table>


Child poverty is a multidimensional phenomenon, one characterised by not only income poverty (poverty headcount) but also access to basic services that are crucial for children’s development.

Table 6: Basic poverty indicators in Senegal

<table>
<thead>
<tr>
<th>Basic indicators</th>
<th>Source</th>
<th>Indicator/year</th>
<th>Source/year</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty incidence (individual)</td>
<td>MDG Progress Report, 2005⁹</td>
<td>2001: 57.1%</td>
<td>MDG Progress Report, 2005</td>
<td>2005 50.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>48.5%</td>
<td></td>
<td>42.6%</td>
</tr>
<tr>
<td>Poverty incidence (hh)</td>
<td>DNSR, 2000 as cited in MDG Progress Report, 2005</td>
<td>2000 63.5 per 1,000 live births</td>
<td>DHS IV</td>
<td>2005 61 per 1,000 live births</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>DNSR, 2000 as cited in MDG Progress Report, 2005</td>
<td>2000 63.5 per 1,000 live births</td>
<td>DHS IV</td>
<td>2005 61 per 1,000 live births</td>
</tr>
<tr>
<td>Child mortality (under 5 years old)</td>
<td>DNSR, 2000 as cited in MDG Progress Report, 2005</td>
<td>2000 142.5 per 1,000 live births</td>
<td>DHS IV</td>
<td>2005 121 per 1,000 live births</td>
</tr>
</tbody>
</table>

⁹ République du Senegal (2006b).
¹⁰ Data from MHMP’s National Directorate for Reproductive Health (Direction National de Santé Reproductif)
¹¹ Ministère de l’Economie et des Finances et al (2007), hereinafter referred to as the DHS.
Table 6 provides details of the evolution of basic socioeconomic indicators that are relevant to assessing the well-being of children and their carers. There has been a notable improvement in the overall poverty headcount (measured both individually and through households). However, this aggregated figure does not say how much the child poverty headcount decreased in the time period. As suggested by Table 4 above, the child poverty headcount tends to be higher than the overall headcount in Senegal (a result in part of the large number of children in poor households). Health and education indicators for children, analysed in more detail below, have improved on average, but it is important to look at the regional divergence in the evolution of these indicators, since rural areas lag consistently behind urban areas, indicating a need for protective measures to focus more specifically on rural areas to promote more equitable development that reaches poorest families and children.

4.2 Gender- and age-specific manifestations of poverty and vulnerability

In Senegalese society, children, youth and, to a lesser extent, women are most typically dependent on others – mainly male-household heads – despite the fact that the early independence of children is becoming more common (with children often leaving the household in search of additional revenue, as will be seen below) as well as an increasing number of female-headed households. Dependence is a determining factor in increasing vulnerability. It operates both directly, within the family unit, and indirectly, within the social structure, and is exacerbated by weak social protection mechanisms. Within the family unit, dependence operates as an informal means of social protection, although it can also render weaker household members vulnerable, particularly in the case of a shock such as accidents, ill health, death or environmental shock, which can leave dependents without support. In the case of Senegal, women, youth and children, who have been traditionally dependent, and whose ‘needs and aspirations are relatively unknown and are not taken into account when economic difficulties consistently threaten living conditions’, (Dia 2008) make up large shares of the population, with 54% of children and youth under 20 years old (42.2% under 15 years old) and 51.9% women, highlighting the need for alternative mechanisms to provide them with support and promote their development.

As in other poor countries, the multiple types of vulnerability reflect situations that can lead to various forms of exploitation, abuse and exposure to risk and antisocial behaviour. In the case of children, examples of vulnerability include lack of access to basic social services or insufficient income for adequate household subsistence; parents’ poor socioeconomic status, which is strongly correlated with poor child well-being indicators and thus causes intergenerational transmissions of poverty; youth unemployment; and situations of breaking away from society, with street children who are neglected at risk of entering into conflict with...

Some of the causes of these problems, as explained in more detail below, can be found in global/national economic crisis; environmental shocks (low rainfall, drought, flood, locust invasion and animal diseases); conflicts and insecurity; poor health outcomes and/or access to health care for many; and social inequalities that predetermine the environment of the child/youth. Community and family life, influenced deeply by religion, tradition and cultural practices, can also be a cause of vulnerability. These vulnerabilities can develop over time, maintaining prolonged poverty when there are inappropriate, inaccessible or nonexistent (formal or informal) mechanisms of social protection. Particularly problematic are the inequalities between rural and urban contexts, where unequal distribution of resources, marginalisation of children and inequitable gender dynamics are particularly visible.

In the quest to reduce inequality and mitigate vulnerabilities, the state is a major supporter of policies and programmes, but is not the only actor: it operates in parallel and with the counsel of international NGOs, local actors (NGOs, NGO federations, community-based organisations (CBOs) and faith-based organisations, among others). These organisations are active in combating the causes of vulnerability that affect the poorest sections of the population.

4.2.1 Poverty and vulnerability in children

There are several ways to conceptualise childhood poverty, given its multiple dimensions. Among the most widely used are the ‘monetary measure of poverty’, which takes the household monetary poverty line as a starting point and estimates the number of children living in poor households, and the ‘deprivations approach’, which considers that a child is poor if severely deprived of any of the following: food, access to improved water sources, sanitation, health, housing, education, access to information and access to basic social services. He or she is ‘absolutely poor’ when two or more severe deprivations are present (Gordon et al 2003). It is important to get a sense of the extent to which children, as a specific vulnerable population group, are exposed to some of these deprivations, as measured by education, health, nutrition and protection indicators. This overall assessment should eventually be enriched through a more in-depth analysis of deprivations.

In addition to vulnerabilities related to basic social indicators, there are also vulnerabilities related to economic shocks and natural disasters that affect children directly and indirectly through impact on their household livelihood strategies. For example, in the past few years, the floods that mainly affected the towns of Pikine and Guediawaye (in 2005, 50,000 people were directly affected) have significant impacted children, with loss of housing and schooling, more exposure to health problems such as cholera, other diarrhea-related illnesses and malaria and displacement of families. Similarly, current food price increases can lead families to seek additional resources; part of their coping strategy could include children’s migration or greater engagement in work. The effect of such diverse factors and external shocks on children needs to be understood in order to be able to develop effective protective measures that can allow children and their carers to better cope with such risks.

4.2.2 Health vulnerabilities and risks in children

Poor health is a risk factor that can intensify vulnerability, not only because it is limiting and disabling for the individual who falls ill, but also because coping with illness, disease or injury takes up a significant share of household resources, particularly when households are poor. In spite of efforts made in the health sector in Senegal since the hospital reform of 1998, with the construction of public hospitals and public health institutes and the development of
community-managed health facilities, many are still excluded from health care, particularly those situated in rural areas and some suburbs. Although some salient aspects of the Senegalese health system and issues related to access will be explored in more detail in Section 8 of this report, it is important here to look at the health risks and vulnerabilities faced by children in Senegal.

Results from the most recent demographic and health survey (DHS) conducted in 2005 (Ministère de l’Economie et des Finances et al 2007) show an improvement in survival rates of both mothers and children, with infant mortality rates going from 70.1 deaths per 1,000 live births in 1997 to 61 in 2005 and child mortality (under five) decreasing from 135 deaths per 1,000 live births in 1995 to 121 in 2005. Importantly, however, there are significant disparities between infant and child mortality rates in urban and rural areas, with 52 against 82 infant deaths per thousand and 91 against 160 under-five deaths per thousand, respectively, indicating the greater vulnerability of children born and growing up in rural areas. The level of poverty in the household is another important determinant of child mortality, with almost double the number of children under five dying in households in the poorest quintile (183 per 1,000) against 64 per 1,000 in the richest quintile.

Improvements are also visible with respect to immunisation. According to 2005 DHS data, 48.2% of children had received all their immunisations before the age of 12, compared with only 30% of children in 1999. Additionally, progress has been made in providing at least some of the immunisations in the basic package, with, for example, 93.1% of children immunised against polio by the age of 12. An analysis by region, however, indicates that, in 2005, no region had reached the goal of 80% of complete vaccination coverage, with only three out of 11 regions (Saint Louis, Louga and Ziguinchor) coming close. Maternal mortality has been another area of important progress, with 401 deaths per 100,000 live births during the period 1998–2005, compared with 510 in 1986–1992. Again, living in a rural area is a cause of vulnerability, with 309 against 472 deaths per 100,000. An important indicator of the difference in access to and/or demand for health services in rural areas is the share of institutional births. According to DHS data, 88.1% of births in urban areas take place in health centres, whereas the figure is only 46.6% in rural areas, which means that more women and their newborns are at risk of dying during birth in rural areas.

With respect to health, malaria alone is responsible for 42% of illnesses and according to 2005 DHS data, accounts for 25% of deaths among children under five and among pregnant women (10.05%). In contrast, rates of HIV/AIDS infection remain relatively low, reaching 0.2% among boys and 0.6% among girls aged 14–24. There is similar incidence of the symptoms of malaria in urban and rural areas (30.4% and 29.4%, respectively, of children under five reported fever); 2005 DHS data do not provide disaggregated data of child mortality caused by malaria according to location, wealth quintile or sex. Data do indicate that 34.1% of children with symptoms of malaria in urban areas versus 22.3% of children in rural areas had taken anti-malarial medication. This is indicative of the limited uptake of health services, particularly in rural areas. In fact, according to 2005 ESPS data, 90% of the population does not demand health services, 93.7% of those considering they are not necessary and 1.4% citing that they are too expensive.

In general, then, although there have been important improvements in the health status of children and their mothers, there is still a great deal of work required to achieve MDGs 4 and 5, and therefore to significantly reduce health vulnerabilities of children and their carers.

4.2.3 Nutrition
Although indicators for child nutrition are still faring poorly in Senegal, progress has been recorded. According to the Senegal’s MDG Progress Report (République du Sénégal 2006b), between 1992 and 2005, the prevalence of stunting, wasting and underweight children went from 20% to 17%, 22% to 16% and 9% to 8%, respectively. These improvements are largely the result of strategies such as Integral Care for Children’s
Illnesses (PCIME), the Integrated Nutritional Activity Package (PAIN) and the Nutritional Strengthening Programme (PRN). In fact, after two years of implementation (2004–2006), the ratio of weight for height in children reduced 34% in areas where the PRN was operating. Progress on these indicators, as well as with regard to exclusive breastfeeding, which went from 24% in 2000 to 34% in 2005, suggests that it might be possible to halve the incidence of malnutrition by 2015.

Despite overall improvements in children’s nutritional status, according to the DHS 2005 report, the prevalence of the different types of malnutrition is greater in rural than in urban areas, in Kolda and Tambacounda regions, in cases where mothers have low or no schooling and in the poorest households. Information on the distribution of the most severe malnutrition is useful to inform policy design to combat this problem. On the other hand, Dakar, Thiès and Ziguinchor have the best nutritional indicators for children.

It will be relevant to assess whether the current food crisis will have short- or medium-term impacts on the nutritional status of children, given that, with rising food prices, households’ coping strategies might include reducing the amount of food purchased and consumed by the household, including children. This would affect children more than proportionally, given their specific nutritional needs. Thus, without concrete interventions on the part of the government, such as, for example, school feeding programmes, nutritional outcomes for children risk getting worse, rendering children more vulnerable to disease as well as other developmental problems. It will be important to measure the impact of the food price crisis on children’s development within one or two years.

4.2.4 Gender inequality

Social inequality, based on traditional and cultural values, increases the vulnerability of women and children from depressed areas, who can therefore be more than proportionally affected by precarious living conditions. For example, the lack of energy supply in the rural sector intensifies the difficulty of carrying out basic domestic tasks, which are essentially the responsibility of women (and sometimes children), who have to manage with rudimentary tools when working in the fields, drawing water from the well or milling cereals.

As part of its effort to meet the MDGs – and particularly MDG 3 on gender equality and women’s empowerment, the government has embarked on a series of actions aimed to change the prevailing ‘lower’ status of women in families, communities, work and access to services, among others, driven by the National Strategy for Gender Equity and Equality (SNEEG), but progress is slow.

Gender equality in primary education has made significant progress, with the gender parity index at 0.95 according to 2005 DHS data. In the case of primary education, although there are some regional differences, urban (0.97)/rural (0.93) differences are not very large. Nevertheless, there is a more significant gap in the gender parity index for primary education according to wealth quintiles, with fewer girls of poorer households attending school than boys – the gender parity index is 0.88 for the poorest quintile. The gap is significantly wider in secondary education, with gender parity at only 0.72, indicative of significant numbers of girls dropping out of school after completing primary education. This can be related to the number of early marriages, with 45.5% of Senegalese girls marrying before they are 18 (13.5% marry before they reach 15 years old). This share is significantly higher in rural areas, where 59.2% of girls marry before they are 18 and 18.2% before the age of 15. Not only does early marriage reduce the probability of girls continuing education, but also giving birth at a young age is correlated with low birth weight for children. Less educated mothers have been found to be key factors in intergenerational transmission of poverty and vulnerability to their children. Adult illiteracy among young women (15–24) is also higher than it is among young men, and is quite high in itself, at 44.8% (2005), although some progress has been recorded with respect to the level in 2001 (41%), according to the MDG Progress Report (République du Sénégal 2006b).
Female genital cutting (FGC) is still practiced in Senegal, with between 85% and 96% of women being circumcised in regions such as Ziguinchor, Kolda, Tambacounda and Matam, although the national average is 28.2%. FGC continues to be tied significantly to cultural practices by some ethnic groups, although government policy to curb this practice has made great progress. According to the DHS, 59.6% of women who had undergone FGC answered that it had been practised during early childhood, although they could not point to the precise age.

Women’s empowerment as measured by women’s participation in the labour force and according to the number of seats they occupy in Parliament is low, with only 26.5% of women employed in the formal, non-agricultural sector and only 19.2% of seats in Parliament occupied by women. Unequal relations between men and women limit economic growth and increase poverty, as evidenced by lower wages for women and poorer access to productive activities. For example, the second PRSP explains that there is an unfair distribution of resources and farm incomes as well as a lower valuation of tasks performed by women; analyses have shown that farm production falls below its potential because of unequal access to production factors (land, equipment, inputs) between men and women. For this reason, income distribution and control of resources, to contribute to improved economic and social conditions of women, are priority objectives of poverty reduction. There has been a drive by the government and NGOs to promote women’s empowerment through their engagement in savings and loan schemes, access to microfinance and their involvement in micro productive activities. Actions are set to continue as per the second PRSP and are likely to lead to better gender indicators over the next few years. However, although the role of women in Senegalese society is evolving, women, particularly in rural areas, are still largely dependent on their men.

4.2.5 Education

Important progress has been achieved on most school-related indicators for children, including net primary school enrolment rates, which went from 58% in 2001 to 72.1% in 2005\(^\text{13}\), and primary achievement rates (children who completed first to fifth grade), which increased from 45% in 2001 to 53.9%\(^\text{14}\) in 2005 (République du Sénégal 2006b). School attendance shows significant disparities between rural and urban areas, with attendance rate of primary school in urban areas at 74.7% (74.2% boys and 75.2% girls), falling to 47.2% on average for rural areas. Similarly, when looking at figures on attendance by region, according to 2005 DHS data, this is as low as 28.4% in regions such as Diourbel or 42% in Louga, but as high as 90.5% in Ziguinchor. However, as indicated above, there are no significant differences in achievement at primary level between girls and boys. Although there is still a long way to go to achieve universality, the recent MDG Progress Report (République du Sénégal 2006b) suggests that achieving MDG 2 is possible by 2015.

There has also been significant progress in children’s enrolment in preschool, which international evidence has proven to be crucial for child development. The share of children between 36 and 59 months attending preschool increased from 8.1% in 2001 to 20.4% in 2005 (DHS data).

This progress in education has been largely the result of greater government effort in the sector, as illustrated by the increased share of the budget allocated to education, going from 18.1% in 2001 to 40% of budget allocations in 2005, as well as by the range of programmes supporting the education sector. Such investment has resulted in, for example, greater accessibility to schools, with 81.2% of households with a primary school at less than a 30-

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\(^\text{13}\) It is interesting to note significant disparities between different sources of data. For example, the data in the text are taken from the MDG Progress Report, published in 2006, but the 2007 ESPS report cites figures for net primary school enrolment as 54.6% in 2005–2006.

\(^\text{14}\) Here again, data from the MDG Progress Report diverge from data on school completion in other official sources. In this case, the DHS report sets achievement rates at 39.7%
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minute walking distance and 68.7% at less than a 15-minute walking distance (République du Sénégal 2007).

Notwithstanding progress in terms of access, there is a dearth of evaluations and/or assessments of the education sector’s performance with respect to quality. Although discussions with stakeholders suggested that quality continues to be quite poor, with a lack of professional teachers and teaching and learning materials, no concrete evidence of this was found in the literature. This is a significant research gap to fill, particularly now that Senegal is making increasing progress toward MDG 2 and looks to enhance its country’s human capital and growth.

4.2.6 Child protection

The phenomenon of child begging in particular has become an important child protection issue in Senegal. Recent research undertaken under an interagency research cooperation project (UNICEF and ILO, 2007) found that approximately 7,600 children were begging on the streets in the Dakar region, and the number is growing as a result of migration to the city. These children include those from extremely poor families who leave the household in search of additional resources or because resources at home are insufficient. They typically spend about six hours per day begging on the streets. Children on the streets of Dakar are mostly boys. Data in the same research show that 38% of these children are talibe, or students in Koranic schools, who have been taken from their community by the Marabout (or Koranic teacher) to urban centres to collect money. Although the origin of this practice was to teach children humility, it has been found in many cases that this has become an exploitative practice for the Marabout’s benefit.

The other approximately 68% of children on the street includes those who have become separated from their family through neglect or as a result of ill treatment. Some are children with disabilities or children who accompany adults with disabilities (for example, those leading the blind). Half of these children have been found to be from other countries, and they are all extremely vulnerable to violence, exploitation and abuse, as well as being completely deprived of their rights (to an adequate standard of living, education, health and protection, among others).

OVC in Senegal are defined as those under the age of 18 who: i) are orphans of mother and/or father; ii) have a mother and/or father who has been gravely ill for at least three out of the past 12 months; iii) live in a household with at least one adult aged 18–59 who has been gravely ill for three out of the past 12 months; or iv) live in a household with at least one adult who has died in the past 12 months after being gravely ill during the past 12 months. It is estimated that in Senegal 12.8% of 10–14 year olds are orphans. School enrolment among orphans tends to be lower than for non-orphans (according to DHS data, at a ratio of 0.83). Also, recent evidence has demonstrated that 28% of OVC caregivers do not have any income. This highlights the need for specific protection for children.

4.2.7 Child labour

Typically, in the Senegalese context, children are put to work at a young age, in apprentice workshops for trades such as the family farm, carpentry, masonry, etc. Girls generally start working in the household or on the family farm. In the case of Senegal, as in other African countries, where children work to some extent as a mechanism for socialisation, it is important to distinguish between work that does not interfere with children's development and takes up little time, and work that is exploitative, which usually implies a full-time income-generating activity with elements of risk, abuse and harm to the child’s mental or physical health.

According to 2005 DHS data 19% of children worked, with 38% of children involved in some form of domestic work for more than four hours per day and 11% of children helping their family in their economic activity (typically agriculture).
**Table 7: Child work of children 5–14 in Senegal, 2005**

<table>
<thead>
<tr>
<th>Socio-demographic characteristics</th>
<th>Currently work (%)</th>
<th>Engaged in domestic work more than 4 hours a day (%)</th>
<th>Work helping the family’s economic activity (%)</th>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>17.8</td>
<td>27.3</td>
<td>6.2</td>
<td>7,592</td>
</tr>
<tr>
<td>Rural</td>
<td>19.2</td>
<td>44.3</td>
<td>14.0</td>
<td>12,051</td>
</tr>
<tr>
<td>Average</td>
<td>18.7</td>
<td>37.7</td>
<td>11.0</td>
<td>19,643</td>
</tr>
</tbody>
</table>

*Source: DHS 2005.*

Studies by ILO/IPEC (International Programme on the Elimination of Child Labour) have identified dangerous work for children in Senegal as that which takes place in the following sectors: fishing, agriculture, domestic work, cart transport, apprenticeships, exploitation and begging. Other of the ‘worst forms’ of child labour, such as slavery, prostitution and the use of children in illegal activities, have been curtailed to some extent in Senegal (International Labour Organisation (2005)).

A good number of children are affected by the economic crisis and have reacted by developing strategies to help themselves get out of the crisis. Examples of these children include independent shoe shiners; children who are part of the rural exodus and end up as domestic servants at a young age; and those who find various other little jobs to survive, which often includes children who have broken away from their family or who have broken the law, such as the *bujumaan* (garbage scavengers) or other talibes, who set themselves up as independent beggars. Urban disparities between the rich and the poor continue to grow, with increasing migration to the cities as a result of bad performing agricultural production (UNDP 2006). This exacerbates child work, as many children migrate to cities in search of better revenue-generating opportunities.

**4.2.8 Birth registration**

The United Nations Convention on the Rights of the Child (CRC) states that all children have the right to a name and a nationality as well as protection of their identity. Thus, birth registration gives legal recognition to a child and grants him or her nationality and hence the right to be protected by the state when parents or carers fail to do so. In Senegal, 55% of children under five years old were registered in 2005. This figure actually represents a decrease with respect to the figure in 2000, which was 60.9%, which is a worrying trend.

In 2005, there was no significant difference between birth registrations of girls (54%) and boys (56%). However, there were significant differences across regions (DHS 2005). More than two-thirds of children are registered in Dakar, Thiès and Ziguinchor, and approximately six out of 10 have been registered in St Louis, but the remaining half have been registered in the remaining seven regions in the country. Birth registrations are far less frequent in rural than in urban areas (44% against 75%).

**4.3 Concluding remarks**

There has been generally positive progress in terms of improving on the poverty status of Senegalese children and their households. Similarly, basic social development indicators indicate that strides are being taken to achieve the MDGs and to improve the human development of children. However, gender disparities and inequitable performance in urban and rural areas and amongst poverty quintiles indicate the need to address gaps to ensure that poor and vulnerable children are in fact benefiting from social protection and social development programmes.

Children are exposed to a variety of specific risks and vulnerabilities, many of which are included in Section 3 of Senegal’s second PRSP. The real protective impact will be achieved by acting both on the causes and on the manifestations of vulnerability. For example, the
growing number of children begging on the streets of Dakar requires a protective response to ensure children are reintegrated into society while being taken away from further risks of exploitation. At the same time, a comprehensive social protection response will deal with the reasons why children left their household in search of more money in the cities, through mechanisms that mitigate household’s economic vulnerabilities and contribute to enabling them to deal with their children’s basic needs. Thus, by analysing the causes of vulnerability, the coping strategies households and children use to respond to risk and the ways these can impact on present and future development of children and their households, social protection interventions can be more responsive and more effective in protecting children against poverty.
5. Analysis of national social protection programmes

Senegal’s NSPS defines social protection as:

The organisation of professional, community or national groups with the aim of (i) guaranteeing access to basic goods and services; (ii) conducting a policy of a protection and prevention against social and natural risks; (iii) promoting the potential capacities of individuals and (iv) ensuring the security of goods and guaranteeing investment conditions for sustainable growth.

Social protection is therefore considered an instrument to work across generations, within the same generation or between those with immediate and less immediate needs, through transfers in cash or in kind. It is thus a mechanism to fight against poverty and to redistribute the fruits of growth. Social protection includes Senegal’s social security regimes and private or community regimes, formal and informal, with similar objectives to mutual health and professional funds.

It is important to highlight the difficulties and opportunities in developing a national social protection system – which would aim to coordinate, finance and implement social protection programmes as well as instigate institutional linkages with relevant ministries. It is key to note that a strategy for a social protection system identifies the policy commitments for social protection but often underestimates the practical and political realities of implementation.

5.1 Traditional and informal social protection mechanisms

Traditional or informal mechanisms of social protection are still relevant support mechanisms for individuals, although these have been eroded in recent years as community social and economic conditions have deteriorated. The ‘African family’ model, where an extended family – and also close friends – lives together in a household is the origin of a strong system of social solidarity. Senegalese household heads, particularly those in a better economic situation than their peers or members of the household who have migrated and have a stronger economic position tend to be an initial point of contact in a moment of crisis or need, providing inter-household transfers (often never repaid) as a form of safety net for the community. Although this mechanism is widespread, it is not dependable, as families affected by economic downturns – in the country and at the community level – will be less able to provide this support in moments of increased vulnerability. This mechanism is also increasingly being eroded through the loosening of family ties.

In this context, new systems of community-based solidarity have developed in the form of tontines – systems of pooled community funds, essentially for women. Tontines are a form of mutual funds formed to meet specific needs such as buying food or cooking materials, paying for specific expenses, etc. although, in most cases, the system of solidarity that is the basis of the tontine goes beyond its economic dimension and relates more to a system of social capital. For example, members of a tontine often share family ties or relations based on residential area, workplace, etc., so important family situations, such as deaths, weddings, baptisms or even instances of serious illness more easily generate solidarity among members of the tontine. Despite the more recent access to some forms of external social protection mechanism, such as mutual health insurance funds (mutuals), community-based mechanisms continue to be the most accessible for the majority of the population. What is more, during our field research, various stakeholders reiterated that any mechanism for social protection, including a potential cash transfer programme, would need to take into account existing community systems of support in order to work.

Although these traditional mechanisms of solidarity generally function well as simple savings and loans plans, the coverage they provide is limited to planned events such as weddings, births, etc. Coping with sudden and unplanned shocks, such as illness, accidents, drought,
bad crops, etc. would require these traditional mechanisms to develop a more complex system of risk management that could satisfy the needs of its members, appropriate to the expectations of its members. Mutual health fund systems have thus been the ‘natural’ step forward from these traditional schemes in search of further hedging against risks, while still founded on the tradition of solidarity. Community-based mutual health funds are increasingly being promoted by the state as more accessible means of social health insurance (Annycke 2008).

As discussed earlier in the study, another very significant mechanism of informal social protection in Senegal is remittances from a growing number of Senegalese migrants abroad or who have migrated from rural to urban areas. These transfers can account for more than 30% of a household’s income (Van Vlaenderen et al 2004) and currently represent about 7.6% of GDP (World Bank 2008). Although there are no formal studies on this, anecdotal evidence suggests that the need to transfer remittances to recipient families has also contributed to the development of local institutions that can facilitate the transfer of cash, such as local postal systems, which allow the resource transfer to penetrate to the grassroots (authors’ interviews May, 2008).

5.2 Brief history of the social protection system

To better understand the social protection system, it is useful to understand how it has evolved over time. The history of social protection in Senegal began with the creation of the Colonial Social Service in 1943, under the mandate of the Ministry of Colonies. This service had the double objective of fighting against the repercussions of war on those living in the colonies as well as intervening in favour of indigenous populations. These missions were further developed from 1952 with the creation of a corps of social workers. Initially, their activities were linked to apprenticeship of domestic tasks (sewing, knitting, etc.) and focused on the family economy; they were progressively extended to maternal and child protection, hygiene practices in school, social services linked to the tribunal and social services of savings banks for child benefits. After independence, the system was further developed, with the outlining of a social action policy that included the transfer of responsibilities of the Office of Social Affairs to the new Ministry of Public Health and the creation of social affairs services.

From the 1960s, several texts formalised the creation of social centres in cities and organised urgent, targeted aid (in cash, in kind or through basic food support) for the destitute. In 1968, a social protection strategy was developed, including the creation of a Directorate for Social Affairs with the mandate of controlling social institutions, both public and private, organising mechanisms for the protection of families and children and assistance to the disabled and setting up care facilities for children in conflict with the law or in moral risk. In 1969, the state introduced a maintenance allowance for young indigent children, orphans or abandoned children and those under the care of the state. The 1975 reform succeeded in the transformation of the Directorate for Social Affairs into the Directorate of Social Action, followed by the creation of a ministry in charge of social action in 1978. In 1983, following the adoption of the Lagos Plan of Action (African Union summit), Senegal transformed this into the Ministry for Social Development. In 1988, the social centres made way for the Centres for Protection and Social Reintegration (CPRS). Since 1990, social action has frequently changed its ministerial home. However, despite all these changes, the main objective of social protection policy has been based on granting subsidies to non-conventional education institutions as well as support for the purchase of equipment for the disabled. However, it has had no mechanism to target and provide assistance to the most vulnerable.
5.3 The formal social protection system and programmes

The social protection system in Senegal is composed of a social security system that provides benefits to private sector employees and to public sector functionaries; other mechanisms that offer voluntary health-related social protection to those outside the formal sector (mainly mutual heath funds or mutuals); and social assistance programmes for the poorest and most vulnerable populations.

Social security system

The social security system provides benefits to formal sector employees and public sector functionaries. Benefits are provided mainly by the following autonomous, public institutions:

- The National Retirement Fund (FNR) provides social insurance benefits to functionaries and is funded through contributions and by the state.
- The Institute for Retirement Planning of Senegal (IPRES) provides social insurance benefits to private sector employees, through its general (RG) and complementary regimes. It is funded through contributions of employers and employees.
- The Social Security Pension Fund (CCS) provides family and health benefits to private sector employees.
- Health insurance institutes (IPMs) can be individual institutions for a given firm or a common IPM for several firms.

The regime that covers work-related accidents and professional illnesses, as well as disability allowance for public servants (functionaries) and the military is financed through the state budget and not dependent on the FNR.

The social security system is supervised by two ministries: the Ministry of Public Function, Employment and Professional Organisations (MPFEPO) and the Ministry of Health and Medical Prevention (MHMP).

Table 8: Types of social security coverage according to professional category

<table>
<thead>
<tr>
<th>Functionaries</th>
<th>Old age pension</th>
<th>Surviving dependents</th>
<th>Disability</th>
<th>Work-related accidents and illnesses</th>
<th>Health care/health treatment</th>
<th>Family benefits</th>
<th>Maternity allowance</th>
<th>Illness pension</th>
<th>Unemployment benefits</th>
<th>Other social assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functionaries</td>
<td>FNR</td>
<td>FNR</td>
<td>State</td>
<td>State</td>
<td>State/mutuals</td>
<td>FNR</td>
<td>State</td>
<td>(State)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private sector employees (formal sector)</td>
<td>IPRES RG</td>
<td>IPRES RG</td>
<td>CSS*</td>
<td>IPRES RG PM Mutals</td>
<td>CSS</td>
<td>CSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private sector executives (formal sector)</td>
<td>IPRES RG</td>
<td>IPRES RCC</td>
<td>IPRES RCC</td>
<td>CSS</td>
<td>IPRES RG IPRES RCC IPM Mutals</td>
<td>CSS</td>
<td>CSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal sector workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People aged 65 and over</td>
<td>Depends on their previous status</td>
<td>Sesame Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Destitute people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Affiliation to the CSS is obligatory for private sector employees and non-functionary employees of the state. Affiliation is possible on a voluntary basis for those employed in the informal sector, mainly in agriculture, through the payment of corresponding contributions.

Source: Annycke (2008).
Table 8 clearly illustrates what type of coverage is provided by each institution according to the different professional groups. It also illustrates that there is very little coverage for those outside the formal sector, particularly the destitute. There is only voluntary health protection through mutuals. According to a recent report by the ILO on Senegal’s social protection system (Annycke 2008), 16.6% of people over 65 years of age benefit from a retirement or survival pension; only 5.5% of workers are covered by insurance for work-related accidents and illnesses, family benefits reach only 13.3% of children under 15 and fewer than one in five people (20%) benefit from health care coverage. This underlines the relevance of alternative mechanisms, such as mutual health schemes and social assistance mechanisms to reach the largest – and most vulnerable – share of the Senegalese population.

Further, although employers are legally obliged to register their employees with and contribute to these social security mechanisms, many do not, causing sub-coverage in the formal sector. Reducing this phenomenon, known as ‘social evasion’, is one of the aims of Senegal’s NSPS, in order to maximise social protection coverage.

One of the aims of the formal social protection system is to reduce the vulnerability of the population that has moved away from poverty – the middle quintile – but that remains vulnerable and could move back into poverty if faced by health, social and economic shocks. Guaranteeing adequate coverage for this population is one of the current aims of the NSPS.

In particular, within the social security system it is worth looking briefly at the aim and coverage of child benefits or child allowances, despite the fact that only an estimated 13.3% of Senegalese children (0–14 years old) benefit from them. Within the Senegalese social security system, child allowances aim to maintain an adequate standard of living in households with children so that children’s educational and health needs can be satisfied.

Table 9: Number of children reached by social security regimes

<table>
<thead>
<tr>
<th>Estimated no. of children covered by family benefit programmes in 2004</th>
<th>Children covered</th>
<th>As % of children 0–14 years old</th>
<th>As % of children 0–19 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS allowance (2005)</td>
<td>156,318</td>
<td>3.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Allowances under civil servant's regime (2005)</td>
<td>209,411</td>
<td>4.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Allowances under IPRES RG (2004)</td>
<td>182,691</td>
<td>4</td>
<td>3.2</td>
</tr>
<tr>
<td>Allowance from civil servant's retirement fund (2004)</td>
<td>58,116</td>
<td>1.3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total estimated no. covered by family benefits</strong></td>
<td><strong>606,536</strong></td>
<td><strong>13.3</strong></td>
<td><strong>10.5</strong></td>
</tr>
</tbody>
</table>

Source: Annycke (2008).

In addition to child allowances, the system for family benefits includes maternity benefits, such as prenatal allowances (generally conditioned on women attending prenatal controls) and maternity leave.15

Although the social security system is generally good, two of its main limitations are that not all potential beneficiaries in the formal sector receive these benefits as a result of the negligence and unwillingness of employers to contribute. The other important weakness is that it covers a relatively small share of Senegal’s population: less than 20% of the population benefits from social protection mechanisms (Sow 2008).

Having looked briefly at the social security system for the population employed in the formal sector and, given that the focus of this study is social protection for poor and vulnerable children, the following sections will focus on alternative mechanisms for social protection for populations in the informal sector and for the poorest of the poor. Some of the categories of

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15 For more detail on family and maternity benefits in the social security system, please see Annycke (2008) Chapter 5.
population currently excluded from the formal social protection system include most of those working in agriculture (either small landowners or those working for pay on someone else’s land); seasonal or temporary workers; migrant workers; household employees; those working in transport or routiers (who are a particularly active in mobilising support for the extension of social protection); as well as the destitute or indigents who, given their condition of marginality, are unlikely to find employment easily. Currently, the main thrust of extension of social protection outside the social security system is health, although it is important to underscore the need for mechanisms for child and family benefits that contribute to households’ – and particularly children’s – development, through more comprehensive social protection programmes. This will be the focus of the rest of the section and Section 7.

5.4 Overview: Senegal’s National Social Protection Strategy

The impetus for the creation of a social protection strategy in Senegal came after the elaboration of the first PRSP in 2002. The concern for addressing the needs of vulnerable groups was articulated in the first PRSP, but no specific mechanisms were proposed to address the problem through policy. The mid-term evaluation of the first PRSP (May 2005) showed limited progress in poverty reduction, particularly in terms of reaching the most vulnerable populations, so it became clear that a different approach to social protection was needed.

The three-year process between the start of the first PRSP and the planning of the second were used by the PRSP Coordinating Unit to push for the development of a specific social protection strategy to promote the reduction of vulnerability and risk management. During that period, World Bank supported the research undertaken, with findings showing that vulnerability was one of the main forces pushing households into poverty (World Bank 2006). This research served as the evidence base for the development of the strategy, and the PRSP Unit negotiated with the Bank for the elaboration of the social protection strategy to become a trigger for disbursement of the Poverty Reduction Support Credit (budget support loan) aimed at financing initial implementation costs for the strategy (authors’ interviews, 2008).

The National Social Protection and Risk Management Strategy (2005–2015) (NSPS) was therefore developed with the objective of strengthening and extending, in an equitable manner, social protection instruments to achieve the following: extending health insurance coverage from 20% to 50% of the population and implementing a social protection regime that covered risks resulting from shocks, mainly affecting populations working in the informal sector (agriculture, crafts, etc.)

More specifically, the aims of the strategy are to: i) guarantee access to basic services to vulnerable populations; ii) increase access to risk management instruments and to health-related social protection systems, particularly mutual health funds; iii) improve targeting and M&E of actions for the protection of vulnerable populations; iv) put in place systems of protection against agricultural risks; v) guarantee the income of vulnerable people and those in difficult circumstances, which can also allow them to gain access to formal systems of social protection; vi) reinforce the mechanisms for direct transfer of resources to vulnerable populations; and vii) improve the capacity to respond to shocks and risks, particularly for vulnerable groups (République du Sénégal 2006a). It is worth emphasising that the NSPS classifies children as a specific vulnerable group and includes provisions for their protection against harmful practices, exploitation and violence.

After the development of the strategy, through a consultative process that included UNICEF and other UN agencies, the World Bank, the African Development Bank (AfDB) and different government ministries, the Social Protection Strategy was used as the basis to develop Pillar 3 on social protection as part of the second PRSP 2006–2010. This was aimed at increasing the priority granted to social protection on the government’s agenda, given that, as part of the
country’s poverty reduction strategy, budget allocations to the sector can be included in the country’s budget planning and policy formulation through its medium-term expenditure framework (MTEF), while continuing to have a more detailed national strategy, that would enable the rollout of policies and programming in this crucial area for poverty reduction. Thus, embedding the NSPS in the second PRSP was a way to increase the feasibility of taking actions towards the achievement of some of its objectives, at least some until 2010. However, given the breadth of the strategy, and existing financial and administrative constraints, it is necessary to define concrete programmes that mobilise actions and resources in a sequenced manner, so that gradual implementation according to a defined plan of action (still missing) can strengthen the strategy’s sustainability, even beyond the completion of the PRSP.

5.5 Senegal’s second PRSP

The second PRSP is made up of four pillars: i) wealth creation for pro-poor growth; ii) accelerated development of access to basic social services; iii) social protection, prevention and management of risks and disasters; and iv) good governance and decentralised and participatory development.

In particular, Pillar 3 on social protection includes the following objectives:

- Reform and strengthening of social security;
- Extension of social protection;
- Risk and disaster prevention and management; and
- Social protection of vulnerable groups (with one of the targeted vulnerable groups being ‘at-risk’ children).

Below, we briefly explore those that are most relevant to social protection for poor and vulnerable children and their households/carers.

5.5.1 Extension of protection

Recognising that over 50% of Senegal’s population is poor and that existing social protection mechanisms – mainly those that are part of the formal social security system – reach only under 20% of the population, and not those among the poorest and most vulnerable, one of the aims of Senegal’s NSPS, reflected in the PRSP, is to promote the ‘extension of social protection’ so that it reaches a larger share of the population in the informal sector, the most vulnerable (the destitute), as well as ensuring that existing formal sector regimes are being used effectively to reach all of their potential beneficiaries. This strategy aims to extend coverage to those currently excluded from formal social security systems while promoting the enrolment of those that do benefit from formal social security in complementary schemes to eliminate the need to make co-payments.

For this purpose, the following objectives are planned as part of the strategy: i) strengthening mutual health (mutuelles or mutuals)\(^{16}\) – which is a mechanism for health social protection based on professional associations or a group of individuals in a community that pools funds through membership fees and monthly contributions – in order to provide health social protection mainly to those in the informal sector, as well as encouraging broader health coverage for those in the formal sector who can choose to participate in a mutual, in order to have a health risk protection system that covers all of the employed labour force and their dependents; ii) establishing a health risk protection system for vulnerable persons or the ‘destitute’; and iii) establishing social insurance systems for persons engaged in agriculture and economic players in the informal sector, crafts, etc.

\(^{16}\) Section 8 of this study goes in more depth into the national health system, including the provision of greater detail on mutuals and the mutual health movement in Senegal.
Given that the focus of ‘extension’ is on health care protection, Section 8 of this report explores in more detail existing and planned health protection mechanisms. However, for the purpose of the general mapping in this section, we mention the key ‘extension’ programmes currently being implemented:

- Strengthening of the mutual health insurance system, either through the work of civil society with the indirect support of the state or through state-sponsored mutual health systems for health care coverage of the informal sector, promoted mainly by MPFEPO and MHMP.
- The Sesame Plan, which provides free health care coverage for the elderly (over 65 years of age). This programme started in 2006 and is under the management of MHMP.
- Small-scale and unsystematised mechanisms to facilitate access to health care for some groups of poorest of the poor (indigents) unable to pay any type of contribution. Some of these can be provided by mutuals, which have set aside funds for subsidies; others, on a case-by-case basis, can be supported by the Directorate of Social Assistance in the MFNSWEM.

In the case of programmes targeted at the poorest of the poor or indigents, actions focused on strengthening health risk protection systems to which they have access are urgent, given that existing safety nets are insufficient and their implementation is weak. Currently, health protection actions for this population group are under the mandate of the Directorate of Social Assistance, which also delivers other small-scale safety net programmes for this population. It is important to note that interventions should target indigents and their dependents, so children should in principle benefit, although there are no data to enable this age-disaggregated analysis.

Details on the types of programmes, their reach and their impact were difficult to come, which does not allow for a significant assessment. However, it would seem that, in general, the delivery of these programmes is constrained by limitations in planning, availability of resources, outreach capacity and quality of services.

**Table 10: Demands for assistance to and support granted by the Directorate of Social Assistance, 2004**

<table>
<thead>
<tr>
<th>Targeted populations</th>
<th>Types of assistance</th>
<th>Demands received</th>
<th>Demands satisfied</th>
<th>Rate of satisfaction (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled persons</td>
<td>Support with equipment</td>
<td>647</td>
<td>200</td>
<td>31</td>
</tr>
<tr>
<td>Widows and orphans</td>
<td>Cash support</td>
<td>647</td>
<td>113</td>
<td>17</td>
</tr>
<tr>
<td>Destitute persons</td>
<td>Cash support</td>
<td>2,093</td>
<td>500</td>
<td>24</td>
</tr>
<tr>
<td>Financing of micro projects</td>
<td>Cash support</td>
<td>160</td>
<td>97</td>
<td>61</td>
</tr>
<tr>
<td>for the elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3,547</td>
<td>910</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: Department of Social Assistance, MFNSWEM, in Annycke (2008).

The table above gives an idea of the poor coverage of these projects – although we were unable to gain access to more recent data. This poor rate of coverage can be linked to institutional limitations. To identify beneficiaries, there are 50 CPRS throughout the country (12 of them in Dakar). They receive demands for support from people who know about their services (who might not necessarily be the neediest, and in any case are only a subset of these who have access to this information) and through social workers. They are then in charge of carrying out needs assessments and deciding how much support individuals can receive, although it was not clear what the guidelines to determine this support are. Weaknesses in CPRS thus include inadequately trained human resources; very poor capacity to undertake identification and targeting processes effectively; and norms and standards not corresponding to the services provided. Further, given existing resource constraints and incomplete fiscal decentralisation, CPRS have poor access to local funding,
and their running costs are relative high, which makes these centres a bad alternative for channelling social assistance support (authors' interviews, 2008).

Under the Directorate of Social Assistance, health care to these groups is provided only in Dakar’s public hospital. Given that transport costs are not reimbursed and that individuals in these categories are likely to have mobility constraints, it is unlikely that potential beneficiaries who live far from Dakar will be able to seek health care in this hospital. Since 2005, the Directorate has been seeking to set up agreements for this type of service in other regional hospitals but this has not yet been possible (authors’ interviews, 2008). According to preliminary studies for the NSPS carried out in 2005, from a potential beneficiary population of 215,760 households, these benefits have only reached 585 individuals, equivalent to 0.27% of the target population.

Further, our research found that the Directorate of Social Assistance does not have a fixed budgetary line to support CPRS, so that every six months it draws resources from reallocations elsewhere in the Directorate. This undermines the predictability of support and the possibility of having a systematised targeting approach. Second, CPRS do not have sufficient funding to cover logistics, transport or social mobilisation costs to reach communities, although each centre should in principle cover a population of over 30,000. This limits the dissemination of the support they grant, particularly in the case of vulnerable/marginalised populations, which are likely to have less access to information. Interestingly, the Directorate does not seem too interested in further disseminating the programme, given that its current funding would not allow it to expand coverage (authors’ interviews, 2008).

In addition to the above, the Directorate of Social Assistance has a small cash transfer programme as a form of income support targeted at the very poorest (indigents), for a sum of approximately FCFA200,000 a year (roughly US$500), with no special provisions according to a beneficiary’s number of children. To obtain the grant, the person needs to obtain a certificate from the local CPRS. The CPRS is also responsible for making the transfer. Details on this programme’s structure, budget and system of operationalisation were unavailable at the time of research, making it difficult to draw strong conclusions about its impact and functionality.17

Therefore, this evidence indicates that social assistance programmes targeting the most vulnerable in Senegal are weak, with very limited reach and poor institutional capacity for implementation. Through its inclusion in the PRSP, this area should receive renewed focus, and there are some new programmes under planning to try to ensure better protection for the destitute. However, it is clear that their effective implementation would require capacity building, institutional strengthening and more resource mobilisation to local actors responsible for identifying and granting these types of supports.

5.5.2 Social protection of vulnerable groups

The NSPS and PRSP define categories of vulnerable groups towards which social protection actions will be focused: i) the disabled; ii) women in vulnerable circumstances; iii) children at risk; iv) the elderly; v) youth and adolescents; vi) displaced and repatriated persons. There are, of course, overlaps between these groups so, for example, actions to benefit women in vulnerable circumstances, including programmes to promote savings and micro loans for setting up income-generating activities, may benefit their children through an increase in resources available to the household. Programmes for the disabled would ideally include specific measures for disabled children.

17 The Director was unclear about how the transfer mechanism works (which is also processed through CPRS at the local level) or the impact of the programme – copies of a recent evaluation had been misplaced so we were not able to gain access to this information.
The PRSP thus includes a concrete set of principles defining the state’s child-focused social protection strategy, which is very useful to frame the potential for protection interventions. However, two issues are worth noting: i) on the one hand, as we will explore further in Section 9 of this report, there is still a slow rollout of the social protection strategy to specific policies and programmes, so that the achievement of the child-focused social protection goals in this PRSP might be delayed; and ii) the goals related to protection of children at risk relate mainly to the strengthening of systems of care and protection once children are already in a situation of vulnerability, but do not include objectives of prevention of risks. These might include, for example, linking children’s vulnerabilities to broader issues of households’ livelihoods, which would need to be addressed in tandem to reduce their reliance on children’s income, and/or contribute to their capacity to access basic services for children. Actions focusing on prevention could potentially be more cost effective in limiting risk factors such as migration to urban centres, rather than addressing the consequences on children once they are already at risk. Section 9 of this report will explore in more detail actions and programmes specifically targeting vulnerable children and Section 8 will look at existing programmes providing health protection for children.

In general terms, however, because most households in Senegal have children, formal or informal protection mechanisms that provide cash or in-kind transfers to poor households or that ensure household heads and their dependents have access to health care can impact on children, although there are some exceptional instances, such as i) when there are negative household dynamics in which children are excluded; ii) where children are not direct family members of the household head, which is not uncommon in Senegal; and iii) when women are household heads or where children are fending for themselves. Further, certain health protection mechanisms, such as mutual health, require contributions to be made by each registered family member, so some children, particularly in large families, risk being excluded as a result of high costs of insurance.

Programmes targeting vulnerable groups under Pillar 3 of the PRSP are under the mandate of MFNSWEM.

5.5.3 Non-governmental and government–NGO partnership programmes for social protection for the vulnerable

The NSPS also recognises the role that NGOs, private initiatives and international organisations – acting independently or in partnership with the government – can play in the provisions of social protection programmes, supporting the rollout of the PRSP. Below are some examples of interventions that have shown positive results.

**School feeding programme: WFP and the Nutrition Strengthening Programme (PRN)**

The PRN aims to strengthen the nutritional status of the population and improve growth of children under the age of five years, especially those living in the poorest urban and rural zones of Senegal. The programme, which mobilised US$22 million between 2002 and 2006, covers 20% of children under five in 34 districts and 912 villages in Senegal. Financing for 2007–2011 is US$50 million. The main donors are the World Bank, WFP and the government of Senegal. The PRN falls under the remit of the government’s unit for fighting malnutrition, which is responsible for monitoring its implementation. This unit in turn is supervised by the Prime Minister’s Office, which provides it with an executive body and technical committee.

To support the government’s efforts to fight malnutrition, the WFP has set up mechanisms for the distribution of nutrition support, with most of its resources being allocated to school feeding programmes in the regions of Fatick, Kaolack and Tambacounda. An evaluation of this programme has shown that school enrolment is higher in schools where WFP intervenes. For example, over a period of two years, the number of children in school feeding programmes grew by 12%, compared with 8% in schools without such a programme. The impact is particularly significant in the case of girls, with an increase of 15% against 10%. Further, the study shows that chances of success (as measured by grades at the end of
primary examination) are 43% greater in schools with feeding programmes (Akakpo 2004). The WFP has been supporting the Presidential Advisory Group on the implementation of school feeding programmes to expand the government's programme in a more systematised and better-targeted manner, but so far negotiations have not resulted in a greater number of schools being supported by WFP. Several stakeholders interviewed during our field research perceived school feeding programmes in Senegal – particularly those that build on community structures to ensure sustainability – to be an effective and relatively simple mechanism for child-focused social protection, which has generated support for their expansion (authors’ interviews, 2008).

Some NGOs, both national and international, including Plan, are supporting initiatives to promote savings and loans schemes for women in rural areas. These have resulted in women having more direct access to resources, which they use to raise household consumption and in some cases for small investments. Plan International, for example, accompanies these schemes with dissemination of care and nutrition practices for children (authors’ interviews, 2008). MFNSWEM supports these types of initiatives, either directly or through partnerships with local NGOs.

Additionally, microfinance institutions and small banks that have been growing in rural areas have also started offering mutual health schemes for their clients whereby, through an additional contribution to deposits, they can pay monthly fees. This is regarded by some as a more sustainable way to finance mutual health, as resources are more leveraged than in mutual health funds that depend exclusively on contributions.

5.6 Impact of existing social protection schemes

The inclusion of the social protection pillar in the second PRSP was aimed at addressing a gap in the impact of existing interventions to address the need of vulnerable populations up until 2005, as highlighted by the evaluation of the first PRSP. Findings indicated that the social protection system in Senegal was too narrow, not enabling an adequate response to diverse social protection needs and risk management and highlighting that this was one of the factors contributing to chronic poverty and the creation of new poor, particularly among those in the informal sector (République du Sénégal 2007b),

Notwithstanding the above, some progress was identified. For example, the Social Development Fund, which financed small-scale projects, allocated 10.83% of its resources to projects targeting vulnerable populations, mainly youth, women and the elderly. Most of these projects were for the promotion of income-generating activities; the assessment, however, does not consider the rate of success of these projects. The PRN was also evaluated positively: its implementation had resulted in a 34% reduction in malnutrition as measured by the weight for size ratio in the regions of intervention (ibid). However, there is a dearth of progress and impact evaluation of most social protection interventions – particularly those existing before the NSPS – which prevents an in-depth analysis of the impact of social protection schemes.

From 2006 on, a series of social protection programmes have been in the initial phases of implementation; others are still being planned. In the context of the NSPS and the second PRSP, more attention has been given to the development of indicators to measure the progress on the different focus areas of social protection. It will be necessary to ensure that programmes developed for its rollout have a strong M&E framework that enables a periodic assessment of their impact on vulnerable populations.

Some of the impact results that are available two years into the strategy are the following:

- The PRSP annual review carried out a general assessment of the different social protection objectives of the PRSP and found that, although some progress had been
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achieved, there still remained a great deal to be done. In particular (République du Sénégal 2008b):

- During the initial phase of the second PRSP, the ‘extension of social protection’ as a focus area has resulted mainly in feasibility studies on mechanisms for extension that are likely to be implemented from 2009. Some positive changes in the legal and institutional framework were noted.
- The National Risk Reduction Programme is still under development.
- With regard to vulnerable populations, several income-generation initiatives for women and youth have been promoted, but they are still not able to fulfil the demand for these types of projects. Two potentially positive programmes, the Partnership for the Reduction and Reintegration of Street Children (PARRER) and the Project Against the Worst Forms of Child Labour in Senegal, were launched towards the end of 2007, so no impact results are available yet.
- Some concrete actions supporting displaced people were noted.

- The Sesame Plan’s, 18 recent mid-term review highlighted its positive impact so far, with significant coverage in three years (over 450,000 elderly people). Beneficiaries have been receiving ‘free’ health care through the presentation of their ‘Sesame card’ and health centres seemed to be getting duly reimbursed by the national body managing the plan, which is evidence of a potentially positive health financing mechanism. Anecdotal evidence shows that potential beneficiaries in rural areas have not had the same access to services that the elderly in Dakar have. As it has started recently and is still being financed by its seed funding, its sustainability over time remains a challenge.

- Formal sector social security mechanisms that have been in place for the past two to three decades in Senegal have undergone formal assessments as part of the second PRPS annual review (ibid). Findings suggest that the social security system is outdated, with very minor changes in more than 20 years, which have resulted in poor coverage and low benefits. The system has so far failed to adapt to an evolving labour environment, the new, emerging socio-professional and family structures and the demographic changes that will continue to take place. Although some reforms were made to its legal framework, there has been little change in implementation, so that the system is not fully functional. Revisions to target populations, as well as an upward adjustment of health and social benefits to reflect realistic costs of health care and other household expenses, are urgently needed.

Some of the main constraints identified included the low level of service, the absence of comprehensive coverage and the exclusion of unemployment from the package of social risks covered by the systems. Additionally, there is still persistent discrimination against female civil servants and workers in the private sector in respect of extending medical insurance coverage to their husbands and dependents – insurance for dependents is available only through male beneficiaries. The same holds true in respect of survivors’ benefits and taxation. According to the assessment, the strategy adopted should involve, on the one hand, the implementation of measures to make up for the lag in the social security system and, on the other hand, broadening the mandatory scope of personal and maternal coverage in order to address the needs expressed by wage earners and other labour force categories. The World Bank and the ILO have financed a few studies of the formal social protection system aimed at informing a revision of the social security code and broader reforms of the system.

- Although we were not able to get obtain access to a formal evaluation of the social assistance programmes under the Directorate of Social Assistance, an overview of its organisational structure, lack of funds, information systems and weakness of decentralised bodies for service provision as well as its very low level of penetration as

18 Given that the plan is essentially a health-financing mechanism for the elderly, details of the programme are provided in Section 8 of this report.
indicated by the table above, would suggest a poor impact, even on those few beneficiaries reached.

After this overview of assessments of social protection interventions, it is important to reflect specifically on the impact of social protection interventions focused on children and their impact on children’s specific vulnerabilities, as detailed in Section 4 of this report. There is a poor documentation of small-scale initiatives (most of them non-government), which prevents a full assessment of their impact. Anecdotal evidence suggests that work at the grassroots levels is making progress in reducing some risks to children, for example FGC and child marriages, through interventions of NGOs and international partners, such as UNICEF and Save the Children Sweden. Work in this area has been facilitated by the enactment of legal frameworks against harmful traditional practices. With regard to government action, efforts have been made to increase access to quality basic social services, which can have a particularly positive impact on children. In fact, Pillar 2 of the PRSP is aimed at strengthening this area of work to contribute to reducing children’s vulnerability to ill health and poor educational attainment. This section has shown some positive inroads in the reduction of malnutrition through interventions by PRN (in partnership with WFP); their challenge is to scale up these actions in the coming years to achieve broader impact, given the need to improve children’s nutritional outcomes. With regard to child labour and child begging, recently introduced programmes are planned to have a significantly higher impact than interventions in the past, although they are still in the early days of implementation.

One of the general recommendations of the second PRSP’s Pillar 3 annual review is the need for stronger monitoring and evaluation (M&E) mechanisms to be built into the existing and programmed social protection schemes (Sadio 2008). This would enable a better assessment of progress and outcomes in relation to the goals set out in the NSPS and in the PRSP. In this sense, given that UNICEF Senegal has developed expertise on monitoring and evaluation, it could potentially work together with some of the government agencies in charge of the implementation of social protection programmes to set up M&E frameworks and implementation plans that could result in more precise information about the impact programmes are having on vulnerable populations, particularly children, which could then inform possible programme reformulation if needed.

5.7 Political and institutional constraints

Although the development of the strategy and the PRSP has been positive for consolidating the state’s ‘vision’ on social protection, since its start in 2006 there have been problems in its rollout. One of the main problems, which became clear during discussions surrounding the PRSP annual review, is that, given the horizontal nature of social protection, involving cross-sectoral policies and programmes, there has been little coordination among stakeholders, resulting in weak programming of social protection interventions (Sadio 2008; Sow 2008). This problem has been exacerbated by the relatively weak institutional framework in charge of social protection, which is not driven to a cross-sectoral and inclusive approach. Despite some significant efforts by the Poverty Reduction Unit within MFNSWEM to promote dialogue across sectoral ministries, in general MFNSWEM has weak technical and operational capacities, and was significantly affected by the change of the government in the past three years. This led to an organisational restructuring which resulted, for example, in the de-prioritisation of the ‘social development’ focus of MFNSWEM, which used to be one of its clear mandates (the ministry was formerly the Ministry of Women, Family and Social Development).

This has in turn led to a greater focus by major stakeholders (such as MEF) on Pillar 1 of the PRSP, related to the promotion of economic growth, which has more clearly defined programmes that allow for more rapid resource mobilisation. On the other hand, in addition to a lower availability of resources resulting from unplanned expenditure on the electoral process, additional energy and food subsidies and infrastructure built for the Organisation of
Islamic States summit in 2008 (despite most expenses being funded by Arabic states), the fact that a dearth of concrete social protection programmes was proposed did not facilitate the mobilisation of funds to achieve social protection targets. In fact, the PRSP review recommends a strengthening of social protection programming to contribute to achievement of priority action (République du Sénégal 2008b).

Therefore, although the existence of an overall social protection strategy and the inclusion of a social protection component in the PRSP are positive steps in ensuring a more institutionalised approach to social protection that permeates to policy and programming to mitigate vulnerabilities, while indicating an important level of political commitment to ensuring that such a system remains in place, there are still significant institutional weaknesses, mainly at three levels.

1) Poor leadership of the social protection system, which involves a range of actors, from MEF to the Ministry of Agriculture, as well donors and civil society organisations (CSOs), all with different inputs into the social protection debate and diverse approaches for carrying out activities, with weak inter-sectoral coordination. Currently, there is a PRSP Unit in charge of coordinating the execution of Pillar 3, but this lacks the authority to hold ministries and other government agencies to task to ensure that they move forward in the implementation of the NSPS, which does not have a coordinating agency of its own. Although MFNSWEM is in principle the main duty holder for social protection, there are many other actors with a great deal of responsibility (such as MPFEPO and MHMP), which do not necessarily work in coordination with MFNSWEM.

As a result, there are some visible duplications and/or contradictions in the roles and responsibilities of different stakeholders, which have not facilitated the most effective rollout of the NSPS. For example, the Ministry of Health and the Ministry of Agriculture are both developing – and about to launch – state-supported programmes for mutual health insurance. However, their approaches are different and to some extent contradictory, although they are competing for the same public resources and are meant to improve the articulation of the social health insurance system (more details are in Section 8).

Given that social protection is part of the PRSP and that there are significant linkages between the progress of the other three pillars (promotion of growth, extension of social services and good governance) and the pillar on social protection, it is essential to promote more dialogue and coordination among bodies in charge of the different PRSP II pillars (the other three pillars have a coordinating secretariat). There is currently no evidence that synergies and complementary actions are fostered across these pillars. For example, there is a component of Pillar 3 on social protection which relates to extension of social services is linked to this component of the Pillar 3, so that complementary approaches (perhaps demand- and supply-side interventions) can ensure better outcomes in the health sector. Another relevant example is the need to ensure better governance and stronger decentralised institutions, which is contemplated in Pillar 4, to ensure adequate rollout of existing social protection programmes and management of local transfer of benefits. Local governments at the district and municipal levels have been devolved functions related to the provision of basic services as well as the coordination of social assistance actions at that level, even becoming more involved in some funding for social transfers to indigents and other actions related to social assistance. Thus, the role of local government in the rollout of the social protection strategy can be instrumental to the implementation of the strategy. However, fiscal resources must also be devolved to ensure their active engagement.

One of the recommendations coming out of the annual review of the second PRSP and the analysis of the NSPS is the need to develop a stronger institutional environment for social protection. One potential input for success would be the creation of a ‘Secretariat’, which could potentially be seated in MEF – given that this ministry will have oversight of the decisions and implementation though budget approval – and with enough power to call
different parties to discussion and demand more coordination in decision-making processes. Development partners that are active in the implementation of the NSPS, such as UNICEF, could potentially contribute to providing technical assistance to this Secretariat to ensure that different dimensions of the strategy are being addressed, in particular those related to vulnerable children. Engagement by development partners should be geared also towards ensuring more coordination with the government and also among donors.

2) There is currently a dearth of concrete programme proposals to operationalise the different dimensions of social protection. The framework exists in the strategies, with information on target populations and clear goals; stakeholders are discussing how to put the frameworks in place, but this has not yet resulted in concrete development of social protection schemes to move the four objectives forward. Two years into the start of the PRSP, there are a few programme proposals in the pipeline, but these are still not finalised or approved, and are mainly focused on health extension, for example a programme in the process of approval promoted by the Ministry of Agriculture and supported by ILO’s STEP programme, to extend mutual health funds to agricultural workers. The field analysis carried out for the purpose of this study coincided with findings from the mid-term evaluation (Sadio 2008; Sow 2008), linking slow sectoral programming to the poor mobilisation of budgetary resources under the priority action programme (PAP) towards Pillar 3 of the PRSP. Major stakeholders in the budgetary decision-making process, namely MEF and the IMF, have coincided in the observation that more concrete programme proposals for social protection would attract a larger budget allocation to the sector.

5.7.1 Challenges to good governance
There is indirect evidence pointing to the fact that systems for the provision of basic social services, including social protection mechanisms, have weak governance and accountability, with important leakages between programme budget and resources arriving to end users (authors’ interviews, 2008). Although evidence related to governance of social protection mechanisms is not forthcoming, field research suggests that some of the social protection programmes, for example, those under the Directorate of Social Assistance, have very weak mechanisms for management and control, and thus poor accountability, with a small proportion of intended resources allocated arriving at the beneficiary. Given that many of these programmes lack instruments for monitoring and evaluating the effectiveness and impact of the support they provide, much of the information regarding governance indicators is missing; it would be crucial to promote the improvement of governance parameters to ensure a better use of scarce public resources, better access to social protection services and more effective programme delivery. Development agencies could play an important role by strengthening the capacity to monitor and evaluate governance dimensions of these programmes, particularly given the need for good governance to ensure the effective rollout of social protection mechanisms of increasing complexity and levels of funding.

5.7.2 Evidence for policy design
There is significant potential for the use of existing evidence and evidence in the process of being developed to inform policy design, from small-scale or pilot projects, such as school feeding programmes, scholarships for children in poor families and incentives for children to reduce worst forms of child labour, as well as from quantitative and qualitative research. Programmes currently under development are being planned as pilots, allowing for revision and redesign before being launched more widely, which is a sign of their increasing preference for evidence for programme formulation. In the case of cash transfers, for example, stakeholders interviewed agreed that such a complex and expensive programme would need to be piloted to verify its potential before it was launched at the level of policy, but positive evidence from such an initiative is likely to be welcomed.
5.8 Concluding remarks

The Senegalese social protection system, framed by the NSPS and Pillar 3 of the second PRSP (2006–2010), aims to address some of the crucial needs of vulnerable populations that have been neglected by past poverty reduction policies and programmes. One of its main focus areas is health care coverage and health financing mechanisms, with traditional social security systems addressing the needs of the formal sector, but with a renewed emphasis on the need to focus on extending health protection to vulnerable groups. Other focus areas relate to the prevention of economic and natural risks and also include forms of protection from risks that are specific to vulnerable groups, including children, through, for example, programmes to enhance nutrition or to reduce child labour. In this sense, the NSPS has integrated different dimensions of social protection, providing a more comprehensive approach that includes its protective, promotive, preventive and transformative dimensions, according to its different focus areas.

There are multiple stakeholders involved in the implementation of the strategy, including a range of government agencies, donors, NGOs and CSOs. However, there has been poor translation of policy objectives into programme design from the key sectoral agencies as well as weak leadership in the sector, causing delays in programme rollout and disbursement of funds according to plan. Thus, a stronger leadership among social protection stakeholders could help to: i) map the different programmed interventions to ensure there is information regarding planned programmes and activities; ii) ensure there is dialogue among stakeholders involved in the same area of social protection and facilitate more synergies for a more efficient use of efforts and public funds; iii) set out clear M&E parameters that all implementing partners must follow to enable a systematised analysis of progress and outcomes; iv) monitor the mobilisation of budgetary resources to finance social protection interventions, which includes pushing to ensure concrete programme proposals are developed; and v) ensure that social protection is given a high priority in PRSP implementation and in socio-political debates. This should be supported by higher understanding by parliamentarians and CSOs of social protection in order to promote their commitment and support to its rollout.

Addressing weaknesses identified in the first years of rollout of the strategy is crucial to ensure that the aims of the NSPS, as captured in the PRSP, are achieved progressively through the sequenced introduction of complementary programmes that target different vulnerabilities through preventive and protective mechanisms, while promoting the development of vulnerable populations in the medium term. This is particularly relevant in the case of children, where reducing vulnerabilities and promoting development will contribute to achieving children’s rights and curbing intergenerational transmissions of poverty.
6. Analysis of fiscal space for social protection programmes

Social protection systems have historically been weak and under-resourced in most of sub-Saharan Africa, with total spending of around 0.1% of GDP, significantly below expenditure in the sector in other parts of the world, such as the Middle East and North Africa, where the average is approximately 5.7% of GDP (Coudouel et al 2002). This section examines the current situation in Senegal with regard to fiscal space with a view to identifying scope for the additional financing of social protection systems and individual programmes, assessing whether there is potential to raise expenditure on social protection in a sustainable manner.

We take as our starting point Heller’s (2005) definition of fiscal space: ‘Fiscal space is the ‘room in a government’s budget that allows it to provide resources for a desired purpose without jeopardising the sustainability of its financial position or the stability of the economy’. We then provide a general overview of the country’s macroeconomic and fiscal position, as well as general progress in management of public resources, before focusing more specifically on fiscal challenges to investments in social services and potential fiscal space for social protection.

6.1 Overview of macroeconomic and fiscal position

During recent years, economic growth in Senegal had been relatively stagnant, at a level of close to 5%, although this is better than the average for the WAEMU region. In 2006, growth dropped to 2.3%, but it recovered to 4.8% in 2007 as a result of positive activity in the services and construction sectors. Senegal’s macroeconomic outlook for 2008 and beyond is broadly favourable, assuming that prudent macroeconomic policies are pursued. According to recent assessments of the Senegalese economy (IMF 2008a), if there are no exogenous shocks, medium-term economic growth could average 5.5% to 6%. Investment is expected to continue to drive growth in the period ahead, fuelled by strong activity in services, such as telecommunications, and construction of largely foreign-financed infrastructure projects. However, for the second year in a row, agricultural output declined. This is problematic, as the livelihoods of about half the population are still tied closely to agriculture. Cultivation of groundnuts – the main cash crop – is in long-term decline owing to low rainfall, soil degradation and poor seed and fertiliser management. The incidence of poverty continues to be high, particularly in rural areas.

Table 11: Selected economic and financial indicators, 2004–2011

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<th>2010</th>
<th>2011</th>
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<td>National income and prices</td>
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<tr>
<td>GDP at constant prices</td>
<td>5.9</td>
<td>5.6</td>
<td>2.3</td>
<td>4.8</td>
<td>5.3</td>
<td>5.9</td>
<td>5.9</td>
<td>5.8</td>
</tr>
<tr>
<td>Of which: non-agriculture GDP</td>
<td>6.0</td>
<td>4.8</td>
<td>3.9</td>
<td>5.7</td>
<td>5.3</td>
<td>6.1</td>
<td>6.1</td>
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<td>Consumer prices</td>
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<td>5.9</td>
<td>5.9</td>
<td>5.8</td>
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<tr>
<td>Annual average</td>
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<td>1.7</td>
<td>2.1</td>
<td>2.1</td>
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<td>4.4</td>
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<td>External sector</td>
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<td>Terms of trade deterioration (-)</td>
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<td>GDP (FCFA billions)</td>
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<td>4,846</td>
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<td>5,856</td>
<td>6,348</td>
<td>6,872</td>
<td>7,430</td>
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Sources: Senegalese authorities and IMF estimates and projections (IMF 2008a).

However, the international environment has become more challenging in recent months, in particular with the sharp rise in food and energy prices, which have impacted on inflation in
Senegal. Inflation was estimated at 5.9% in 2007, the highest level since the 1994 devaluation and placing Senegal above the WAEMU target of 3%. This is the result primarily of the increase in food prices (7.2%) and in oil. This rise in prices of basic foods and grains is the result of a worldwide trend, in which, for example, the average price of rice has increased by 40%. With these inflationary pressures, the Senegalese economy registers a loss in competitiveness of around 4.3% as a result of a negative inflationary differential with respect to its main economic partners (République du Sénégal 2008). Further, the rise in inflation has triggered street demonstrations and forced the government to adopt countervailing measures that include suspension of indirect taxes and customs duties on a few food products, such as rice, as well as energy subsidies, thus contributing to existing pressures on the budget: the cost of these measures has been estimated at 1.5% GDP. These measures, together with investment spending pressures and problems controlling spending near year-end, significantly affected budget execution in 2007 and limit the government’s room for manoeuvre going forward. The rising prices of energy and food imports, while exports remained stagnant, pushed the external current account deficit to 10.5% of GDP.

Table 12: Government financial operations, 2006–2011

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Est.</td>
<td>Proj.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(% of GDP, unless otherwise indicated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total revenue and grants</td>
<td>21.4</td>
<td>22.9</td>
<td>23.4</td>
<td>21.9</td>
<td>23.5</td>
<td>23.2</td>
</tr>
<tr>
<td>Revenue</td>
<td>19.9</td>
<td>20.9</td>
<td>21.4</td>
<td>21.1</td>
<td>20.7</td>
<td>20.9</td>
</tr>
<tr>
<td>Grants</td>
<td>1.5</td>
<td>2.5</td>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Total expenditure and net lending</td>
<td>27.5</td>
<td>27.2</td>
<td>28.5</td>
<td>27.3</td>
<td>26.9</td>
<td>26.9</td>
</tr>
<tr>
<td>Current expenditure</td>
<td>17.1</td>
<td>14.8</td>
<td>15.8</td>
<td>14.5</td>
<td>17.2</td>
<td>15.5</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>5.9</td>
<td>6.3</td>
<td>6.1</td>
<td>6.1</td>
<td>6.1</td>
<td>6.0</td>
</tr>
<tr>
<td>Interest payments</td>
<td>0.9</td>
<td>0.7</td>
<td>0.5</td>
<td>0.7</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Other current expenditure</td>
<td>10.3</td>
<td>7.9</td>
<td>9.1</td>
<td>7.7</td>
<td>10.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Of which: goods and services</td>
<td>3.8</td>
<td>3.7</td>
<td>4.1</td>
<td>3.6</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Of which: transfers and subsidies</td>
<td>6.3</td>
<td>3.9</td>
<td>4.7</td>
<td>3.8</td>
<td>6.2</td>
<td>4.8</td>
</tr>
<tr>
<td>Of which: energy and food subsidies</td>
<td>3.1</td>
<td>0.8</td>
<td>1.4</td>
<td>1.0</td>
<td>2.9</td>
<td>1.2</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>9.8</td>
<td>12.7</td>
<td>11.4</td>
<td>12.0</td>
<td>11.3</td>
<td>12.2</td>
</tr>
<tr>
<td>Domestically financed</td>
<td>7.0</td>
<td>8.8</td>
<td>7.4</td>
<td>8.2</td>
<td>7.3</td>
<td>7.6</td>
</tr>
<tr>
<td>Externally financed</td>
<td>2.8</td>
<td>3.8</td>
<td>4.0</td>
<td>3.8</td>
<td>3.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Overall fiscal balance</td>
<td>-7.3</td>
<td>-6.0</td>
<td>-7.1</td>
<td>-6.2</td>
<td>-6.1</td>
<td>-6.0</td>
</tr>
<tr>
<td>Primary fiscal balance</td>
<td>-5.2</td>
<td>-3.3</td>
<td>-4.2</td>
<td>-3.4</td>
<td>-3.4</td>
<td>-3.3</td>
</tr>
<tr>
<td>Basic fiscal balance</td>
<td>-3.4</td>
<td>-0.7</td>
<td>-1.6</td>
<td>-1.0</td>
<td>-0.9</td>
<td>-0.9</td>
</tr>
<tr>
<td>Financing</td>
<td>5.8</td>
<td>4.7</td>
<td>3.5</td>
<td>4.5</td>
<td>4.9</td>
<td>4.1</td>
</tr>
<tr>
<td>External financing</td>
<td>2.5</td>
<td>3.0</td>
<td>2.4</td>
<td>3.6</td>
<td>4.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Domestic financing</td>
<td>3.3</td>
<td>1.6</td>
<td>1.1</td>
<td>0.9</td>
<td>0.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Central government domestic debt</td>
<td>4.3</td>
<td>5.6</td>
<td>6.1</td>
<td>6.9</td>
<td>8.2</td>
<td>9.3</td>
</tr>
<tr>
<td>External public debt (nominal)</td>
<td>17.8</td>
<td>18.1</td>
<td>20.0</td>
<td>20.9</td>
<td>21.0</td>
<td>21.3</td>
</tr>
<tr>
<td>External public debt service (percent of exports)</td>
<td>4.2</td>
<td>4.4</td>
<td>3.2</td>
<td>3.7</td>
<td>3.7</td>
<td>3.6</td>
</tr>
<tr>
<td>External public debt service (percent of revenue)</td>
<td>5.4</td>
<td>4.9</td>
<td>3.9</td>
<td>4.6</td>
<td>4.7</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Selected memorandum items:

| Priority expenditure | 8.6 | 9.0 | 9.5 | 10.0 |
| Wages and salaries (percent of fiscal revenue) | 29.7 | 30.5 | 29.4 | 30.0 | 28.5 | 28.9 |

Sources: Senegalese authorities and IMF estimates and projections (IMF 2008a).

a From 2006, reflects post-MDRI debt service schedule.
b Defined as total revenue and grants minus total expenditure and lending, excluding interest expenditure.
c Defined as total revenue minus total expenditure and net lending, excluding externally financed capital expenditure, on-lending and expenditure financed with HIPC and MDRI assistance.
d Debt outstanding at year-end.
e After HIPC and MDRI (from 2006) debt relief.
 Defined as expenditure on health, education, environment, the judiciary, social development, sewage and rural irrigation.

6.1.1 Government spending
The Senegalese government has expressed its aim to channel spending toward areas conducive to growth, such as investment, health, and education. Public investment has risen from 6% of GDP to 11.5% of GDP over the past decade and is expected to remain at around 12% of GDP over the next few years. The government succeeded in improving the allocation of spending towards priority sectors in 2007, with 33% of total expenditure for social sectors, which represents an increase of 2 percentage points compared with 2006 (Ministère de l’Économie et des Finances 2008). It has also reiterated its intention to achieve the PRSP target of social spending equal to 40% of total spending or 10.7% of GDP by 2010. These efforts could raise Senegal’s growth potential, help reduce poverty and strengthen external competitiveness (IMF 2008a).

6.1.2 Fiscal policy
The primary fiscal deficit was kept at 3.5% of GDP in 2007, compared with 5.2% of GDP in 2006. However, unsettled expenditure commitments equivalent to 2% of GDP need to be carried over to 2008, causing significant delays in payments to the private sector, and increasing the projected 2008 fiscal deficit to over 4% GDP.

According to IMF agreements with the government of Senegal under its current support programme (IMF 2008a), the reduction in the overall fiscal deficit to 4% of GDP over the medium term would be appropriate to underpin fiscal sustainability, while generally providing sufficient room to address Senegal’s development needs. This level of deficit should also allow the government to further improve the composition of spending, with the aim of achieving the PRSP target of social spending at 40% of total spending by 2010. Maintaining fiscal sustainability is seen as instrumental to promoting domestic stability in the context of Senegal’s WAEMU membership as well as being critical to contain fiscal deficit to preserve public debt sustainability. This in turn would be key to underpinning investment and growth and helping maintain domestic stability. On the other hand, a larger fiscal deficit could worsen the debt sustainability outlook and result in an undesirable increase in fiscal vulnerability. It is estimated that further increases in government spending, in particular for investment, could strain the absorptive capacity as long as public financial management (PFM) reforms have yet to come to fruition. Further, assessment of fiscal space by IMF staff shows that the amount of fiscal space has increased considerably since 2000 – approximately 9% of GDP, as shown by Table 13. According to these estimates by the IMF, close to half of the fiscal space created from 2000-2007 (approximately 4% of GDP) has been used for pro-poor spending – which under a common IMF definition is different from social sector spending as it includes spending on the judiciary and water / irrigation and sanitation in addition to education, health and social development.

Table 13: Fiscal space indicators for Senegal, changes 2000–2007 (% of GDP)

<table>
<thead>
<tr>
<th>Source of fiscal space</th>
<th>9.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic contribution</td>
<td>5.7</td>
</tr>
<tr>
<td>Revenues</td>
<td>4.1</td>
</tr>
<tr>
<td>Domestic interest payments</td>
<td>0.0</td>
</tr>
<tr>
<td>Domestic financing (net)</td>
<td>1.7</td>
</tr>
<tr>
<td>External contribution</td>
<td>3.3</td>
</tr>
<tr>
<td>Grants</td>
<td>0.6</td>
</tr>
<tr>
<td>External financing</td>
<td>2.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of fiscal space</th>
<th>9.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>0.9</td>
</tr>
<tr>
<td>Other current spending</td>
<td>2.4</td>
</tr>
<tr>
<td>Development expenditures</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Pro-poor spending</strong></td>
<td><strong>4.0</strong></td>
</tr>
</tbody>
</table>
However, a letter to the IMF Board by the IMF Executive Director for Senegal (Rutayisire 2008) expressed the authorities' desire for some more flexibility in the programme’s fiscal targets. For example, in 2007, meeting the target for the basic fiscal balance caused some distortions, which affected budget execution in 2008. The letter recognises that authorities should have better consideration of budgetary ceilings and continue engaging in responsible spending, and it also provides a rationale for promoting more flexibility in fiscal targets set in Senegal’s IMF-supported programmes. In this sense, the authorities consider that occasional departures from a tight fiscal stance should be allowed so long as long-term fiscal sustainability is preserved. This would allow programmes not only to better accommodate unexpected shocks and critical infrastructure needs, and thus growth objectives, but also not to introduce any distortions in budget execution processes (ibid).

Among the most significant fiscal challenges to fiscal sustainability are the effects of food and energy price increases. On recent trends, the related subsidies are projected to reach 3% of GDP in 2008, or one-tenth of all spending. Although it is clear that some form of support is necessary in the short run to reduce the impact on households, authorities would need to consider affordability, aim for better targeting and minimise economic distortions.

A February 2008 poverty and social impact analysis (PSIA) conducted by the IMF found that existing subsidies were not well targeted and could be improved. It presented alternative policy options, which authorities seemed interested in exploring. The authorities also explained their plans to improve the supply and lower the costs of food and energy products. They intend to expand domestic agricultural production, especially of high-yield products such as rice, by improving rural infrastructure and expanding irrigation systems. Energy sector reform is already relatively advanced, and related cost-cutting efforts should yield results in the near future.

The external current account deficit is projected to be 11% to 12% of GDP over the medium term and to be solidly financed. A sustained reduction in world growth and a slowing of international capital flows emanating from turmoil in global financial markets could be negative – although the capital flows to Senegal consist largely of relatively stable foreign direct investment. Despite the economy’s general stability and positive outlook, it remains vulnerable to shocks, including especially unpredictable price developments in commodities markets and adverse weather and pest conditions affecting agriculture. According to the IMF’s assessment, there is an additional risk that social and political tensions, possibly exacerbated by food and energy price increases, could weaken the authorities’ ability to implement their reform agenda and maintain macroeconomic stability. In this sense, it is estimated that, if competing demands for budgetary resources are not well managed or the crowding-out pressure from food and energy price subsidies persists, fiscal outcomes could be less than desirable and undermine domestic stability.

### 6.1.3 Foreign aid and debt

Senegal’s external debt sustainability indicators improved substantially after the enhanced HIPC Initiative and the MDRI. Senegal reached its HIPC completion point in April 2004, when it received debt relief of about US$850 million in nominal terms. In 2005, Senegal qualified for further debt relief under the MDRI when the IMF, the IDA and the AfDF cancelled their claims on Senegal, amounting to about US$1.4 billion in nominal terms. As a result of these two initiatives, the net present value of external PPG debt outstanding has been substantially reduced, from 33.1% of GDP at end-2005 to an estimated 18.3% of GDP at end-2007.

According to the analysis of Senegal in the 2008 African Economic Outlook (AfDB and OECD 2008), the current account deficit has in fact been financed to a great extent by aid and debt cancellations. Senegal has effectively remained relatively dependent on official
development assistance, with aid flows of about 10% of GDP in 2006 and 7% of GDP in 2008 (against 8.7% in 2005). Aid remains highly concentrated, with 70% coming from the five largest donors. The flow of aid from ‘emergent donors’, in particular India, China and the Arab countries, has been on the rise, although it remains well behind. The 2007 meeting of the Consultative Group for Senegal in Paris concluded with a commitment from the partners to provide the country continued financial support for the realisation of the second PRSP. Nevertheless, most of the commitments depend on greater prudence and transparency in the management of public finances.

There is a plan gradually to decrease net aid flows (grants and concessional loans) from 7% of GDP in 2008 to 3.5% of GDP in 2028. According to recent assessments (IDA and IMF 2008a), Senegal’s external debt burden is subject to low risk of debt distress. Senegal’s public domestic debt remains low, so the overall risk of debt distress for Senegal is low (ibid). Notwithstanding the manageable outlook in the baseline scenario, public debt sustainability hinges on containing the fiscal deficit, given the financing needs created by the accumulated deficits.

### 6.2 Fiscal challenges to investment in social services

#### 6.2.1 Sectoral allocations

The government of Senegal has expressed its commitment to prioritise investment in the social sector, committing to it an allocation of 40% of total expenditure by 2010. To illustrate this, according to the latest MTEF, the government’s rolling three-year budget plan, resource allocation is planned as shown in Table 14.

<table>
<thead>
<tr>
<th>Ministry</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>24.8%</td>
<td>27.5%</td>
<td>27.5%</td>
</tr>
<tr>
<td>MHMP</td>
<td>7.3%</td>
<td>7.7%</td>
<td>8.0%</td>
</tr>
<tr>
<td>MFNSWEM*</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Justice</td>
<td>2.4%</td>
<td>2.6%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Environment and Protection of Natural Resources</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Rural Development and Agriculture</td>
<td>4.3%</td>
<td>4.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Livestock Farming</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Tourism and Traditional Arts and Crafts</td>
<td>0.4%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Infrastructure and Sanitation</td>
<td>6.4%</td>
<td>5.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Maritime Economy</td>
<td>1.8%</td>
<td>1.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Technical and Professional Training</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Air and Ground Transport</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other sectors</td>
<td>47.4%</td>
<td>50.6%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Total Ministries with sector MTEF</td>
<td>52.6%</td>
<td>49.4%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Total (FCFA billions)</td>
<td>1080.80</td>
<td>1199.00</td>
<td>1280.00</td>
</tr>
</tbody>
</table>

*Source: Cadre de Depense a Moyen Term (CDMT), 2008-2010.*

Table 14 shows that health and education are priority sectors, with education absorbing half of the resources going to the sectors that have already developed a MTEF. Given that the mean allocation to education in the WCA region is 14.7% of total expenditure, then 27.5% of budget allocations to education by the Senegalese government can be seen as a significant effort to achieve the education MDGs. The increasing allocation to health during the MTEF period is also positive, although it is short of the 15% of total expenditure as per

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19 In 2006, the largest donors, based on disbursements, were the World Bank (through the IDA), France, Germany, the EU, the AfDB group and the US.

20 Data from World Bank’s World Development Indicators as cited in Handley (2008).
the Abuja Declaration. The allocation for MFNSWEM is minor; as such, social sector spending can be considered minor. Its programme activities are mainly related to social assistance for the destitute, the elderly and the disabled, including care of vulnerable children in poor families. With respect to social protection, different components of Section 3 of the PRSP on social protection lie under different ministries. For example, health extension components are in the MHMP budget, which could explain part of the increase in resources. However, allocations to protection of vulnerable populations, including children, which are under MFNSWEM, are still not visible in the overarching MTEF, as the ministry is finalising its sectoral MTEF in 2008. Allocations to programmes in this ministry might be reflected in the 2009–2011 MTEF and will enable an analysis of the resources going to the different components of social protection under its mandate.

With respect to the composition of PRSP financing, the functional budget (current expenditures) presented in the projections in the second PRSP for the period 2006–2010 amount to an average of 1.1% of GDP annually over the period, given that they are expenditures in addition to existing current expenditures (already high for education and health, which absorb the highest share of current or functional expenditure as a result of their large payrolls). Most of the resources planned in the PRSP are investment or capital expenditure and average 11.1% of GDP annually during the period. Donor funding is planned to contribute to an average of 57% of PRSP funding, excluding the financing gap (Diaw et al 2006). This illustrates the dependency on donor funding for the realisation of the PRSP.

6.2.2 Effectiveness of public expenditure

Despite the government’s commitment to increase budget allocations to priority poverty reduction sectors, as seen in the data provided so far, our research highlighted a crucial constraint: the need for improved efficacy in social sector spending. According to interviews with the IMF and the World Bank, analysis shows significant leakages in the transfer of resources from the ministry down to the level of implementation, as well as significant gaps between planned budget and actual expenditure. There has not yet been a systematised public expenditure tracking survey to provide evidence of the size of the leakages, or their causes, but informal estimates by the IMF and the World Bank suggest that an important share of the resources allocated to the social sector (including education and health spending) do not reach the programmes and/or activities they were planned for. This could partly explain why social sector stakeholders interviewed complain about insufficient budget in their sector, despite significant budgetary allocations – close to 33% of total expenditure in 2007. Thus, an assessment of the quality of spending is paramount to addressing the issue of limited fiscal space in order to promote efficiency in social sector expenditure and identify ways to strengthen governance, accountability and management practices to ensure better spending.

Another important aspect of allocative efficiency of public expenditure in Senegal (that is, that budget allocations and expenditures are carried out according to planned policy priorities) is that resources targeted to poverty reduction under the PRSP are guided in principle by the PAP, which maps in detail the budgetary needs for achieving all the different targets set out in the PRSP, identifying total costs, resource commitments from the central government’s budget as well as the funding gap (to be paid for through donor funds or debt). In addition to this, and as seen above, Senegal is in the process of adopting medium-term expenditure planning, with an overarching MTEF produced by MEF, in addition to the sectoral MTEFs already developed by some ministries (other are still working on theirs). One of the main aims of the PAP and the MTEF is to facilitate the mobilisation of resources around specific

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21 African heads of state committed in the Abuja Declaration (2001) to a target allocating 15% of their annual budgets to the health sector. This commitment was reaffirmed by the Maputo Declaration (2003). However, no country in the WCA region has allocated more than 10% of its budget to health.

22 The laws of finance to which we had access, which included the annual budget, do not have data on the previous year’s expenditure, so we were not able to verify this through our own calculations.
spending targets. However, in practice, there have been constraints that have not enabled such mobilisation of resources in all the pillars of the PRSP.

While Pillars 1 (generation of wealth) and 2 (access to basic social services) managed to commit to programme most of the resources planned, this was not the case for Pillar 3 (social protection and risk management). In general, the amounts in the 2007 consolidated investment budget (BCI) for priority actions under this pillar did not cover half the provisions under the PAP for 2007. Out of the FCFA 6,148 billion projected, only 3,096 billion were programmed in 2007, that is, only 50.36%. While resources from the state actually exceeded PAP estimations, donor funds did not flow to finance their corresponding share (République du Sénégal 2008b).

Table 15: Pillar 3 programme and allocation in 2007 (FCFA billions)

<table>
<thead>
<tr>
<th>Areas within the sector</th>
<th>PAP PRSP 2 for 2007</th>
<th>BCI 2007</th>
<th>Ratio BCI/PRSP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State</td>
<td>Donors</td>
<td>State</td>
</tr>
<tr>
<td>Prevention and management of major risks and disasters</td>
<td>0.315</td>
<td>0.275</td>
<td>0.745</td>
</tr>
<tr>
<td>Programmes for the elderly</td>
<td>0.104</td>
<td>0</td>
<td>0.104</td>
</tr>
<tr>
<td>Youth</td>
<td>0.712</td>
<td>0.028</td>
<td>1.062</td>
</tr>
<tr>
<td>Refugees and repatriated persons</td>
<td>0.0099</td>
<td>3.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Population</td>
<td>0.29</td>
<td>1.1</td>
<td>0.29</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1.52</td>
<td>4.628</td>
<td>2.291</td>
</tr>
</tbody>
</table>


Therefore, the PRSP II annual review (République du Sénégal 2008b) found that budget implementation (BCI resources) in favour of vulnerable groups were modest in 2007 because resources were not sufficiently mobilised according to plan. Thus, to improve effectiveness in this process, the review recommends a better coverage and targeting of programmes to address the needs of vulnerable populations in line with regulatory frameworks. This might enable the more appropriate development of policies and programmes, better able to mobilise resources for the vulnerable.

6.3 Fiscal space for social protection

Given that Senegal has a social protection strategy and that social protection is a specific pillar of the PRSP II, budget allocations and expenditure on social protection should be expected to improve, particularly given the government’s commitment to prioritise PRSP spending. However, as the table above illustrates, resource mobilisation to the sector, particularly from donors, has been weak and it needs to be improved to ensure that targets are met. Furthermore, despite the extent to which resources in the PAP were mobilised, the PAP itself has some gaps, including concrete social protection programme proposals that could facilitate mobilisation of resources. For example, the PAP in principle includes budget provisions for ‘supporting the implementation of social protection of vulnerable groups and the destitute’. However, it has no estimated budgetary allocations for this area over the PRSP period. This is partly the result of a dearth of concrete and quantifiable programme proposals that could facilitate the mobilisation of these resources. Thus, developing more concrete programmatic linkages to the social protection principles in the PRSP is an initial step required before determining the availability of fiscal space. In any case, as we have seen in Section 5 and will see in Section 8, there are gaps in the existing social protection strategy, which fails to address comprehensively the needs of crucial groups, such as poor and vulnerable children. In addition to ensuring their inclusion in policy and programming, it is essential to analyse the potential fiscal space to finance this.

There is a clear push from government and donors to support social protection mechanisms that can help reduce the vulnerability of the population. However, the financing gap identified in the PAP to finance social protection is significant, increasing the probability that not all
social protection targets will be achieved. In relation to the analysis at the beginning of this section, some benchmarks for fiscal and economic performance agreed by the Senegalese government to benefit from donor support and debt relief, as well as to ensure macroeconomic and debt stability in the long run, place some constraints on its capacity to generate fiscal space. For example, maintaining a primary fiscal balance of 4% of GDP means that the government cannot afford to make spending additional to what has been programmed. Nevertheless, the budget envelope for social sector spending is significant; it would be important for the government to pursue measures to improve the quality of spending across sectors, in addition to creating fiscal space that is sustainable and in line with its economic targets.

In this context, it is relevant to explore the potential for increasing fiscal space for social protection in Senegal by looking at three of the core components of fiscal space: i) how fiscal space can be created; ii) whether that space is sustainable; and iii) the likely use and feasibility of fiscal space. The assessment of whether fiscal space might be created in Senegal relates to the overall macroeconomic and fiscal aggregates and associated risks, as well as to the political will to increase investments to this important area. Six main mechanisms for ‘generating’ fiscal space have been identified in the literature (High-Level Forum on the Health MDGs 2005). We will briefly look at three of the most relevant in this context: increased revenue (resource mobilisation); reallocation of spending; and foreign aid.

According to Handley (2008a), the only genuinely sustainable means of creating additional fiscal space at government’s disposal are revenue mobilisation and reallocation. The other measures do not offer the same long-term sustainable profile of fiscal space required by social protection programmes, which are de facto non-discretionary expenditures, owing to the expectations and political constituencies of support that they create. Aid is relevant, as it can provide initial support to move the social protection agenda forward, financing some of its initial non-recurrent costs; however, basing financing of social protection on aid is likely to be unsustainable in the medium to long term.

**Increase revenue through two principal channels: increased economic activity (real GDP growth) and increases in tax revenue as a proportion of GDP.** One of the objectives of Senegal’s PRSP is increasing growth. Investments in productive sectors and the expected dynamism in the tertiary sector are set to allow Senegal to achieve average growth of 5.5% of GDP as projected by the PRSP. Further, Senegal has had a positive fiscal performance, as the only country in the WAEMU area to achieve a fiscal revenue/GDP ratio above 18% (Diaw et al 2006 and IMF, 2008). By continuing its reform process and improving its business environment, Senegal is likely to attract further investment and increase its economic growth potential (IMF 2008a) in the medium to long run. In fact, economic growth is projected to grow by 0.5 percentage points by 2011. Given its good level of debt sustainability and fiscal deficit, there would be a possibility to set aside additional revenues to contribute towards social protection. However, these are unlikely to be large amounts of resources if growth continues close to the current level, as there is little space for additional fiscal revenues given that increased taxes is not feasible given the tax reform of 2004 aimed at giving incentives for productivity (Diaw et al 2006). Further, additional fiscal revenues might be used as a buffer against contingency spending, such as that carried out to mitigate the impact of food and fuel prices during the first semester of 2008 to minimise volatility, so are perhaps not best allocated to a permanent expenditure commitment such as social protection.

**Increased aid in the form of grants and concessional loans** is also a way to generate fiscal space. Although Senegal is within its debt service threshold, as assessed by the IMF, the feasibility of financing social protection through aid however, depends on the level, duration and predictability of donor support. In the case of Senegal, while increasing external financing in the form of aid might be relevant for pursuing policy and programme actions

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23 A more thorough analysis of fiscal space for social protection in the WCA region can be found in Block 6 of the regional report.
directly related to the MDGs, particularly those related to the supply and quality to basic social services (Diaw et al 2006), and for financing investment and capital costs under the PRSP, external financing might not be as effective for long-term, recurrent expenditures, such as those involved in social protection programmes, given the unpredictability and volatility of aid (ibid). That is, the very long-term nature of social protection expenditures means that borrowing is particularly unsustainable as a means of financing. For example, in 2007, there was a poor mobilisation of donor funds towards social protection objectives of the PAP. Reasons for this are likely to be found in both donor delays and the state’s failure to complete targets or present programmes. For a social protection programme, particularly in the form of cash or in-kind support, predictability is paramount. In order to develop new social protection interventions, such as a cash transfer programme, donor funds can contribute to finance initial costs (fixed) as well as technical assistance, which take place only in the initial phase.

Reallocate spending from lesser to higher priorities and from less to more effective programmes with a view to improving allocative efficiency. This is the most appropriate means to generate fiscal space for social protection in Senegal, for several reasons.

In general terms, within the current fiscal year there will be little or no fiscal space, depending on the flexibility of budget ceilings. While non-discretionary expenditures are likely to continue to grow in time, once-off expenditures (or discretionary expenditures) such as certain capital expenditures could start to reduce while revenue could potentially increase as a function of economic growth (and possibly higher tax yields). In this way, fiscal space begins to emerge between the profile of total available resources and the government’s total existing commitments. It is important to note that the ‘rigidity’ or ‘stickiness’ of public spending means that only a very small percentage of the budget is reallocated to new policy initiatives (such as a new social protection scheme) from year to year (Handley 2008b). Schiavo-Campo and Tommasi (1999) note that the annual ‘margin of manoeuvre’ is typically no more than 5% of total budgeted expenditure. Debt repayments, interest payments and transfers and subsidies are all inflexible or non-discretionary (i.e. their costs cannot be avoided in the short to medium term). Greater discretion may exist in practice to reduce or divert planned capital spending, but the consequences for economic growth and development may be severe in the longer term. In some cases, such funding is earmarked to prevent such reallocation. Operations and maintenance spending is a frequent candidate for ‘flexibility’ but there are well-documented dangers in failing to fulfil the recurrent cost implications of capital expenditure. While public sector wages and salaries are technically discretionary expenditures (i.e. outlays where the amount spent is under government control), in practice they are often non-discretionary in nature as there are severe political constraints to reductions in such expenditures over the short to medium term (Handley, 2008b).

In the case of Senegal, total public expenditure in 2007 was equivalent to 24.3% of GDP (IMF estimates, as cited in Handley 2008b), with discretionary spending at 17.8% of GDP, compared with a level of non-discretionary spending of approximately 6.5% of GDP. From this, it is estimated that wages and salaries accounted for 23% of total public spending in 2005. In order to create fiscal space for social protection, and specifically for feasible and potentially effective social protection programmes – such as a cash transfer programme – part of this discretionary spending, which is used across different sectors, could be reallocated. However, the decision whether to do this depends on the government’s commitment to prioritising social protection spending as a potentially effective mechanism to reduce poverty. A cost-effectiveness assessment of non-priority spending across sectors would be a useful way to identify resources that could be reallocated to social protection spending, without affecting the total social sector budget envelope.

In addition to mobilising resources from non-priority sectors, given that there is a significant envelope of resources for social sector spending, it would be useful to look at the effectiveness of current social sector spending as another means of freeing-up resources with the potential to be used more effectively in social protection. This does not mean
reducing financing to key social services, as there is a clear need to continue funding them. However, improving efficiency of expenditure in the different social sectors could potentially release resources for social protection, although further research would be needed to determine efficiency gains.

An example of this reallocation from less to more effective social spending relates to resources currently used for food and fuel subsidies. In early 2008, the IMF carried out a Poverty and Social Impact Analysis (PSIA) to assess the impact of the Government of Senegal’s policy measures to protect the poor from the adverse effects of the recent surge in energy and food prices. The analysis found that, while mitigating the adverse impact of the recent energy and food price increase on the population, the policy measures were overall not well targeted. Although the measures roughly offset the increase in the cost of living resulting from the surge in prices through end-2007, almost 55 percent of the benefits accrue to households in the top 40 percent of the welfare distribution (IMF 2008b). More specifically, it found that: i) in food, the support for rice appropriately benefits most the population’s two poorest quintiles. However, for powdered milk and bread, the richer segments gain most from the tax suspensions; and ii) in energy, richer households are most adversely affected by energy price increases, both directly and indirectly through the effect on other consumables. The butane gas subsidy benefits better-off households the most, while the lamp oil tax exemption is more beneficial to the poor.

The analysis provided recommendations as to how to make these subsidies and tax exemptions more pro-poor. It also concluded that these fragmented subsidies are not effective, nor are they well targeted, despite costing up to 3% of GDP. One of the main recommendations stemming from the analysis is that a (conditional) cash transfer programme for Senegal could be much more cost-effective than the subsidies and other policy measures to protect the poor (IMF 2008b). However, it is clear that reallocating resources away from subsidies that many might already see as entitlements is problematic and can take time, as well as significant political negotiation. The process of eliminating these subsidies started to take place towards the end of 2008, however, this started generating discontent. For this reason, having a clear and effective mechanism in place to benefit the poorest might help reduce concerns arising from the elimination of the subsidy. In this sense, solid evidence of the real benefits to the poor of specific social protection interventions, such as cash transfer programmes, can be a useful tool to rally support for this shift.

6.4 Progress in the management of public resources

Senegal has shown progress in its transparency and good governance, particularly with regard to PFM. For example, although there can be difficulties in accessing disaggregated budget and expenditure data, tables with basic aggregated information are provided on the MEF website. However, there are still significant problems, being targeted by setting their reduction as triggers for support by some donors (IMF 2008a). Transparency International, in its 2008 Perceptions of Corruption Index, ranked Senegal 85th out of 180 countries, moving down eight places from its level in 2007 and seven places from 2005.

Problems with leakages in public funds are indicative of inefficiency in administration but also, to a certain degree, of insufficient control mechanisms to reduce the possibility of mismanagement of funds. Other elements pointing to problems of transparency include the fact that there is no parliamentary audit at the end of the fiscal year – the last one was carried out in the 1990s – which indicates poor mechanisms to promote accountability in the budgetary system, and thus less scope to curb budget and expenditure inefficiencies and misallocations. In finding fiscal space for social protection, it is also important to ensure that there is better management of public resources so that better poverty reduction outcomes can be reached with (limited) existing resources.
6.5 Visibility of children in social protection budgets and expenditure

Given the situation of poverty and vulnerability of children in Senegal, as analysed in Section 4, it is important to ensure that adequate financing for children’s needs, including social protection, are included in the budget. For this purpose, the Parliamentary Group on Population and Development, in charge of monitoring, approving and proposing policies and legislation related to children, has begun a partnership with Save the Children Norway, supported by Plan International and UNICEF Senegal. This has the aim of carrying out child-focused budget monitoring analysis to increase the transparency of resources being spent on children and to set up mechanisms that help trace budgetary allocations and their use, raising the visibility of children in the budget and ensuring more effective expenditure on child-focused programmes. The initiative seeks to generate evidence on amounts and efficiency of expenditure on children to advocate for increases in budget allocations and improvement in spending, in response to the relatively low impact and effectiveness of resources spent on children. For example, in a recent study on fiscal space in Senegal (Diaw et al 2006), it is suggested that a greater increase in fiscal space for social expenditure must be accompanied by strengthening administrative capacities of implementing agencies. For example, the study explains that, in the case of the education sector, the recent report for the Fast Track Initiative highlights the difficulty in estimating effective resource and personnel allocations to the sector.

Although this initiative is only starting, it seeks to set up a working group of stakeholders involved in child-related sectors to be able to map the different resource needs and gaps to rally funds to guarantee commitments are fulfilled. There are two important ways in which this initiative to increase the visibility of children can be useful for improving resources for child-focused social protection:

- Following the conclusions of the PRSP annual review (République du Sénégal 2008b) on insufficient resource allocation and poor mobilisation of funds towards the component on social protection for vulnerable populations, and particularly vulnerable children, a joint parliamentary–civil society initiative can contribute to promoting the allocation and use of resources for social protection for vulnerable children.

- In a context with limited fiscal space, resources for child-focused social protection programmes, particularly a cash transfer, would come from budget reallocations. Thus, such an initiative could contribute to analyse the cost effectiveness of existing programmes for children, helping streamline those that are not effective to channel resources to potentially better-targeted and more effective mechanisms to reduce child poverty and vulnerability, such as a cash transfer.

6.6 Concluding remarks

Senegal’s improved macroeconomic performance, increased flows from abroad (both in the form of aid and investment) and the state’s commitment to greater expenditure in priority poverty reduction sectors, including basic social services, creates an opportunity to promote more and better spending on social protection. However, Senegal’s fiscal deficit is on target, and increasing it could lead to problems of macroeconomic and debt sustainability in the medium to long run.

Thus, although spending over existing levels is not recommended, there is scope to improve the efficiency and effectiveness of public expenditure to liberate resources to be used on social protection and other priority poverty reduction interventions, although this requires promotion of transparency and accountability within the budgeting system, which is likely to be a medium-term transformation.
The perception among stakeholders interviewed, including the IMF, World Bank, MEF and MFNSWEM, is that ‘fiscal space’ for a cash transfer programme can be created, mainly through reallocation from other lesser priority and less effective programmes, as long as there is evidence that this is a more cost-effective and efficient way to reduce the vulnerabilities of the poorest. This will require some in-depth analysis of tradeoffs with other spending priorities and options, such as the supply of basic social services. Part of this analysis can be found in the following section.
7. **Analysis of cash transfers as a mechanism to tackle childhood poverty**

In the past few years, a growing number of developing countries have introduced large-scale social transfer programmes in response to high levels of poverty and vulnerability. In many countries, children have been a particular focus of transfer programmes, for several reasons, including the following: i) children are an especially vulnerable group, with high incidence of poverty; ii) spells of poverty in childhood can have long-lasting effects on later development, including intergenerational transmissions of poverty; iii) reducing child poverty is important in the context of breaking the intergenerational cycle of poverty that is common in developing countries; iv) improving children’s nutrition, health and education can enable those in poverty to escape it and move into growth trajectories, contributing to economic growth and development; and v) large-scale social transfer programmes focused on children, such as *Oportunidades* in Mexico, *Bolsa Familia* in Brazil, the Child Support Grant in South Africa and Food/Cash for Education in Bangladesh, show they are a feasible and desirable policy option in middle- and low-income countries (Barrientos and DeJong 2006).

In this sense, there is a growing body of evidence showing that cash transfers – which literally means the transfer of cash grants, with or without conditions – can have positive impacts on reducing childhood poverty. Cash transfers to households have been found to be spent mostly on food, clothes and seeds and meeting the costs of services like education and health. Moreover, evaluations of the child grant programme in South Africa and targeted conditional cash transfers in Latin America show that cash transfers, combined with additional investments in basic services, are an effective tool in reducing child poverty, including improving child nutrition, birth registration and school enrolment and survival rates (Barrientos and DeJong 2006; Adato and Basset 2007; Jones et al 2008).

In Senegal, both the NSPS and Pillar 3 of the PRSP include provisions for potential cash transfer mechanisms:

- In the NSPS, one of the mechanisms for achieving of the objective of mitigating the risks faced by vulnerable groups is to: ‘reinforce the mechanisms for direct transfer of resources to vulnerable populations’.

- Among the actions focused at vulnerable populations, the PRSP includes the following: ‘Ensure the access of vulnerable groups to goods and services and to the full enjoyment of their rights. During the PRSP implementation period, at least 500,000 families per year living in situation of extreme poverty will have received a transfer of resources enabling them to gain sustainable access to basic social services.’

These two references illustrate that there has been some thinking during the past four years about the possibility of developing a cash transfer programme as a mechanism to reduce poverty and vulnerability in the context of social protection. During discussions surrounding the PRSP annual review, the issue of cash transfers was on the ‘informal’ agenda. Although no concrete proposals were under discussion, several stakeholders, from donors to the Poverty Reduction Unit in MFNSWEM, mentioned during interviews that there was interest in exploring such an alternative. Given the slow progress in moving the NSPS forward in the two years since its inception, a cash transfer is being seen as a more effective means of channelling support, mobilising funds and mitigating vulnerabilities of the very poor and excluded.

In Senegal, there has been significant progress in the supply of basic services (République du Sénégal 2006b). However, one of the barriers reducing the uptake of these services is their direct and indirect costs (including opportunity costs) (République du Sénégal 2007). Where models for health financing systems, such as the mutual health funds, are demand driven; where there are important shocks to prices; and where income poverty is a crucial
factor contributing to vulnerability, causing migration and disintegration of traditional support nets, cash transfers seem like a useful policy intervention that could bring some cohesiveness to the social protection system, as a simpler and more effective mechanism to mobilise resources to reduce vulnerabilities.

Although a potential cash transfer programme is not being discussed specifically with regard to curbing childhood poverty and vulnerability, the reference models known in Senegal by stakeholders introducing the idea are the Latin American conditional cash transfers, in which women are the recipients of the transfer, which serves as a household income support, on the condition of children attending school and regular health checks. Further, in early 2007, the former head of the PRSP Pillar 3 Coordinating Unit presented a concept paper for a pilot conditional cash transfer with these general characteristics (Dia 2007). Although no concrete actions came out of the proposal at the time, the feasibility of this type of model could be further explored.

7.1 Existing cash transfer programmes in Senegal

Our mapping of social protection programmes pointed towards several small-scale cash transfer programmes currently operating in Senegal, although there are others. Below are examples of one project that is state run and one not.

7.1.1 Programme for strengthening families' incomes in SOS Children's Villages (NGO/state support)

SOS Children's Villages is an international non-governmental social development organisation whose activities focus on children without parental care and children of families in difficult circumstances. Their programmes seek to provide family-based, long-term care for children who can no longer grow up with their biological families. In the 'villages', children grow up in a stable family environment and are supported individually until they become independent young adults. In the case of Senegal, as the regions around the SOS Children's Villages are marked with poverty, a 'family strengthening programme' was developed, working directly with families and communities to empower them to effectively protect and care for their children, in cooperation with local authorities and other service providers. In particular, the programme in Dakar involves the provision of a cash transfers to family carers. Some of the programme characteristics are:

- The programme is in its early stages, having effectively started activities in January 2008. It aims to strengthen the capacity of families to supervise the needs of vulnerable children in SOS Children's Villages – which target orphan or vulnerable children from 0–18 years old in the district of Grand Dakar.
- The main objective of the programme is to provide women in vulnerable situations with a regular allowance in order to keep their children in school. Allowances granted reach a maximum of FCFA3,500 per month and per student (not more than three students per family with a maximum of two boys).
- The targets are children attending primary or secondary school, with a particular emphasis on girls and women-headed families in vulnerable situations.
- The transfer is paid directly to the mothers, who have previously completed a form at their children’s school.
- There is some cooperation from MFNSWEM to identify recipients of the allowance, a task undertaken jointly with the school’s parent–student committee, although the grants are paid for with organisation resources, rather than state support.

The following criteria are used to identify beneficiaries:

- Family situation: children from single-parent families;

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24 For more information, see http://www.sos-childrensvillages.org/where-we-help/africa/senegal/Pages/default.aspx.
• Employment: head of family long-term unemployed or in insecure employment;
• Income: families severely lacking resources to take care of their children;
• Accommodation: families living in insecure accommodation.

The programme offers the following range of services:
• Payment of school fees;
• Monthly food ration;
• Payment of medical costs;
• Training for parents and allocation of non-reimbursable grant for income-generating activity;
• Training for local CBO to take over the programme.

In order to receive the support, families need to meet the following criteria:
• At least 80% school attendance by the children;
• Grades near the class average;
• Child vaccination programme respected;
• No children within the household working.

Given that this programme is relatively new (six months of operation), there are still no data on the impact it is having on beneficiaries, but it will be an interesting initiative to monitor to see the programme’s impact on household poverty; how the support is contributing to household income and, very importantly, its impact on children’s demand for services. However, given the institutional setup (in the context of the SOS Children’s Villages), and given that cash transfers do not come from public funds, not all the lessons learned in terms of programme implementation will be transferable.

7.1.2 National Directorate of Social Assistance (state driven)
As outlined in the mapping of the social protection system presented in Section 5, the National Directorate of Social Assistance in MFNSWEM is responsible for a cash transfer to the ‘destitute’ or ‘indigents’. Individuals who consider that they fall under this classification and want to obtain the benefits must approach a local CPRS, where a social worker will assess them and determine whether this is a real case of destitution. If it is, a certificate must be issued (if it is issued by the mayor, the cost of the subsidy must be afforded by the local government; if it is approved by the regional prefect, the transfer will be responsibility of the state, but the criteria for who claims responsibility remains unclear). With the ‘certificate of destitution’ (carte d’indigence), the person and his/her dependents can have access to free basic health care in selected health centres and are entitled to receive a transfer (up to FCFA200,000 a year), but this transfer is allocated to the main beneficiary and not adjusted to the number of children, therefore bigger families will have fewer resources. The benefits provided through this programme remain restricted to those who are aware of it, as there are no awareness raising campaigns, social mobilisation or outreach that could improve programme targeting.

In addition to its unsystematic approach to the provision of cash supports to mitigate deprivations, this programme was developed with an ‘assistance’ perspective rather than through a ‘rights based’ lens, so the target populations are not considered by the state as rights holders entitled to a guaranteed minimum standard of living, but rather as beneficiaries of a system of assistance to the needy that depends on a residual social policy and expenditure approach: the support granted will depend on the resources the Directorate manages to obtain at the end of a very complex process of budget negotiations in which the ministry is not a particularly strong player. The consequences are that the cash transfer support to the destitute is unpredictable and poorly targeted, and has few incentives for expansion as a result of resource constraints. No comprehensive M&E has been carried out of the programme, so it is difficult to provide evidence of its benefits and/or constraints. Our initial findings suggest that it is a programme that would require significant structural strengthening to achieve its potential.
Therefore, although the idea of introducing a cash transfer programme in Senegal is not alien, the initiatives so far provide limited evidence about the potential benefits of such a mechanism. The development of a pilot cash transfer programme could be a potentially useful way to test a more systematised approach to social protection, one which addresses a range of vulnerabilities simultaneously and in a more streamlined manner than the range of smaller programmes that are currently being developed in the context of the NSPS. For this pilot to generate relevant evidence, it is important to invest in the development of a solid programme design (targeting, selection criteria, well-studied channels to provide the transfer, institutional alignment, dissemination and a strong inbuilt M&E mechanism), focused on the fulfilment of some of the objectives of the NSPS and anchored on Pillar 3 of the PRSP. This would justify its access to public funds and could be a positive push for the rollout of the NSPS, helping mobilise budgetary resources more efficiently and integrating cross-sectoral approaches to reduce vulnerabilities. Piloting a cash transfer initiative could, if outcomes are favourable, provide evidence to dissipate existing concerns about such an intervention, which include its financial sustainability over time and the role of the state in expanding social assistance rather than promoting development.

In particular, and as we will explore further in the following sections, two of the key focus areas in Pillar 3 are health financing and protecting vulnerable groups, including children and the very poor/despite. Children make up 58% of the Senegalese population, there are high infant and child mortality rates as well as high morbidity among children and their carers, with low uptake of formal health services as a result of their costs, and an increasing number of children are leaving their impoverished households in search of better opportunities and access to money, which increases their vulnerability. As such, it would seem that targeting a cash transfer programme to poor children through their carers could potentially serve multiple purposes (depending, of course, on the amount of the transfer and who receives the money). As the mutual health insurance system continues to expand, additional household income could be partly allocated to pay membership fees – particularly of children – to mutual health funds, reducing this barrier to access (perhaps making it a condition of the transfer). A cash transfer could substitute or at least partly compensate for the income that children are leaving their households in search of, thus helping curb this phenomenon. It could be a simpler and less exclusionary means to provide support to the destitute, reducing vulnerabilities related to deprivations, particularly in the case of households with children, than current mechanisms. It can also serve, as cash transfers have done in other contexts, as a promotional instrument for children to enrol and remain in school, given that in Senegal low school enrolment is generated in part by demand-side constraints, including high opportunity costs (for example, according to ESPS 2005–2006 data, out of 5.5% of children who abandon primary education, 15.6% are involved in some type of work) and indirect school costs such as books and uniforms (5.6% of children cited cost as the cause) and distance.

Still, more data are needed to understand in more depth the causes for low enrolment (according to the 2005–2006 ESPS, 39.5% of children aged 7–14 have never gone to school) and to understand to what extent cash transfers could help mitigate the cost-related barriers to education. In the case of education, providing demand incentives is important, given the number of constraints that poor families face in sending their children to school (indirect costs), although no direct school fees are paid in public primary schools in Senegal. However, there are also some supply-side problems that should be addressed in tandem to ensure children remain in school. Once such case is poor quality. Out of children abandoning schools, 21% cited poor quality/low interest in school as the cause, whereas 17.4% left because they failed an exam (2005–2006 ESPS data).

In any case, introducing a cash transfer programme would seem, ex-ante, like a positive way to channel funds towards social protection and development. It could also provide a possibility for more harmonised donor funding for poverty reduction, although it is clear that a pilot scheme that systematically collects information on opportunities and constraints,
impacts on household poverty and impact on changes in demand for services would be a useful starting point to consider the feasibility of such a programme.

If such a pilot scheme were to be developed, UNICEF Senegal could play an important technical advisory role for a number of reasons:
- It could help integrate a cross-sectoral approach that focuses on children.
- Given the M&E expertise of UNICEF Senegal, it could help ensure that the pilot scheme has a solid M&E framework that would make it possible to draw conclusions about its design, impact and operation.
- It could contribute to developing a solid mapping and targeting of beneficiaries, which would ensure resources available for the pilot were maximised to protect children from vulnerability, poverty and poor access to basic social services.

**7.2 Potential poverty impact of cash transfers**

With the purpose of determining the potential poverty-reducing impact of a national cash transfer programme targeting children in Senegal, a series of simulations were made using national household survey data. These simulations make several assumptions (detailed below) but are useful to illustrate the impact of a child-focused cash transfer on the overall level of household poverty and, more particularly, on childhood poverty.25

Assessing the potential effectiveness of cash transfer programmes in the Senegalese context is only one part of the broader detailed study of poverty and vulnerability, basic service infrastructure and programme delivery capacity in the country. Micro-data ex-ante simulations of the poverty reduction effectiveness of child-focused social transfers can provide additional information to policymakers, by identifying the range of poverty reduction impacts of such programmes, the relative effectiveness of alternative transfer design options and a rough indication of the resources required (Stewart and Handa 2008; Kakwani et al 2005). The analysis below reports on the findings of a micro-simulation exercise using Senegal household survey data.

As explained above, social transfers constitute subsidies in cash or kind to households or individuals for the purpose of supplementing their income or consumption. The simulation compares baseline measures of poverty with measures of poverty taken after transfers are added to a household. The simulation does not take account of households’ behavioural responses to the transfer, which can be positive or negative from a poverty reduction perspective. For example, studies have shown that regular and reliable transfers can improve the productive capacity of households, especially in rural areas, so that the increase in income or expenditure is actually greater than the amount of the transfer (Sadoulet et al 2001). On the other hand, if transfers are mismanaged, the impact on food consumption could be lower than the amount of the benefit. The simulations below ignore these behavioural responses, so additional research would be needed to explore this in detail.

The simulations are based on household survey data, using the ESPS 2005–2006 dataset (recent nationally representative surveys). Table 16 provides descriptive statistics from the datasets.

**Table 16: Descriptive statistics**

<table>
<thead>
<tr>
<th></th>
<th>Senegal 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observations – individuals (number)</td>
<td>123,558</td>
</tr>
<tr>
<td>Observations – households (number)</td>
<td>13,568</td>
</tr>
<tr>
<td>Households with children age 0–14 (number)</td>
<td>11,956</td>
</tr>
<tr>
<td>Percentage of households with children 0–14 in sample (%)</td>
<td>89.5</td>
</tr>
</tbody>
</table>

25 Simulations, calculations and analysis in this section are largely taken from Barrientos and Bossavie (2008), which is also part of this Study on Social Protection and Children in West and Central Africa.
7.2.1 Poverty measures

The analysis presented below focuses on two main poverty measures. The poverty headcount indicates the share of the population living under the poverty line. The poverty gap measures the average shortfall from the poverty line, so it is a measure of severity of poverty. For a household, the poverty gap is taken to be the difference between their observed income or consumption and the food poverty line. The measure is constructed by adding the poverty gaps of all poor households, averaged for the population as a whole, and presented as a fraction of the poverty line. It therefore describes the average poverty gap in the population and the amount by which the average household would be in poverty if the aggregate poverty gap were to be distributed evenly across the population, as a proportion of the poverty line, equivalent to 137,809 FCFA per year.

The simulation compares the poverty headcount and gap in the sample, then adds the transfer to each beneficiary household, and then recalculates the poverty measure. The poverty measures are computed on a per capita household expenditure measure. The calculations were based on national poverty lines.

7.2.2 Design options

The following two programme design options were simulated:

1. Universal child benefit (UCB). In this option, it is assumed a transfer equivalent to one-third of the food poverty line is paid to every child under the age of 14 in the sample.

2. Selective child benefit using a proxy means test (SCB). In this option, it is assumed a transfer equivalent to one-third of the food poverty line is paid for every child under the age of 14 living in a household identified as poor before the transfer. A proxy means test was used to identify households in poverty, and then a transfer was applied to each child in these households. Proxy means testing is used to replicate possible conditions on the field where an assessment of eligibility for the transfer is made using a range of household characteristics, excluding income or expenditure. Such a test is used in countries where it is impossible to carry out an income means test given the large number of people in the informal sector and for which reliable income data is inexistent, so their poverty status is determined according to characteristics related to their living conditions. In the simulation, a set of observed variables available in the household survey is used as proxy for household level of welfare, including variables capturing location, housing, assets and household demographics. Given that the classification of these variables by enumerators collecting survey data is liable to subjective appreciation, they are not exact and thus also allow for inclusion and exclusion errors. In the simulation, we regressed the log of household expenditures on these variables, and then used the fitted values to

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26 The estimation of the poverty measures follows the Foster-Greer-Thorbecke poverty function, where a poverty function \( p(x,z) = \frac{1}{n} \sum_{i=1}^{n} (z - x_i / z)^{\alpha} \), where \( x_i \) is individual i's income or consumption, \( z \) is the poverty line, \( q \) is the number of poor people. For \( \alpha = 0 \), \( p(.) \) yields the poverty headcount, while for \( \alpha = 1 \), \( p(.) \) yields the poverty gap measure. For our purposes the FGT poverty function has the advantage that it yields sub-group consistent poverty measures. See Foster et al (1984).

27 The parameters and measures were set up to allow comparability with a similar study for the Republic of Congo. See Notten et al (2008).
estimate the poverty status of a household.\textsuperscript{28} It is important to note here that given the difficulty of precisely identifying poor households, both statistically and in the field (where household characteristics need to be verified), this testing has errors of inclusion and exclusion..\textsuperscript{29}

**Impact on poverty measures**
The results from the simulations of the impact of the transfers on poverty measures are presented in Table 17. The transfer is set at 30% of the nationally-defined food poverty line, which would provide a share of the financial resources needed to satisfy the food needs of children.

Compared with the baseline, the addition of the transfer to household expenditure can produce a significant reduction in aggregate poverty in Senegal:

- The introduction of a UCB could lead to a reduction in aggregate poverty headcount by 15.2%.
- A SCB where the selection is done on the basis of a proxy means test has a smaller impact on aggregate poverty headcount: 8.3%. The targeted benefit has a lower impact because, as explained above, proxy means tests have inclusion and exclusion errors that result in not all poor households being effectively targeted by the transfer.

| Table 17: Poverty impact simulation results for Senegal |
|------------------------------------------|--------|--------|--------|
| Transfer | Baseline | UCB | SCB |
| Benefit per child as % of the food poverty line | 30 | 30 | 30 |
| Annual transfer in FCFA (monthly) | 41,342 | 41,342 | 41,342 |

| Impact on poverty |
|-------------------|--------|--------|--------|
| Poverty headcount |
| All individuals (%) | 39.9 | 33.8 | 36.6 |
| Reduction in poverty headcount (%) | 15.2 | 8.3 |
| All children (%) | 44.4 | 36.9 | 39.8 |
| Reduction in poverty headcount (%) | 16.9 | 10.4 |

| Poverty gap |
|-------------|--------|--------|--------|
| All individuals (% of poverty line) | 17.3 | 12.1 | 13.5 |
| Reduction in poverty gap (% of poverty line) | 30.0 | 22.0 |
| All children (% of poverty line) | 19.3 | 13.0 | 14.7 |
| Reduction in poverty gap (% of poverty line) | 32.6 | 23.8 |

*Source: ESPS 2005–2006 data, calculations by Barrientos and Bossavie (2008).*

The impact of a transfer on child poverty incidence is greater than for the population as a whole, owing to the higher incidence of poverty among children.\textsuperscript{30}

- The introduction of a UCB could lead to a reduction in children headcount poverty by 16.9%.
- A SCB where the selection is done on the basis of a proxy means test has a smaller impact on aggregate poverty headcount: 10.4%.

The impact of the transfer on the poverty gap is larger than on the poverty incidence. The fact that the transfer is set at 30% of the poverty line implies that the transfer is not sufficiently by itself to lift children in poor households above the poverty line.

\textsuperscript{28} To enable comparability with the study for the Republic of the Congo, we replicated the model for the proxy means test simulation used there.

\textsuperscript{29} To enable comparability with the study for the Democratic Republic of Congo, we replicated the model for the proxy means test simulation used there.

\textsuperscript{30} The higher impact of the transfer on child poverty does not come from the fact that the transfer is focused on children, as the transfers are simply added to household expenditure and assumed to be distributed equally to all members of the household.
• The introduction of a UCB could lead to a reduction in the aggregate poverty gap by 30% in Senegal.
• A SCB where the selection is done on the basis of a proxy means test has a smaller impact on the aggregate poverty gap: 22%.

The impact of the transfer on children’s poverty gap is even greater:
• The introduction of a UCB could lead to a reduction in the children’s poverty gap by 32.6%.
• A SCB where the selection is done on the basis of a proxy means test has a smaller impact on children’s poverty gap: 23.8%.

7.2.3 Cost-effectiveness analysis
We now focus on the poverty reduction effectiveness of a child-focused transfer, and the relative effectiveness of the different design options. The simulation results are summarised in Table 18 below. The simulations also provide information on two key questions: first, what resources are needed to support the introduction of a child-focused transfer? And second, how effectively are these resources reaching households in poverty?

Table 18: Cost/effectiveness, simulation results for Senegal

<table>
<thead>
<tr>
<th></th>
<th>UCB</th>
<th>SCB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual benefit expenditure (in billions of FCFA)</td>
<td>211</td>
<td>118</td>
</tr>
<tr>
<td>Administrative cost (as % of annual benefit expenditures)</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Annual administrative cost (in billions of FCFA)</td>
<td>21.1</td>
<td>17.7</td>
</tr>
<tr>
<td>Annual programme expenditure (in billion of FCFA)</td>
<td>232.1</td>
<td>135.7</td>
</tr>
<tr>
<td>(as % of GDP)</td>
<td>6.4</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Poverty reduction effectiveness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targeting effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error of inclusion (% all children included but not poor)</td>
<td>55.6</td>
<td>23.9</td>
</tr>
<tr>
<td>Error of exclusion (% of all children poor but excluded)</td>
<td>0</td>
<td>12.3</td>
</tr>
<tr>
<td>Cost benefit ratio (billions of FCFA needed to reduce average poverty gap by one percentage point)</td>
<td>44.6</td>
<td>35.7</td>
</tr>
<tr>
<td>All individuals</td>
<td>36.8</td>
<td>29.5</td>
</tr>
<tr>
<td>All children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The first set of figures aims to provide some information on the resources needed to finance the transfer. These are calculated as the number of benefits times the value of the transfer. The costs of administering and delivering the transfer programme are set at 10% of benefit expenditure for the UCB and 15% of benefit expenditure for the selective programme. The operational costs of selection are therefore assumed to be 5% of benefit expenditure.\(^{31}\) There are also costs of selection that are associated with errors in selection.

• The transfer programme would absorb between 6.4% and 3.7% of GDP depending on programme design in Senegal.
• The costs associated with a UCB are estimated at 6.4%. The costs associated with a SCB where the selection is done through a proxy means test are estimated at 3.7% of GDP.

The second set of figures provides information on the poverty reduction effectiveness of transfer design options.

\(^{31}\) These are more appropriately recurrent costs on an ongoing programme, as the introduction of a programme is likely to have higher costs at the start, covering training, information and delivery systems, and baseline information for monitoring and evaluation.
Errors of inclusion highlight the percentage of children who are included in the programme but are not poor. A UCB would be paid to all, and therefore would also reach 55.6% of all children who are not poor.

Selection through a proxy means test is estimated to include in the programme 23.9% of all children in Senegal who are not poor, either because the mean-test carried out suggests they are poor, or because at the time of selection of households, the person in charge of selecting targeted households can include households that do not meet the criteria, (either as a result of corruption or a decision made by the person making the selection).

The tables also include a monetary measure of the costs of reducing the poverty gap, in aggregate and among children.

In Senegal, using a child-focused transfer of 30% of the poverty line could achieve a 1 percentage point reduction in children's poverty gap at a cost of FCFA36.8 billion with a UCB; FCFA29.5 billion if using a SCB where the selection is done through a proxy means test; and FCFA14.3 billion if selection is perfect.

Gasmann and Behrendt (2006) simulated the impact of a child benefit of 35% of the poverty line paid to all children aged 7–14 in Senegal using 2001 ESAM II data. They conclude that a child benefit would reduce the poverty headcount among children by 30% and the poverty gap by 40%. These results are in line with our estimates for the age group 0–14.

**7.2.4 Issues for programme design.**

The simulations raise a few issues for programme design. First, a UCB has the advantage that it reduces errors of exclusion to a minimum, but it necessitates a significantly higher budget than that needed for a selective programme. The range of estimates of costs and poverty reduction effectiveness of selective benefits (with the selection done by proxy means testing) shows the importance of getting selection right, if that is the chosen option. Second, the simulations reflect a transfer programme covering all children within the household. Similar programmes elsewhere place some restriction on the number of children to be supported within each household, or cap the total transfer a household can receive. Third, the simulations focused on a fixed-level transfer (per child) and did not consider the possibility of varying the level of the transfer. Variable-level transfers may improve the poverty reduction effectiveness of the transfer where easily identifiable categories of children show different levels of poverty or vulnerability, girls and boys for example, or children in and out of school.

Thus, despite the assumptions and limitations of this type of exercise, the simulations reported above suggest that child-focused social transfers can have a significant impact on the reduction of poverty and vulnerability in Senegal.

**7.2.5 Are cash transfers affordable in Senegal?**

According to the conclusions in Section 6, Senegal has shown strong macroeconomic performance, with steady growth of close to 5% for the past few years (except for 2006, where growth dipped to 2.3%). Growth is expected to reach 5.9% over the next few years, with is in line with the PRSP growth scenario. Fiscal performance has been good, with among the highest revenue to GDP ratios in the region and fiscal deficits generally under control. The development agenda is highly leveraged by donor funds, although the state has commitment to greater expenditure on priority poverty reduction sectors, including basic social services, as a share of total government expenditure in line with the second PRSP. Social protection is one of the pillars of the PRSP and thus has the potential to mobilise resources to achieve the objectives set out in it. Although spending over existing levels is not recommended, there is scope to improve the efficiency and effectiveness of public
expenditure, including in the social sector and through better targeting of government subsidies aimed at reducing vulnerabilities of the poorest – although currently not reaching that population group. Cash transfers have been identified by government and donors as a potentially more effective mechanism to address the needs of the poor than existing subsidies, as well as a more concise way to mobilise resources under PRSP Pillar 3. The subsections above have shown that cash transfers, particularly those targeted at children, have significant poverty reduction impacts on children and their households, so this subsection looks at their potential affordability in the Senegalese context.

Table 19 shows cost estimates for the two scenarios for different child-focused social transfers.

**Table 19: Estimated costs of the three scenarios**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Total cost (billion FCFA)</th>
<th>As share of total government expenditure*</th>
<th>As share of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCB</td>
<td>232.1</td>
<td>21.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>SCB</td>
<td>135.7</td>
<td>12.6%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>


Note: *Figure for total expenditure for 2008 (projected) is FCFA1080.80 billion, according to Senegal’s MTEF 2008–2010.

Table 20 shows distribution of expenditure to some social sector ministries, according to the 2008–2010 MTEF.

**Table 20: Overall ratios of social sector programmed expenditure, 2008–2010**

<table>
<thead>
<tr>
<th>Ministry</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>24.8%</td>
<td>27.5%</td>
<td>27.5%</td>
</tr>
<tr>
<td>MHMP</td>
<td>7.3%</td>
<td>7.7%</td>
<td>8.0%</td>
</tr>
<tr>
<td>MFNSWEM*</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>


Table 21 shows the current cost of existing subsidies and transfers, as a share of GDP.

**Table 21: Cost of existing subsidies and transfers as a share of GDP**

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current expenditure</td>
<td>17.1</td>
<td>14.8</td>
<td>15.8</td>
<td>14.5</td>
<td>17.2</td>
</tr>
<tr>
<td>Of which: transfers and subsidies</td>
<td>6.3</td>
<td>3.9</td>
<td>4.7</td>
<td>3.8</td>
<td>6.2</td>
</tr>
<tr>
<td>Of which: energy and food subsidies</td>
<td>3.1</td>
<td>0.8</td>
<td>1.4</td>
<td>1.0</td>
<td>2.9</td>
</tr>
</tbody>
</table>

*Source: Senegalese authorities and IMF estimates and projections (IMF 2008a).

Given these figures, we can make the following conclusions regarding affordability of a child-focused social transfer (based on evidence from the simulations presented):

- The UCB is largely unaffordable, considering that, at 21.5% of expenditure, it would cost nearly as much as the total expenditure for the Ministry of Education, at approximately 27% of planned expenditure – so together these two expenditure components would equal half of planned expenditure, which is unrealistic particularly given the diversity of funding needs in Senegal, including those in the social sector.

- The child benefit using selective proxy means test is still expensive with regard to other crucial social sector expenditure items: at a cost of approximately 12% of total budget, it would require more resources than the planned expenditure for MHMP (approximately 7.5% of planned expenditure on average), and approximately 3.7% of GDP. The cost-benefit ratio of the selective cash transfer, estimates the amount of resources (measured in billions FCFA) needed to reduce the poverty gap by one percentage point is lower than for the universal benefit, which is positive. Although it has a better cost-effectiveness, it is
important to note that targeting is complicated, particularly in a context with institutional and administrative weaknesses, as we will explore in the next subsection.

- It is relevant to note that the two scenarios simulated were chosen on the basis of comparability with the other four country case studies that are part of the larger regional study on social protection and thus were not based on the Senegalese context in particular, which explains their un-affordability. However, reflecting on the analysis of fiscal space presented in section 6, it might be possible to finance a more modest cash transfer programme than those presented in the simulations. In fact, the scenarios presented in the simulations have very significant impact on poverty reduction but are ambitious as compared to similar programmes elsewhere in Africa, given the extensive coverage proposed either through a universal benefit or a transfer to children in all poor households and the amount of the transfer, of 3,445 FCFA per child per month (approximately 7 USD) with other programmes in Africa ranging from transfers of 2 USD per household member (Mozambique) to 7 to 13 USD per household in Ghana (Barrientos and Holmes, 2007).

- Still, at 3.7% of GDP, the cost of the targeted child benefit is lower that the current expenditure on transfers and subsidies which, in 2008 for example, were equivalent to 4.7% of GDP, while the cost of food and energy subsidies were 1% of GDP in addition to that. Given that the reduction and better targeting of some of the existing subsidies and transfer could be a source of fiscal space for a cash transfer programme, its affordability is possible – bearing in mind that the reduction in current transfers would need to be significant and with political costs (such as possible protests by the population affected by the reduction). As explained before, part of the resources for the cash transfer could also come from efficiency gains in expenditure in other sectors, so that the reduction in existing transfers and subsidies would not need to be large. Reallocating resources from other sectors would imply an overall budget examination of what sectors are utilising a greater share of public resources and their cost effectiveness. This could be done if there was political will to support a child-focused social transfer, given its important impact on poverty reduction. Given the recurrent nature of a child-focused benefit, it would not be advisable to fund the cash transfer through aid, given that donor funds can be unpredictable and generate important interruptions in the programme’s delivery. Further, acquiring internal debt for financing of the programme would be risky and probably not sustainable, bearing in mind the recurrent and medium- to long-term nature of a cash benefit programme.

- Other possible ways in which short-term affordability could be achieved for a cash transfer programme in Senegal to be explored include the following:
  - There is scope for the amount of the proposed transfer to be reduced to 10% or 15% of the poverty line rather that 30%, as long as the amount of the transfer is still significant enough to provide a support to beneficiary households.
  - The programme could target children in a more narrow age range rather than children 0 to 14. For example, by targeting children 0 to 5, the emphasis of the programme could be on the improvement of nutritional outcomes of young children, or it could target children of primary school age, with a focus on promoting school attendance and reducing child labour. This decision would be based on a policy choice depending on the most relevant objective.
  - Targeting could be limited to only the poorest households (for example, those in the lowest wealth quintile or decile) rather than all households under the poverty line, as in the case of the simulation using the proxy means test. Such an option, however, should take into account the complexities and costs of targeting, to be discussed in more detail below.
  - A possibility noted in the discussion related to programme design is putting a cap on the number of children per household that receive the transfer, although the feasibility of this option would need to be explored in more depth.
Another way in which short-term affordability could be achieved, particularly if a programme is to be introduced in phases, is through initial geographic targeting focusing the intervention on the most impoverished areas with the lowest indicators for children’s well-being. However, it is clear that in a country with such a high incidence of poverty, this form of targeting would miss poor households in relatively better-off regions (and could risk including wealthier households living in poorer locations).

- A possible way to ensure affordability as well as to facilitate implementation would be for the introduction of the child-focused transfer to be sequenced and gradual, with geographic targeting in addition to the means test, focusing the intervention on the most impoverished areas with the lowest indicators for children’s well-being. Successful piloting in selected regions and identification of the complementarities of such a transfer with other social services (for example, by increasing demand for health and/or education) could generate knowledge to replicate such a programme elsewhere and rally political support towards the intervention as a better way to reduce poverty and vulnerability, particularly among children, while requiring less budget allocations at the outset, allowing time for a reallocation from other sectors and programmes. If successful, it might be politically easier to reallocate resources to the social transfer programme from other interventions with less impact on poverty reduction.

In any case, the programme cost could be significantly reduced by using one or combining several of the criteria above, implementing the programme in a sequenced manner that is appropriate to the Senegalese context and more affordable and sustainable for the State over the medium to long-term, given budgetary and economic constraints. A more modest programme would have a lower impact than the options presented above, but would still present a significant policy option for poverty reduction, as could be shown through further simulations or piloting. Successful piloting in selected regions and identification of the complementarities of such a transfer with other social services (for example, by increasing demand for health and/or education) could generate knowledge to replicate such a programme elsewhere, while requiring less fiscal effort at the outset. If successful, it might be easier to rally political and financial support for scaling up the cash transfer programme.

In order to create fiscal space to finance a more modest cash transfer programme, one of the more feasible options (as analysed in section 6) is to reallocate resources from other sectors – although clearly not social sectors where there are still significant financing gaps that need to be filled to ensure quality access to services. As suggested above, one of the clearest reallocations could come from poorly targeted subsidies that have shown inadequate results, however, an adequate reallocation would imply an overall budget examination of what sectors are utilising a greater share of public resources and their cost effectiveness. Such an exercise could more easily be done if political support was rallied for a child-focused social transfer based on evidence of its potential impact on poverty reduction. Also, realigning resources from current social assistance and social action programmes in a more cost-effective way could free up resources in the sector to allocate toward such a programme.

### 7.3 Does targeting make sense in Senegal?

The decision as to whether to target social protection programmes raises discussions among analysts and practitioners of social protection, particularly with respect to low-income sub-Saharan African countries where poverty is widespread and the aim is to reach as many people as possible. However, public resources are limited, so decisions generally need to be made about how to make programmes more affordable. Further, when government resources are very scarce it is attractive to concentrate efforts to raise income on some ‘target group’ of poor households or individuals in an attempt to achieve the maximum impact.
from a given poverty alleviation budget or, equivalently, to achieve a given impact at least at budgetary cost (Coady et al 2002).

On the other hand, there are important administrative and capacity challenges to consider, which can increase the complexity of targeting. For example, some critics have argued that poverty targeting requires information to identify poor households that may be difficult and expensive to collect, as well as administrative conditions that low-income countries may lack. Other factors to consider are the risk of inducing social costs such as stigmatisation/reinforced exclusion of beneficiaries or social tensions among recipients and non-recipients (Coady et al 2002; Jones et al 2008). On the other hand, Adato and Hoddinott (2007) and Coady et al (2002) argue that targeting social protection programmes is a means to an end, where the end is ensuring that poor households are the ones who benefit from social protection programmes.

### 7.3.1 Current situation in Senegal

If a cash transfer programme were to be introduced in Senegal, targeting would make sense given that:

- Although, as we argued in Section 6 above, there is some scope to allocate fiscal resources to social protection, there are still budgetary constraints that would limit the scale of such an intervention. As the analysis of cost in Section 7.2.5 indicated, adequate targeting would be a way to maximise the benefits of the programme, given its scale and the resources that could potentially be mobilised to finance it.
- There have been discussions and analysis showing that some government transfers and subsidies in Senegal are poorly targeted, with public resources subsidising consumption of the richer quintiles rather than the poorest. As explained in Section 6.3.2, a recent PSIA by the IMF provided evidence of such mis-targeting (IMF, 2008), which crowds out public funds from programmes benefiting others who are in more need of support, mainly in rural areas (World Bank 2008). Thus, developing an evidence base targeting methodology that focuses on vulnerable groups could increase the legitimacy of the intervention.
- Given that the share of aid in Senegal is significant, particularly in the area of social development and social protection, donor funding could be used to develop a solid poverty/vulnerability mapping and targeting mechanism, which typically are expensive to carry out.
- As seen in the simulation, considering a child-focused cash transfer, with categorical targeting (of school-aged children, for example), might be an effective way to focus the support, especially if the programme has further geographic targeting. In Senegal, some studies (e.g. UNICEF and ILO, 2007) have already provided evidence of which rural areas are pushing children to migrate to urban centres. A pilot cash transfer programme or the initial phase of such an initiative could perhaps analyse the impact on the likelihood of migration for children beneficiaries and the impact of the transfer on them and their household.

### 7.3.2 Exploring different targeting mechanisms

The section below presents a range of possible targeting mechanisms that have been used internationally on different social protection programmes. After a brief definition of the most common types of targeting mechanisms presented in Box 1 below, we will analyse the applicability of some of these different targeting methods – in relation to their cost, administrative requirements and targeting efficiency in the case of Senegal.

**Box 1: Targeting methods**

Targeting is characterised by four stages:

1. A set of policy decisions about who is to be supported through transfer programmes;
2. The design and implementation of mechanisms to ensure that support is provided to those intended, with minimal errors of inclusion and exclusion;
3. The processes of identifying those people, and of keeping such lists up to date; and
4. Ensuring that intended beneficiaries understand their entitlements.

In practice, a number of targeting methods are usually combined to achieve maximum effectiveness.

Common targeting methods include:

**Individual/household assessment**, which involves direct assessment, household by household or individual by individual, to determine whether an applicant is eligible for the programme. This is usually done using a means test or poverty indicator instruments. This method is the most technical and labour-intensive and therefore requires a great deal of institutional capacity. Among the types of household assessments, there are different types of mechanisms which vary in degree of consistency and therefore require different degrees of administrative and institutional capacity to carry out.

**Verifiable means test** collects (nearly) complete information on a household’s income and/or wealth and verifies the information collected against independent sources such as pay stubs or income and property tax records. This requires the existence of such verifiable records in the target population, as well as the administrative capacity to process this information and to continually update it in a timely fashion. For these reasons, verified means tests are extremely rare in developing countries, where the poorest households receive income from a range of sources and formal recordkeeping is non-existent.

**Simple means test**: This test requires no independent verification of income and is relatively common. A visit to the household by a programme social worker may help to verify in a qualitative/visible way if the standard of living, which reflects income or wealth, is more or less consistent with the figures reported. These types of simple means tests are used for both direct transfer programmes and for fee-waivering programmes, with or without the visit to the household.

**Proxy means test** is increasingly being utilised, although it is still relatively rare. These tests denote a system that generates a score for applicant households based on fairly easy to observe characteristics of the household, such as the location and quality of the dwelling, ownership of durable goods, demographic structure of the household and the education and, possibly, occupation of adult members. The indicators used in calculating the score and their weights are derived from statistical analysis of data from detailed household surveys, which are too costly to be carried out for all applicants to large programmes.

**Community based-targeting** uses a group of community members or a community leader whose principal functions in the community are not related to the transfer programme to decide who in the community should benefit and who should not.

**Categorical targeting** involves the definition of categories, all members of which are eligible to receive benefits. It involves defining eligibility in terms of individual or household characteristics that are fairly easy to observe, hard to falsify and correlated with poverty. Categories commonly used include age (children, the elderly, youth); geography (or poverty mapping); gender; and ethnicity.

**Self-selection programmes**. Here, access to programmes may be unrestricted, so that they may appear untargeted, but the design makes the programme attractive only to the poorest (for example, the transfer is given to those participating in some form of hard labour, the transfer is in the form of a lower quality product or the administrative cost of getting registered to receive it is too high), who are likely to have lower private participation costs than the better-off.


According to evidence from the simulations in Section 7.2, in case of a child benefit in Senegal, it would be more cost effective to have a targeted programme, given the high cost of a universal benefit (which makes it unaffordable for the Senegalese State), despite the risks of exclusion. As seen in the table above, there is a range of targeting mechanisms and it is important to explore which would be most applicable in the case of a child benefit for Senegal.

It is uncommon to find only one targeting mechanism used at a time. In the case of a cash transfer aimed at reducing childhood poverty, the first targeting used is categorical, based on age (for example, 0 to 14) since it is only households with children who would benefit. This is a relatively simple filter to use, although in the Senegalese context there are important
challenges, given the fact that 42.2% of the population are below the age of 15 years old (ESPS 2005–2006). With an estimated 45% of children under the age of five with no birth registration (DHS 2005) and approximately 20% of children not in school (the gross enrolment rate was 82.5% in 2005 according to the MDG Progress Report – République du Sénégal 2006b), it might be difficult to identify all the potential beneficiary households. Children would need to be identified and registered to obtain the benefit, which would require administrative support as well as outreach campaigns so that children, even in the most remote (and often poorest) communities, which would be the most benefited by the transfer, are able to benefit.

Although poverty in Senegal is widespread, regional disparities render targeting difficult. However, in order to carry out a phased targeting approach one possibility is to begin with geographic targeting to narrow down the number of beneficiaries, as suggested above, focusing first on the areas where the largest number of children are migrating from (which might be an indication of unsustainable living conditions at home; these regions, according to the recent study on child beggars in Dakar (UNICEF and ILO, 2007) are: Ziguinchor, Thiès, Diourbel, Kaolack, Fatick and Saint Louis). Another possibility is focusing on the poorest regions. Targeting can be further refined through one of the mechanisms for household or individual targeting. In the case of a child-focused cash transfer, data on children’s nutritional status and level of enrolment – two major determinants for child poverty – can be used to develop a poverty map for an initial cash transfer intervention (i.e. targeting areas where these indicators are faring more poorly). A multidimensional index of poverty, like the one that can be found in a recent child poverty study for Mali (on child deprivations in UNICEF Mali’s Childhood Poverty Study (UNICEF Mali and République du Mali 2008) can also be developed so as to undertake a childhood poverty mapping to determine a first phase of interventions without the need for too much administrative capacity. However, geographic targeting on its own would likely generate errors of inclusion (that is, include beneficiaries who do not meet the selection criteria) and a number of beneficiaries too large for the cash transfer programme to afford, so it would require further refinement.

There are advantages of using individual- and/or household-based targeting in terms of minimising errors of inclusion and thus ensuring resources available reach the intended beneficiaries. However, there are complexities in targeting that can make it problematic for a developing country to implement such a targeting mechanism. The applicability of three of the different household targeting mechanisms in the case of Senegal is explored below, based on Coady et al’s (2002) mapping of economic, social and institutional conditions required for targeting.

The effectiveness of targeting based on a means test depends largely on being able to collect reliable information on total income at a reasonable cost. In general, means testing carries higher costs associated with the collection and verification of information than categorical methods, but these vary according to the level of information required. In the case of Senegal, current selection of beneficiaries for social assistance programmes is based roughly on simple means testing, although it works slightly differently, since this is not pre-programme targeting but rather an examination of candidates on a case-by-case basis, once these submit their demand for support through local CPRS. Thus, to increase the potential effectiveness of a simple means test in Senegal, it would be necessary to develop the technical and administrative capacity of CPRS to carry out this type of targeting. However, according to information from our interviews, CPRS, which are currently responsible for implementing social assistance transfers, have been found to be poorly staffed and under-budgeted and of limited capacity. Therefore, despite already having these structures in place, the need for investment - in terms of skills development, systems and costs – should not be undermined given that the scale of a cash transfer programme, with the number of beneficiary households in the order of tens of thousands, is much greater than the existing reach of social services which currently only have the capacity to reach hundreds of households, at the most.
Further, testing tends to rely on information provided by the individuals only, which can pose problems of inclusion (for individuals who misrepresent their status) and exclusion (for those individuals living poverty whom social workers are unable to reach to include as beneficiaries of the programme). Thus, one of the prerequisites of undertaking simple means testing effectively at a larger scale in Senegal would be to ensure that administrative and logistics costs are covered to ensure a thorough examination of beneficiaries, which could contribute to guaranteeing adequacy of information for targeting. In terms of social costs, means tests can generate social stigma and tensions between beneficiaries in a community and those excluded, particularly in a context where communities are not used to having selective benefits and the difference between households' living standards is often not distinguishable. In Senegal, this type of cash transfer, which may be seen as a form of charitable 'handout' rather than a support for development, might be rejected if it is not accompanied by an adequate communications campaign explaining its value for poverty reduction and human development (authors' interviews, 2008).

In the case of community-based targeting, where the effort of collecting information on beneficiaries is passed on to the communities receiving it, there might difficulties with community leaders who might find it socially and politically difficult to make such distinctions among local households or might benefit households who are closer to them. Discussions with social anthropologists in Senegal during the course of the research suggested that local-level targeting has generally resulted in problems of clientelism and could pose the same problems for selecting beneficiaries for a cash transfer programme. Given strong community and family ties in Senegal, most interventions tend to be based on the community and generally channelled through local committees or associations. Such an approach can be exclusionary, given that the most marginalised – who are the potential beneficiaries of the programme – are typically excluded from such community associations (or at least are not the first to be favoured by them). This is an issue to consider in more detail to avoid problems of sustainability and to ensure effectiveness of the transfer. However, if adequately implemented, community-based targeting can also help achieve ownership and community buy-in, despite entailing significant transaction costs for community members, particularly problematic for poorer communities, where leaders are often illiterate.

Nevertheless, some of the advantages of simple means testing and community-based targeting in the case of Senegal is that they do not require as highly skilled individuals to undertake the targeting as a proxy means test would. Also, without underestimating the difficulty of obtaining full information from all potential households (which could lead to errors of exclusion and be administratively costly), having those responsible for targeting closer to communities can mean better differentiation between poor households and better-off ones according to locally specific characteristics, making it easier to ensure that the beneficiaries targeted are in fact included. Additionally, these two targeting mechanisms can be more successful in terms of approaching a greater number of households for registration and enrolment in a cash benefit programme.

Proxy means tests are a different method of household targeting, developed to deal with some of the difficulties associated with collecting and verifying detailed information on household income or consumption levels in many developing countries. Proxy means tests use a relatively small number of household characteristics taken from detailed household survey data to calculate a score that indicates how well-off the household is and to determine eligibility for receipt of programme benefits. Once variables have been chosen, statistical methods are used to associate a weight with each variable. A key feature of proxy means tests, which can be seen as an advantage or a disadvantage, is the formulaic nature of its calculation of need. This is useful for making replicable judgments using consistent and visible criteria. Since it uses fairly straightforward information that is relatively easy to collect and simple to interpret, a well-instituted proxy means test should guarantee 'horizontal' equity – which means that the same or similar households (at least in terms of the variables chosen) will receive the same treatment. A target group selected in this way can also be monitored quantitatively; in the case of Senegal, this is useful for the government in fighting
corruption and minimising the politicisation of programme entry. Further, in Senegal, where cash transfers tend to be seen as ‘handouts’ and not as a means to stimulate households to exit the poverty cycle, an objective rationale for the targeting, such as that defined by the proxy means test, might be useful for justifying the intervention to the community.

Common disadvantages associated with this targeting mechanism include the need for adequate technical skills to carry out the relevant statistical analysis and the availability of detailed household survey data, which is not a problem in Senegal given the technical capacity of the national statistics agency. Another requirement is the technical, administrative and logistics capacity to implement the programme. This might be more problematic, given administrative weaknesses already discussed in the context of social sector programmes. Another disadvantage is that the rigidity in proxy means testing does not take into account special circumstances pertinent to the household or community that would classify them as recipients of the benefit. In this sense, proxy means testing has a built-in error: the formula is designed to be correct on average but will not correctly categorise every household. Basing the choice of variables on analysis of existing household surveys will also rule out many variables that a locally sensitive field observer might suggest. These two elements could cause problems of exclusion. This might be problematic in Senegal, where the incidence of poverty is significant. As with the other forms of means testing, administrative and institutional arrangements associated with collecting and verifying information are crucial to ensuring low errors of exclusion and that the targeting is comprehensive and accurate. In this sense another problem with this targeting mechanism is that, although the definition of the criteria and weight of the household characteristics is made through statistical methods, the selection of the actual households meeting those criteria is done by enumerators, based on observation, which could allow for a clientelistic inclusion of households who do not meet the criteria if there are no adequate control mechanisms that guarantee the transparency of the selection process. In this sense, it is worth pointing out that such a targeted approach should be accompanied by extensive outreach to ensure more households register and thus limit exclusion.

After analysing the simulation results and the different targeting mechanisms, it could be concluded that targeting in Senegal is necessary to ensure programme affordability and sustainability in the medium term, and that a combination of targeting mechanisms would be the most effective. However, the most convenient household or individual targeting mechanisms would depend on the availability of resources, institutional structure, capacity to work with communities and ultimate objectives of the programme, and should be chosen considering a range of important variables and characteristics. Administrative and institutional constraints, as well as evidence of leakages of funds in the flow of resources to social programmes, should also be considered to inform programme design, to ensure that mismanagement of resources is minimised in order to maximise the effectiveness of the cash transfer to reduce poverty and vulnerability of children and their households.

### 7.4 Stimulating the demand for basic social services in Senegal

According to our framework for the analysis of social protection, in addition to its protective aspects, its preventive and promotional dimensions are also crucial, particularly in the case of children. Consequently, enabling access to quality social services that will contribute to human development is an important dimension of social protection. In the case of children, social protection mechanisms in the form of direct transfers of cash or in-kind support to improve households’ livelihoods can also serve to reduce cost barriers to basic social services from which the poor can potentially be excluded and reduce opportunity costs of accessing such services. For example, by providing a cash transfer, a household might be compensated by part or all of the foregone income from child labour or other alternative uses of children’s time which compete with schooling. These types of social protection interventions are generally dubbed ‘demand-side interventions’, as they stimulate the demand of children and their carers for basic services and direct assistance. Cash transfers
are thus a prototypical demand-side social protection intervention (Barrientos and DeJong 2004).

However, these demand-side approaches need to be accompanied by the adequate supply of basic services, which is often one of the crucial barriers to access in many sub-Saharan African countries. Thus, when the supply of basic services is lacking, cash transfer programmes can increase household income but not affect household behaviour in relation to the consumption of basic services (Janvry and Sadoulet 2006). Also related to access to services is the conditionality often tied to cash transfers to ensure that additional household income will be used to improve children’s well-being, which will be explored in the next section.

Although more research is needed to identify more directly the causes of poor access to basic social services, with information disaggregated by gender, geographical location, wealth quintile and age group, some existing evidence presented below allows us to make some inferences about (direct and indirect) costs continuing to be a important barrier to access, even when the service is available.

**Table 22: Net primary school enrolment rates per wealth quintile (%)**

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>Male</th>
<th>Female</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>42.2</td>
<td>41.8</td>
<td>42.1</td>
</tr>
<tr>
<td>Poor</td>
<td>51.8</td>
<td>50.3</td>
<td>51.1</td>
</tr>
<tr>
<td>Middle</td>
<td>54.0</td>
<td>57.9</td>
<td>55.9</td>
</tr>
<tr>
<td>Rich</td>
<td>67.7</td>
<td>68.0</td>
<td>67.9</td>
</tr>
<tr>
<td>Richest</td>
<td>80.7</td>
<td>77.6</td>
<td>79.0</td>
</tr>
</tbody>
</table>


Table 22 shows a clear correlation between wealth and rate of schooling, where only 42.1% of children in the poorest households are enrolled in school, in comparison with 79% of the richest (gender differences in enrolment are not significant, except in the richest quintile). This pattern would suggest that costs related to schooling – direct, indirect and opportunity – are obstacles to children in poor households attending schools. Therefore, an income incentive to households could be potentially beneficial for enrolment.

ESPS 2005–2006 data on access to primary schools shows that, on average, 81.2% of households have a school within a half hour distance, with significant disparities between access in Dakar (95.6%), other cities (93.9%) and rural areas (69.5%). Therefore, although demand-side incentives might improve the access of poorer households, significant investment in supply of schools in rural areas is still required so that children can attend schools, reducing the opportunity cost of transport (among other constraints) to a school that is more than a half hour away.

Interestingly, in the case of health, according to respondents' answers to the 2005–2006 ESPS survey, costs were not cited as a major obstacle to accessing health. According to survey data, 93.7% of individuals mentioned they had not used health services because they were not necessary, but only 1.4% mentioned high costs as the main cause. This proportion was the same in rural and urban areas, despite the higher incidence of poverty in rural areas. Nevertheless, several health indicators analysed according to wealth quintiles show that poorer households perform worse than richer households, which would indicate that there is a link between household income and uptake of health services;

**Table 23: Selected health indicators according to wealth quintile**

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>Birth with qualified health service provider (%)</th>
<th>Infant mortality rates (per 1,000 live births)</th>
<th>Child mortality rates (under 5) (per 1,000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>20.1</td>
<td>89</td>
<td>183</td>
</tr>
<tr>
<td>Poor</td>
<td>30.7</td>
<td>85</td>
<td>164</td>
</tr>
<tr>
<td>Middle</td>
<td>54.9</td>
<td>73</td>
<td>136</td>
</tr>
</tbody>
</table>
This link can be the result of insufficient access to health services for the poor or lack of awareness of the benefits of accessing formal health care as a result of cultural or educational barriers. With regard to access, ESPS 2005–2006 data show that, while 50% of households in urban areas are within a 15-minute distance of a health centre, the figure for rural households is only 34.7%. What is more, 40% of rural households are an hour or more away from health centres, underscoring the inequality in access. This inaccessibility of access for the poor can be a reason that formal health centres are not even being regarded as necessary. Thus, in the case of health, significant supply-side interventions are needed to increase access to health services, while demand-side interventions such as cash transfers might have only a marginal impact, at least in the short run. Section 8 explores in more detail the potential contributions of Senegal’s strategy for extension of health services as a means to ensure poor and vulnerable households can afford health services.

From the evidence provided above, demand-side approaches do not imply that supply-side interventions should be neglected. It is clear that significant investments are still needed to improve access to basic social services, particularly in rural areas, where the greatest number of poor and vulnerable households are located. In this sense, Senegal’s commitment to investing 40% of total expenditure to social sectors is a positive signal of the recognition of the deficiencies in access and quality that still exist. As discussed above, one of the ways to ensure better financing to social services is tackling issues of expenditure efficiency, since relative allocations are already significant – higher, for example, than averages for the region (see e.g. Handley 2008a). Efficiency gains can have an impact on the effective supply of services. At the same time, and without allocating necessary resources away from basic social sectors, resources for cash transfers can be reallocated from badly targeted and inefficient subsidies and transfer. As the quality of social sector spending improves, it is possible that further resources can be liberated to allocate to demand-side interventions, without undermining supply.

In fact, given that Pillar 2 of the PRSP is focused on ‘improving access to basic services’ and Pillar 3 on social protection, it would be useful to support research to identify the types of constraints to access and consequently the emphasis that needs to be placed on these supply- and demand-side interventions according to the context to maximise uptake. In this sense, it would also be important to encourage dialogue among stakeholders involved in sector programme development to see how complementarities between supply- and demand-side approaches can be built into the design.

7.5 Pros and cons of conditionality of cash transfers in the Senegalese context

Cash transfers can be made conditional to specific behaviour of beneficiaries. In the case of child-focused cash transfers, typical conditions include regular school attendance by all children in the household and following specific health practices such as vaccinations and periodic checkups (Janvry and Sadoulet 2006). However, there are ongoing debates about whether conditionalities work or whether the cash transfer in itself brings about positive behavioural results. There are also arguments that suggest that conditionalities could exclude the most vulnerable, particularly in contexts where supply to basic services is not available, and so potential beneficiary households would be automatically excluded from fulfilling these conditions (Save the Children et al 2005).

Evidence in favour of conditional cash transfer comes mainly from experiences in Latin America, where conditional cash transfers (CCTs) have been successful in reducing household income poverty while increasing children’s human development as measured by
education and health outcomes (Barrientos and DeJong 2004; Janvry and Sadoulet 2006). But there is limited evidence to show to what extent the success is the result of the transfer or of the condition (Handa 2008). Despite some quantitative analysis to separate the effects of the transfer (income effects) from the effects of the condition (substitution effects), results are still inconclusive. More robust evidence combining quantitative and qualitative methodologies might help with developing more robust evidence about the need for a conditionality. Nevertheless, there is a growing evidence base of 'unconditional' cash transfers that are yielding positive human development outcomes as well. Recent examples of unconditional programmes in Malawi and Ecuador have shown positive outcomes on child schooling and health outcomes (ibid).

One possible approach to the discussion is to design the programme according to its main objective. According to Janvry and Sadoulet (2006), CCTs are better when there is under-use of school and health facilities, and increasing their use is the objective of the transfer. However, if the programme objective is to transfer cash to the poor with children, unconditional transfers are best. There are also other considerations to be weighed, including specific contexts where the condition might be needed to ensure the benefit reaches children, when there is a risk of reducing uptake as a result of a stigma attached to a handout versus a CCT, as beneficiaries might see it as a benefit rewarding a positive behaviour, among other things.

Ultimately, there is evidence to show that both conditional and unconditional transfers result in improvements in children's developmental outcomes. Perhaps the choice in the case of Senegal would be related to the context, including decisions over supply capacity, monitoring capacity and supply quality (Handa 2008). In regions where these are limited, such as rural areas, where many of the target households would be found, an unconditional transfer might be best in the short run.

7.6 Does Senegal have the administrative/governance conditions for the effective delivery of cash transfers?

Existing evidence (limited) from the small-scale cash transfer programme for which the Directorate of Social Assistance is responsible point to the fact that the institutional setup is not the most effective for delivering the grant, with insufficient outreach and coverage and limited capacity for targeting other than individual assessments based on beneficiaries demands. CPRS have been found to be poorly staffed and under-budgeted, with limited capacity. It is clear that any cash transfer programme would need to weigh whether to: i) invest heavily in strengthening the capacity, skills and resources of existing CPRS while extending this structure; or ii) develop a new mechanism and institutional structure for delivery which addresses the constraints of existing mechanisms. In the case of Senegal, the development of local level of financial institutions (rural banking system and microfinance institutions) as well as an extensive postal network should be considered a possible mechanism through which to channel cash transfers to beneficiaries at lower administrative costs and with lower risk of leakages.

Finding alternative mechanisms to transfer resources at the local level is particularly relevant given that financial decentralisation in Senegal has not been fully functional, which would not allow for the implementation of a cash transfer by local governments.

As explained in an earlier section of this study, there are concerns with the administrative capacity and good governance of institutions in charge of delivering public programmes, particularly at the local level, where there is less capacity and lines of accountability are unclear. Interviews with donors for this study indicated that poor governance is a major constraint for adequate social programme implementation, with significant leakages of funds, although these have still not been measured. This issue is a major concern in terms of the
Nevertheless, there are possible solutions to this administrative/governance problem. These need to be further explored, but could improve the possibility of undertaking a cash transfer programme. The first option is building into the programme from the outset monitoring indicators and a clear mechanism for assessment of processes and outcomes at any point in time, supported by transparency in information (budgetary and programmatic). A second solution relates to the potential for strengthening governance as part of the government’s commitment to Pillar 4 of the PRSP, which focuses on improving governance and strengthening decentralisation. This could translate, for example, into ensuring that the cash transfer has a clear and transparent mechanism for delivery, with accessible rules of operation and in-built checks and balances. However, significant progress on governance and best practices for programme implementation is likely to be a medium-term challenge, going beyond the current PRSP period. Lastly, a perhaps simpler option is to develop a transfer mechanism that minimises administrative costs and human interventions, for example, by centralising the responsibility for the transfer in one office at the regional level, which then delivers the grant through the post office or the banking system (increasingly developed in rural areas). Interestingly, given the growth of remittances in Senegal, new channels for transferring resources have been developed; the cash transfer programme could take advantage of these for more penetration.

7.5 Concluding remarks

A range of international examples of cash transfer programmes in diverse regions of the world, from Latin America to Africa, have shown their positive results on poverty reduction and, when targeted at children (in or out of households), on child poverty reduction (Barrientos and Holmes 2007). Further, empirical evidence for Senegal using national household data presented in this section shows that a cash transfer programme could have a positive impact on the reduction of child poverty.

Possible constraints for the introduction of such an intervention include political will, available fiscal space and technical and administrative capacities for its implementation. However, in the case of Senegal, there is a growing interest in exploring cash transfers as a more effective mechanism to reduce poverty, as well as being a useful tool to articulate support to poor and vulnerable children, who are a specific target of Senegal’s NSPS and its PRSP. Further, although fiscal resources are limited in Senegal, the good performance of the economy and the possibilities for reallocating resources from less performing programmes (for example, subsidies and transfers which are not pro-poor) opens the possibility for generating fiscal space for introducing a cash transfer programme, although its scale and reach would need to be defined according to its objectives, targets and resource availability over the short and medium term.

Senegal has made progress in recent years in the supply of basic services, although there are still significant challenges in access to quality services, particularly in rural areas, where there are significant differentials in access with respect to urban areas, and where most of the poor live. Thus, a cash transfer programme would need to be developed in a way that it does not crowd resources out of investment in basic social services. However, a cash transfer programme to poor households with children could be a helpful mechanism to strengthen uptake of services, so complementarities can be strengthened. As the quality of spending in the social sector improves, some resources might be reallocated to the cash transfer without negatively affecting the supply of these services.

Poor governance and weak administrative capacity remain significant constraints to the realisation of such a scheme in Senegal. This means that these elements need to be carefully analysed to inform the design of the programme, which should include clear checks
and balances and M&E mechanisms from the outset to reduce the risks of bad performance. Further, effective technical capacity building for those involved in the programme, and drawing on the most effective mechanisms for the transfer of resources, for example, through the banking system rather than through local government offices, might be ways to minimise these risks. In some countries, such as Mexico, where cash transfers have been very successful, some of these constraints have been overcome by the creation of a specialised unit in charge of planning and implementing the cash transfer programme, with a mandate to work in close collaboration with relevant ministries. The administrative structure would have good technical and administrative capacity and systems in place from the outset that reduce the risk of leakages and maximise the potential benefits of the transfer. Setup costs for such a programme could potentially be financed through donor funds.
8. Analysis of potential contribution and feasibility of health insurance

Health is a key component of social protection, underpinned by principles of solidarity and equity: all individuals are guaranteed access to an adequate package of health care based on health needs and the right to health care, rather than on their ability to pay (Walsh 2008). Based on the conceptual framework, the importance of social protection health, and particularly for children, relates to the opportunity to: prevent the poverty-inducing effects of ill health and catastrophic health costs; protect vulnerable populations through relief from ill health and disease; and promote capabilities and improved income opportunities by smoothing spending patterns on health and increasing productivity through improved health and human capital. In this sense, social health protection should be embedded within a broader framework of policy and programming action, including increasing access to quality health services to the whole population and enhancing social equity, especially through facilitating the healthy development of children (ibid).

Existing social security systems that offer health social protection in most West African countries benefit formal sector workers and neglect the majority of the population, who are informally employed (mostly in agriculture) or underemployed, and thus more vulnerable to social, health and economic risks. Although these formal systems provide for dependent benefits, including some health-related services for children of beneficiaries, the population covered by such systems is very small. In Senegal, for example, only 10.5% of children receive child allowances under formal social security schemes (Annycke 2008). An even lower share of them receives health benefits, since these are not mandatory for all formal employees.

This has important implications for children and their carers who belong to households excluded from these social protection mechanisms. Although Senegal has made significant strides in improving child morbidity and mortality and is on track to achieve MDGs 4 (reducing child mortality) and 6 (combating HIV/AIDS and malaria), progress on maternal mortality indicators remains weak (République du Sénégal 2006b). Households in rural areas, where access to health services is weakest and social protection mechanisms are scarce, are those faring more poorly.

Further, formal social insurance mechanisms provide coverage only for immediate family (father, mother and children) based on a very restricted view of the family; in the Senegalese family, a household is made up of extended family, often dependent on one or few incomes, so that vulnerability extends to those beyond the nuclear family. The notion of family is an essential element of protection, as it is the basis on which all protection policies are built: the system of ‘coverage’ and ‘extended coverage’. In general, children and youth have extended coverage via adults, who themselves have difficulty in finding social protection coverage.

This section provides an overview of current health programming and its financing status. It also examines the potential for health insurance programmes, as compared with other health financing mechanisms, such as the removal of user fees, as a means to ensure better health care service provision for poor and vulnerable children and their carers.

8.1 Current health financing programming

The health system in Senegal, like in other francophone West African countries, is based on agreements in the Bamako Initiative. The Bamako Initiative, introduced in 1987 by African ministers with support from UNICEF, the World Health Organization (WHO) and the World Bank, sought to establish community participation and management of user fees through the retention of funds at the community level (Knippenberg et al 2003). This was viewed as a
means to improve quality and responsiveness of services to community demand and to ensure that user fees went towards maintaining sustainable health services and drug supply at the community level. It was developed in response to the huge under-funding of the health sector resulting from structural adjustment in the 1980s, which impacted negatively on health outcomes in the region. Community-based health financing has since been seen by some assessments as a feasible alternative to guarantee more sustainable funding and more accessible and better-quality health services for the population, by promoting local-level accountability and improved service delivery and by increasing social capital (Ekman 2004; Campbell and Jovchelovitch 2000; Mehrotra and Jarrett 2002). On the other hand, there is evidence that suggests that revenues collected from user fees at the community level are low, so cost recovery is limited (Ekman 2004).

However, even though the reorientation of health policies in the framework of the Bamako Initiative has led to an improvement in the quality of services and in access to basic care for some vulnerable populations (ILO 2002), it does not incorporate health risk prevention, which would help mitigate the costs of preventive and curative illness.

To address the dimension of health and economic risks in Senegal, the only comprehensive social security system is that provided by national health insurance institutes, to public and private sector employees’ organisations and their immediate families. However, this coverage remains limited to the approximately 10% of the Senegalese population that works in the formal sector, while the remaining 90% lacks similar protection (Annycke, 2008).

In the context of the community-managed primary health care system (SSP) introduced by the Bamako Initiative, the involvement of the general population in the management of health structures via health committees was granted in 1992. This involvement has addressed one of the concerns of the Bamako Initiative, which was the sustainable financing of health systems through cost recovery, which would help to improve health care, while relieving the state from part of the burden of the cost. In Senegal, private contributions are equivalent to 15.3% of total costs of public health care. Through decentralisation, the state has clearly indicated its intention to progressively relinquish its responsibilities towards health, by transferring responsibilities to local authorities. However, despite the transfer of responsibilities, a major constraint remains the very weak transfer of funds to local governments, so that de facto activities are still controlled by the central government. In 1994, the mutual health insurance system started evolving as an alternative for health financing for the informal sector population, helping the extension of health coverage.

In this context, the PRSP pillar on social protection includes the extension of health social protection (or health extension) which aims to: i) strengthen health mutuals and improve the health insurance system in order to have a health risk protection system that covers all of the employed labour force and their dependents; ii) establish a health risk protection system for vulnerable persons; and iii) establish social insurance systems for persons engaged in agriculture and economic players in the informal sector, crafts, etc. Ultimately, the objective is to increase the rate of health insurance coverage for the population from 20% in 2005 to at least 28% by 2010 and 50% by 2015. While this health extension mechanism includes provisions that benefit the health of children, as has been analysed, it does not include an overarching social protection measure, such as the gratuity of health care services for children.

8.2 Mechanisms to facilitate access to health care

The analysis in this subsection presents the different methods of health financing available in Senegal, including public expenditure allocations to the health sector to finance core operations of the health system and provide coverage to some specific population groups, social security systems, private health insurance (including mutual health) and fee exemptions programmes for specific groups of the population.
### Table 24: Estimate of the number of people covered against the risk of illness

<table>
<thead>
<tr>
<th>Type of system</th>
<th>People covered</th>
<th>Managing body</th>
<th>No. of beneficiaries</th>
<th>% of population covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-contributory systems</td>
<td>Public sector workers</td>
<td>MEF</td>
<td>817,193</td>
<td>7.35</td>
</tr>
<tr>
<td>People over 60 (Sesame Plan)</td>
<td>People over 60 (Sesame Plan)</td>
<td>State and IPRES</td>
<td>555,690</td>
<td>4.87</td>
</tr>
<tr>
<td>Students</td>
<td>Students</td>
<td>COUD*</td>
<td>33,000</td>
<td>0.30</td>
</tr>
<tr>
<td>Voluntary contribution systems</td>
<td>Members of mutual health funds</td>
<td>Mutual health funds</td>
<td>421,670</td>
<td>3.79</td>
</tr>
<tr>
<td>Policyholders of private health insurance</td>
<td>Policyholders of private health insurance</td>
<td>Private insurers</td>
<td>24,500</td>
<td>0.22</td>
</tr>
<tr>
<td>Compulsory contribution systems</td>
<td>Private sector employees</td>
<td>IPM</td>
<td>400,149</td>
<td>3.60</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>2,252,202</td>
<td>20.13</td>
</tr>
</tbody>
</table>

* COUD: University centres in Dakar and Saint Louis offer health care coverage for their students in public health centres paid for through state resources.

** More recent figures for 2005 show the figure to be 4.25% (World Bank 2006b).


The table above shows the relatively small number of beneficiaries of health financing mechanisms, amounting to 20% of the Senegalese population. Although some of the remaining 80% might have the possibility to pay for health costs, the majority covers those working informally or who are underemployed or not employed. These individuals lack the capacity to pay monthly contributions to a mutual health fund and so remain the most exposed to health-related risks and the shock to income that health-related payments represent. According to 2005–2006 ESPS data, only 1.4% of the population in both rural and urban areas cited costs barriers as the main reason for not seeking health care, whereas 93.7% mentioned that they had not used health services because they were not necessary. ESPS data also show that, on average, household expenditure on health is low, with health accounting for 2.4% of household expenditure (3.0% in Dakar and 1.9% in other cities and rural areas). While these data illustrate the average expenditure under normal circumstances, there are no data in recent ESPS or DHS surveys that look at the shock to household income in case of serious illness. Such data would be crucial to understand the health and economic risks to which populations without health social protection are exposed.

However, according to a recent analysis of the health sector in Senegal by the World Bank (2006b), 53% of public health expenditure is covered by the state, 32% by donor funds, 3% by local governments and 15.3% by the population, which means that the share of health care financed through out-of-pocket expenditure is not insignificant.

### 8.2.1 Social security

Under the social security system for formal sector workers and civil servants, partial preventive care and treatment are provided through social security institutes. However, coverage is not complete. Currently, part of the health extension strategy involves promoting complementary mutual health insurance for formal and public sector workers.

**State-financed care**

The costs of preventive care and health treatment are financed directly by the state. This provision covers 80% of medical costs, excluding medicines, for which the recipient has to assume the cost. The coverage of this system of health insurance extends to the immediate family of the civil servant, which is problematic in the Senegalese context, where households

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32 The ESPS 2005–2006 report does not have estimations of health expenditure per wealth quintile; estimates would have to be done separately.
are made up of immediate and extended family and where there are many polygamous households; this leaves some household members exposed.

**IPM**

This health insurance system applies to private sector employees and executives. It functions on the principle of salary deductions as contributions to risk sharing. A proportion of health costs is paid by the IPM and the system concerns the policyholder and his or her immediate family.

**IPRES**

This system was introduced by decree in 1975 and concerns retirees who have worked in salaried employment. In addition to providing pensions for retired workers, it also provides them with health insurance. Health insurance coverage concerns the beneficiary and his or her dependents. With the introduction of the Sesame Plan (explained below), IPRES now contributes 30% of this programme’s funding, so that all retirees over 65% access health care coverage through the plan’s provisions.

**CSS**

The coverage offered by this system is limited to the policyholder and only covers work-related accidents and illnesses.

**Private insurance**

This system of health insurance concerns only an extremely small section of the active population, including its coverage of family members. There is a range of mechanisms under this category, ranging from traditional private health insurance to mutual health funds, in which coverage is provided through a system of pooled resources among a relatively small group of members, and tends to be less costly than private health insurance. In practice, mutual funds and insurers offer clients a varied range of services. Beneficiaries include all private or public sector executives and managers, and liberal professions (doctors, lawyers, etc.), and increasingly some informal sector and agricultural workers in the case of mutual funds (Ntamwishi'miro 2006).

**Mutual health funds**

Among these systems, community-based private health insurance, in the form of mutual health funds, has been growing relatively rapidly, although still just above 4.25% of the population is covered (World Bank 2006b). Formation of new mutual funds—often linked to cooperatives and other producer’s associations—has become a widespread practice among civil society, contributing to the penetration of the system (Annycke 2008).

Despite the rapid development of the mutual health movement, its impact on financing of the health sector remains relatively weak. The health mutual fund system in Senegal remains largely an urban phenomenon, one with important fragilities: limited real resources (given that, on average, in 2003 there were 329 adherents per 1,200 beneficiaries) and low payment rates, with only 53% of adherents being up to date with their payments. The increasing number of mutual funds, rather than the increasing membership in existing ones, is an obstacle to their long-term sustainability (World Bank 2006b).

The state has continued to promote mutual health insurance, as a mechanism to increase health financing coverage to the informal sector, as becoming a key component of its extension strategy. In fact, under the extension of basic services component of the second PRSP, one of the aims is to develop a mutual health insurance system that covers agricultural workers, craftsmen and drivers, as well as complementary mutuals to cover health risks of those employed in the formal sector (République du Sénégal 2006b).

Mutual funds are normally supported by a strong community drive. In several cases, they are linked to microfinance institutions or professional organisations which develop mutual funds as a mechanism to offer health protection to its members. For many mutuals, given low profit
margins, management is voluntary. This can be unsustainable in the medium term and can have negative repercussions on quality, as there are no incentives for performance and a limited choice of volunteers, who may or may not have adequate capacity.

With respect to coverage of child health prevention and protection, mutuals do not have specific provisions for children. Adherents can include their dependents as part of a family premium, which has additional costs according to the number of children included. Interviews with managers of mutual health funds mentioned that, in the case of big families, not all children were registered.

**Box 2: Case study of mutual health fund in Thiès**

The mutual health fund in Thiès was created under the leadership of one woman (now its director) who, shortly after moving into Thiès and working with her husband in a shop in the market, realised that women who came to the market daily to sell a small number of goods were very vulnerable to health shocks. When a woman or one of her children fell ill, she had to stop working: in addition to the costs of treatment, she had to forgo income.

The first step was to organise women in a savings group to ensure that some funds were set aside to help overcome income shocks, but when most of the saving were used for covering health expenses, the savings group was transformed into a mutual health fund for women, aimed at reducing their vulnerability to health risks and offering an alternative to health financing.

The mutual health fund has now extended to other women who do not work in the market but who can afford to pay the fee and the monthly contributions. Only women are allowed to be ‘adherents’, but they can include their whole families (direct and extended) as beneficiaries, as long as they pay the corresponding monthly contribution for each member included. Although the fees are not low (FCFA1,000 as an initial payment plus FCFA200 monthly per beneficiary), the fund has grown significantly, with approximately 1,400 adherents and 4,000 beneficiaries. This indicates that out-of-pocket expenditure on health tends to be greater than these already important costs.

Some interesting characteristics of this mutual health fund include the following:

- It is operated by volunteers because the money paid by members is not enough to cover administrative expenses. Although this system has worked so far, it is greatly dependent on the will of volunteers, who might or might not have the capacity to manage a mutual. This constraint caps its possibilities for growth and possibly its sustainability over time (however, not all existing mutuals count on voluntary managers).
- It provides full basic health coverage and some secondary services in the regional hospital with which it has signed an agreement. In both cases, beneficiaries need to make a co-payment. There is, however, limited coverage, with patients only allowed to stay in hospital up to eight days without additional payment. After this time, they must reimburse the cost to the mutual according to the payment plan. When a beneficiary stops payment, she cannot access services for that month, until payment (in arrears) is made. Delays of more than six months leave beneficiaries out, with the need to pay a registration fee again for their incorporation. An average of 30% to 40% of adherents stop payment each month.
- The director agrees that although the mutual is targeted at vulnerable women and households, these are not the poorest, since the poorest could not afford to pay contributions.
- Women can register their children and usually do although, in households with many children, usually some get out of the health plan. There is anecdotal evidence suggesting that women tend to incorporate their husbands as beneficiaries before their children, probably as it is seen as a ‘better investment’.
- The fund has found the opportunity to attach other protective measures for women to the coverage. For example, free birth and an additional (small) cash incentive are given to women on the condition that they follow a set programme for pre and postnatal care, as well as registering their children after birth.
- Despite the government’s discourse supporting the extension of mutual health funds and despite having written specific letters asking for support, this mutual – which is one of the largest in the region – has received no support from central or local government, either for training or with regard to technical or financial support. This highlights a disconnect between discourse and practice by the government, one which should be addressed.

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33 This case study is based on a field visit to Thiès in May 2008, where interviews with the managers of mutual funds were carried out and some documentation from the mutuals was collected.
8.2.2 Fee waivers

In addition to these five health social protection mechanisms for those in the formal sector, civil servants or those able to pay contributions to mutuals, Senegal has strengthened what has been called ‘health extension’, or the extension of coverage of health social protection, according to PRSP II commitments, to promote greater health access to vulnerable populations.\textsuperscript{34} This includes fee waivers for some population groups. Below are some of the programmes that have been introduced.

- **Sesame Plan**: This scheme was the only detailed priority action included in the PAP and was aimed at enabling extension of health coverage to all those aged over 65 years, a category estimated at 556,000 beneficiaries, or 5\% of the population. The scheme has guaranteed funding of FCFA1 billion, with a mixed contribution from the state (70\%) and IPRES (30\%). It was created in 2006 by a Presidential initiative and is financed through a revolving fund (which, after its initial funding, has not yet been replenished). It is managed by a national body attached to MHMP and supervised by a national coordinator. In each region, there is a unit led by the regional medical directors, and smaller administrative units (départements) under the supervision of district medical directors. Services are provided to those aged over 60 who produce digital identity cards for age confirmation. Health establishments have to provide free and complete health care to beneficiaries; invoices are then sent by health centres/clinics to the national body for reimbursement. Users’ committees have been set up to check care provision and to share information.

Up to now, the programme has reached almost 450,000 people. However, it will be interesting to monitor the continuity and financial sustainability of such a large system of subsidies in the medium term (once the initial fund needs to be replenished) – either through government funds or international financing. If the mechanisms for rollout are successful, it could potentially be a model for health coverage for other vulnerable groups such as children. One of the positive impacts of the Sesame Plan is that households with elderly members and younger generations do not have to bear the health costs of the elderly. This has the potential to allow a transfer of resources intended for health care provision for the elderly to younger generations, as well as for other forms of household expenditure, which can contribute to improving the quality of life of adults and children.

- **Initiative for free deliveries and caesarean**: The free caesarean programme is being delivered in all regions except Dakar, while the free deliveries programme is limited to five regions: Kolda, Tambacounda, Ziguinchor, Fatick and Matam. Their cost is estimated at FCFA 440 million in 2006, and is to be financed through subsidies from the state. According to a 2007 evaluation of the programme by USAID, approximately 46,000 pregnant women had benefited from the programme in 2006 (USAID 2007). Development partners such as UNICEF and UNFP are providing the state with support to finance this programme.

- **Initiative for subsidising costly health treatments**: This programme targets those who require costly health treatment, such as those with cancer, renal insufficiencies, TB, diabetes, HIV/AIDS (including the provision of anti-retrovirals) or malaria. Co-payment is guaranteed by resources from the state and donors, in the shape of subsidies to health care costs. The cost of the programme in 2006 was estimated at FCFA2.3 billion.

- **National solidarity funds**: This instrument, introduced in 2002, covers a range of social services: in addition to assistance for improving health access for vulnerable groups, it provides grants, individual assistance and social assistance in emergencies to promote social reintegration. It is funded entirely by the state through a yearly

\textsuperscript{34} Synthesis of health-related social protection programmes taken from Sow (2008).
subsidy of FCFA500 million. It targets victims of shocks and catastrophes and people living in areas with a lack of basic social infrastructure.

- **Medical assistance from the Directorate of Social Assistance**: This is assistance granted to ‘the needy’ to take care of their medical expenses. FCFA75 million has been allocated to the programme since 2007, with approximately 1,714 files reviewed between January and June 2007, which represents 0.9% of the estimated target population.

- **Coverage of hospital charges in ‘social cases’**: Social services in hospitals have a budget that enables them to cover all the expenses and benefits of patients identified as ‘social cases’, who are those considered destitute and unable to pay.

- **Coverage of ‘social cases’ in health centres**: There has been an invitation to health centres to adopt a measure to allocate 10% of revenues from health service provision to ‘social cases’ and for 5% of revenues from the sale of medicines to be allocated towards giving free medicines and ‘solidarity’.

- **Coverage of individuals with a certificate of destitution**: According to law, individuals with the certificate of destitution can benefit freely from public health facilities. If this certificate is delivered by the administrative authority (prefect or sub-prefect), it should be invoiced to MEF. If the certificate is delivered by the mayor, the local council must cover its costs. Each local council should have a budgetary line for this purpose.

- **Coverage of the destitute by the Social Security Fund**: Within the framework for individual interventions, the Social Security Fund spent FCFA12 million in 2005 to benefit the needy, whether they were members or not.

- **Coverage of the destitute through mutual health funds**: Some mutual health funds take into consideration the health costs of some destitute individuals, either through their budgetary reserves or through sponsorship. A 2007 USAID study shows that, in a sample of 15 mutual health funds, eight cover 30% of their members through these schemes.

- **Coverage for the destitute in community health centres**: In September 2005, the MHMP extended an ‘invitation’ to community-managed health centres to reserve 10% of their revenues derived from health services and consultations and 5% of the resources from sale of medicines to take care of ‘social cases’, which are defined as those unable to pay. MHMP estimates based on data from 34 districts show that care for social cases is equivalent to FCFA242 million.

It is encouraging to see that Senegal has such a range of programmes targeting health vulnerabilities of the poorest, but an evaluation the effectiveness of these mechanisms is necessary to assert whether they are in fact reaching the targeted population, to verify that they are not duplicating each others’ objectives and that they are being rolled out in an appropriate way, perhaps even identifying a way of streamlining their support. Rather than a fragmented approach with multiple exceptions and fee waivers, which probably results in significant administrative costs, it would perhaps be more cost efficient and effective to have a more comprehensive fee waiver scheme, encouraging more synergies and efficiency in the use of resources for vulnerable groups. In the context of the health extension programmes, this is an issue that should be thoroughly analysed.

### 8.3 Current targeted social protection health programmes for children

Despite the various changes in the health system, which aim to address the problem of insufficient health social protection through extension of health services, there is no fee waiver or gratuity programme to cover the health costs of children such as the Sesame Plan for the elderly. However, children and youth are benefited through different schemes that target wider population groups where children are included or children directly. These include: free deliveries; free caesarean deliveries; free anti-malarial treatment for children and pregnant women; and free immunisation coverage.
However, other health interventions for children – including consultations – must be paid for. Thus, in order to have adequate access to health care, children (or their carers) must either have enough money for out-of-pocket health expenditure or be covered by mutual health insurance – there are no specific provisions in the system for financing children's health care.

Health financing extension mechanisms such as the mutual health fund system are extending social protection coverage to more household heads and carers, who can then include their children as beneficiaries, making health-related social protection available to more children and youth, previously not considered by formal systems of welfare provision. Nevertheless, as explained before, coverage of the mutual health system remains relatively small, with a total of 129 mutual health funds and beneficiaries at only 3.79% of the population, which means that a great number of children and youth (and their carers) remain excluded, especially those belonging to households that cannot afford to pay contributions to mutual health. However, it is important to highlight that, although the fee waiver schemes presented above might not target children directly, they can benefit children indirectly through their carers.

### 8.4 Options for expanding health service financing

In addition to the health service financing system described above, a major component of Senegal’s social protection extension is its strategy to extend health service financing to the agricultural sector, essentially informal workers. For this purpose, the Ministry of Agriculture has been leading on the development of an initiative – with the support of the ILO’s STEP programme and in partnership with MHMP – to extend mutual health insurance coverage to all agriculturalists over the next few years (authors’ interviews, 2008). Given that Senegal is primarily an agricultural country and that the farming sector is structured in similar ways throughout the country, it is planned that this will become a large-scale, high-impact initiative, with its first phase starting by the end of 2008. One of this programme’s main objectives is to be able to penetrate all areas of the country.

The programme aims to address the issue of sub-utilisation of health services and bring down cost barriers to health-seeking behaviour, reducing exclusion from health services for this large segment of the population. The proposal consists of the development of local mutual health funds linked to existing agricultural cooperatives/associations, to which most agricultural producers are attached; this will facilitate reach and penetration. A national-level management body with regional and local representation will be set up to regulate registration, manage transfers of supports and agree/make payments to health providers. Local mutual health funds at the level of agricultural cooperatives will be in charge only of managing the relationship with beneficiaries. This ‘economy of scale’ in management is meant to reduce costs while ensuring minimum standards of service, while the close contact through local mutuals provides the one-to-one service.

According to information provided by ILO STEP programme specialists in Senegal, studies of the health system in Senegal have estimated that the average annual cost of out-of-pocket expenses on primary and secondary health services is FCFA13,500 per person. This scheme seeks to ensure beneficiaries can gain access to this same full coverage package of primary and secondary services, including access to generic medicines. The programme therefore plans to charge adherents FCFA3,500 per year per beneficiary; the state will be responsible for providing FCFA10,000 per person per year. The state’s subsidy would go to the national body, which would then be in charge of making payments to health providers.

The initial two-year phase of the project will be carried out in two regions, with the aim of testing the mechanism and making necessary adjustments before it is extended.

This is essentially a ‘demand-side’ approach, where the beneficiary in principle has more decision-making power but health providers are covered for the services they provide.
Through a consolidated management approach, it is planned that this system will reduce management costs and improve systems to facilitate the administration of health funds in a less costly way, with greater transparency and accountability. This consolidates movement away from gratuity of health service provision, shifting the state’s responsibility for health care financing to the provision of significant subsidies to facilitate full health care coverage.

This programme seems quite ambitious and addresses many of the concerns of the health extension strategy, but several important questions remain in relation to its feasibility:

- Will the government commit, over the long run, enough resources to provide the subsidy to all beneficiaries?
- How will this system – which aims to be non-exclusionary – take into account all those rural workers who are not able to pay an annual contribution of FCFA3,500?
- Will the system make any special provisions for improving health services and coverage for children and women?
- Will the system, if successful, then extend beyond the agricultural sector?
- Will the Ministry of Agriculture continue to be the leading agency or will the MHMP become more involved to ensure more compatibility with other mutual health insurance programmes it is promoting?
- Will donors be interested in contributing to the financing of this new scheme?

These questions will need to be examined once the programme is launched but, given its scale and the amount of resources it will absorb if it is scaled up, the system must be kept under close watch by stakeholders involved in social protection.

One significant institutional/political issue to note, however, is the apparent disconnection between MHMP and the Ministry of Agriculture in the development of the scheme. If greater coordination is not sought, supply-side problems, such as poor/insufficient service capacity, priority for beneficiaries of other mutual health insurance, etc., could arise, given that the health facilities used will be those managed and regulated by MHMP. Further, simultaneous to this process, MHMP is trying to consolidate a ‘health extension framework’ that encompasses and homogenises all different systems and mechanisms (of which there are many), to promote synergies and reduce duplications. However, the information and insights taken from a meeting with the STEP programme indicate that there is little coordination and dialogue between these two ministries (authors’ interviews, 2008).

An issue worth raising for consideration is that, given that the health financing system is moving increasingly towards demand-driven approaches, the delivery of cash transfers to vulnerable groups that could face exclusion, such as poor households with children, could be a way of ensuring their inclusion in the health financing system.

8.5 Concluding remarks

Community-based health management systems in Senegal have contributed to extending health service access. However, fees to access health services still pose a burden to poor households, which could be rendered vulnerable to further economic marginalisation through health shocks to household members, given the dearth of health social protection coverage available to them. In the case of children, the need to pay fees for consultations and treatment of disease (except malaria, which is exempt) also raises the risk that children will not receive treatment when needed.

The PRSP is pursuing an agenda of extension of health social protection aimed at extending coverage to those in the informal sector, as well as developing mechanisms to provide protection for the most vulnerable – particularly the destitute. As part of this strategy, for example, free health care is now provided to the elderly through the Sesame Plan. In order to be in on a better road toward achievement of the MDGs on infant and maternal health and given the poor performance of the poorest quintiles of the population (as presented in
Section 7.4), it would be useful to research alternative mechanisms to improve financing of health care services for children living in poor households. Research needs to be undertaken to determine and compare the costs of providing additional free services for children as well the cost of subsidising poor children's membership in mutual health insurance schemes, as an alternative that could work in the context of community health management. Given that current alternatives for health extension are being analysed, such as the development of a mutual health system for informal sector workers, it is important to ensure that children remain visible and are mainstreamed into the analysis, particularly as they are subject to specific lifecycle risks that make them more vulnerable to health shocks, which might not be accounted for in a formula for alternative health coverage. Further, mechanisms aimed at protection of the poorest of the poor against health risks must also make explicit consideration of children, not only as dependents of potential (indigent) adult beneficiaries, but also as children without a household or carer who are particularly vulnerable to health and social risks, such as street children, children who are victims of trafficking or abuse, among others. This implies looking at synergies between PRSP components on extension of health services and protection of vulnerable children.
9. Strengthening child protection services within broader social protection systems

There is a diversity of health, lifecycle and social risks and vulnerabilities that have clearly identifiable child-specific manifestations. These vulnerabilities contribute to the violation of children’s rights, including the right to protection. Some of the factors that are generally linked to children’s vulnerabilities include the lack of formal identification; inadequate state protection for children without parental care; the exploitation of children through trafficking and exploitative labour; premature entry of children into adult roles such as marriage or hazardous labour; and violence against children, which can include certain harmful traditional practices. Children affected by these factors include those not registered at birth, orphans, street children, children in early marriages and those subject to harmful labour or trafficking. Many of these factors can be linked to poverty and social and economic vulnerabilities within the household (UNICEF 2006).

To generate a system that is responsive to these vulnerabilities and can lead to a protective environment for children, UNICEF (2006) cites the following elements:

- Strengthening the capacity of families and communities to care for and protect children;
- Government commitment to child protection by providing budgetary support and effective social welfare policies targeted at the most excluded and invisible children;
- Ratification and implementation of legislation, both national and international, concerning children’s rights and protection;
- Ensuring that children know their rights, are encouraged to express them and are given vital life skills and information to protect themselves from abuse and exploitation;
- Availability of basic social services to all children without discrimination; and
- Monitoring, transparent reporting and oversight of abuses and exploitation.

These elements, taken as part of a broader child-focused social protection system, can contribute to prevent children’s vulnerabilities, regardless of their socioeconomic, gender or ethnic status, to promote their well-being and the fulfilment of their rights and to protect them against exclusion and social and economic risks. This section discusses the extent to which Senegal’s broader social protection framework includes some of these elements and how it can serve to strengthen child protection services to mitigate children’s vulnerability to poverty, neglect, violence and abuse.

9.1 Child protection priorities

A very positive step towards the systematisation of child protection into a broader social protection framework in Senegal is the inclusion of ‘vulnerable children’ as a specific category in the PRSP’s Pillar 3 on social protection. In particular, the following actions are proposed in the strategy:

In the case of at-risk children, the goal is to strengthen the priority actions to eliminate the worst forms of child labour and to protect children against all forms of exploitation, abuse, and violence. More specifically, this will involve: (i) developing a strategy for caring for and socially reintegrating children in conflict with the law and children in difficult situations; (ii) creating and building the capacities of institutions specialised in caring for vulnerable children (children of female beggars, children serving as guides for the disabled, children of women affected by extreme poverty, AIDS orphans, children victimized by drug addiction, Talibe boys, abandoned children, or children in conflict with the law); (iii) strengthening the existing legislation on child protection and taking steps to ensure its effective implementation; (iv) developing information, social communication, research, advocacy, capacity building, and direct promotion activities to eliminate the
exploitation of children by panhandling, early marriages, etc; (v) ensure better care for the children victimized by HIV/AIDS and chronic diseases; (vi) engaging in advocacy efforts aimed at the political authorities, religious authorities, traditional authorities, development partners, and the community as a whole with a view to improving the living conditions of Talibé boys; (vii) taking steps and establishing provisions for the registration of all persons in the civil registry; and (viii) continuing and strengthening the improvement of spaces and infrastructures favourable to the development of children.

Given that there is a push in Senegal to make the PRSP a functional policy framework, the explicit inclusion of child protection priorities as part of its social protection component is crucial in terms of generating the potential policy space for programmatic rollout. Many of the specific actions proposed by the strategy relate to the improvement of care practices and institutions for children who are vulnerable or already exposed to a situation of risk. Importantly, some dimensions of prevention are also articulated, including strengthening legislation and promoting grassroots social communication activities aimed at modifying cultural practices that put children at risk.

However, drawing on our analytical framework and with the premise that vulnerability and risks faced by children and their carers in Senegal are severe, multiple and with intersecting deprivations, child-sensitive social protection priorities should cut across multiple dimensions of vulnerability. Therefore, in addition to the actions proposed in this section of the PRSP on social protection for vulnerable populations, it is crucial to recognise as child protection priorities children’s development and poverty reduction to break intergenerational transmissions of vulnerability. This would include, for example, emphasising the relevance of reducing household and community poverty, which tends to force children into risky and exploitative circumstances (such as migration to urban centres or out of Senegal), early marriages and harmful forms of labour, as well as guaranteeing access to basic services. For this purpose, increasing children’s visibility in other areas of the PRSP, such as Component 2 on increasing access to basic services as well as the section on extension of social protection in Component 3, is crucial to promote a more comprehensive approach to child protection, one which includes protective, preventative, promotive and transformative measures embedded within a strategy for broader economic and social transformation.

Child protection policy development and implementation is essentially the responsibility of the Directorate for Children in MFNSWEM, with some specific actions under the Ministry of Justice. Operationally, raising children’s visibility would imply mainstreaming dimensions of child protection more explicitly into other sectoral policies and programmes, partly by fostering greater dialogue with other areas within the government in charge of implementing the component on ‘social protection of vulnerable groups’, as well as with other areas of the government, particularly through social sector ministries, working groups and child-focused centres such as the recently created Centre for Care of infancy (CAPE), which is attached to the Office of the President.

Despite the visibility of vulnerable children in the PRSP – which is uncommon in other countries in the region – there are some constraints to the general understanding and operationalisation of child protection in Senegal, at both the socio-cultural and the political levels. These include:

**Socio-cultural**

- Deterioration of cross-generational informal protection processes and family/community support networks, with increasing responsibilities passed on to the younger generation;
- Cultural practices that can violate children’s rights and are not favourable to the child-protective actions included in the PRSP; and
- Issues of equity and exclusion of children, particularly of girls.
Political
- Weak implementation of legal provisions;
- Lack of budgetary resources for child protection services;
- Poor coordination among policy stakeholders in charge of child protection as well as insufficient coordination of crosscutting child protection services at the grassroots level;
- The fact that most existing social protection mechanisms are not child focused, which means that there is no guarantee that their benefits will impact directly on children, particularly in a context where children (particularly young children) are not prioritised as individuals within the household; and
- Difficulties in targeting groups of vulnerable children, in and outside households.

Having looked at some of the child protection priorities in the context of Senegal’s NSPS as articulated in the PRSP, the next section analyses the systems and institutions that are in place or that are lacking to address these child protection priorities and the extent to which child protection services in Senegal can be effectively strengthened within broader social protection systems.

9.2 Existing child protection systems

9.2.1 Institutions
Child protection is the responsibility of MFNSWEM and the Ministry of Justice. In particular, MFNSWEM includes the Directorate for the Protection of Children’s Rights (DPCR), which has a primarily policy development and coordination role. The latter holds the Direction for the Education of Young Offenders and Social Protection (DEYOSP), which focuses on social reintegration of children at risk, including those in conflict with the law, abandoned children and those not attending school, among others. However, although there has been improvement in the operation of these two directorates, there are still many gaps in the implementation of some of their plans. Further, the Case de Tout-Petits is an autonomous agency in charge of early childhood development, with the objective of providing a comprehensive range of benefits for children including education, health monitoring and nutritional support, so it can be regarded as providing a form of preventive child protection service. There are currently over 350 centres throughout the country.

With regards to the DPCR and the DEYOSP, one of the most significant barriers is the lack of budgetary resources for the implementation of priority policies and programmes for children. This is an issue that MNSWEM on which is currently working, with the support of parliamentarians and international NGOs (such as Save the Children and Plan International), in order to promote better budgeting for children. Since child protection is part of the PRSP, there are possibilities of mobilising resources to this area, which traditionally receives little budgetary support. However, for this to happen, it is necessary to have programmes developed to which resources can be channelled.

A second institutional constraint for the development of effective child protection systems is the need to reinforce the capacity of these two directorates. In fact, the UNCRC Committee (UN 2006) recommends that Senegal “further enhances the capacity of the inter-ministerial Directorate on the rights of the child by defining its exact mandate and role and by providing adequately trained staff, particularly given its potential coordinating role to ensure that different dimensions of child poverty, development and protection have the required skills. Further, the DPRC has relatively little political weight – being inside the MFNSWEM rather than independent, it lacks the strategic position to promote coordination. Nevertheless, the recent creation of CAPE by the Office of the President has led to optimism in DPRC since, given its strategic strength, it might have the leadership potential necessary to bring different stakeholders together to develop a crosscutting child protection strategy. There is the
intention to start multi-stakeholder meetings shortly to develop Senegal's National Plan of Action for Children.

An important initiative, promoted jointly by the government and donors, is PARRER, aimed at channelling resources and support to programmes that improve the status of vulnerable children, particularly street children, through understanding and attacking the causes of the problems and developing programmes to mitigate risks. Currently, these programmes are focusing on improving centres to care for street children in urban centres, although they have the potential to be a platform to develop programmes that might better target the causes of this vulnerability, such as child poverty.

9.2.2 Legal provisions

There is quite a comprehensive legal framework in place for the protection of children in Senegal and the country has signed all international conventions and protocols regarding children. In fact, the UNCRC was incorporated into the Constitution in 2001, making all its provisions legally binding. However, there are two main constraints to the application of these legal provisions protecting children's rights in Senegal: i) decrees and regulation are very slow to be published, which means that legal provisions are slow in being rolled out to Senegalese positive law and, therefore, many are not being applied; ii) religious traditions, culture and customs, which are very strong in Senegal, frequently contradict legal norms; given the complexity involved in enforcing the law, traditional practices are still stronger. This is particularly problematic in the case of harmful traditional practices such as FGC and early child marriage.

To improve this situation, the DPCR is promoting dialogue with religious authorities and other opinion shapers to raise awareness about the need to protect children. UNICEF and other NGOs are strongly supporting this process by carrying out awareness-raising activities at the different levels of government.

With regard to existing legal provisions, the Law to Reform Child Protection was enacted in March 2007 with the purpose of strengthening response mechanisms in respect of children's protection needs. However, several decrees remain unpublished and thus the law is not fully applicable. Other relevant legislation for children includes:

- The Family Code, in place since the 1970s but frequently amended to incorporate new provisions on child protection;
- The Labour Code of 1997, which fixes the minimum age of employment at 15;
- Law No. 99-05 of 1999 prohibiting excision, sexual harassment, paedophilia and sexual assault and all forms of sexual mutilation, sexual violence and corruption of minors;
- Law No. 2005-02 (2005) against human trafficking and for the protection of victims; and
- The 2004 amendments to Law No. 91-92 to make education free and compulsory for children aged 6–16.

Since legal provisions related to children are spread over a range of laws, a Children’s Code is currently being developed to increase the transparency and accessibility of child-related legal provisions and thus facilitate the applicability of child protection regulations.

9.2.3 Role of non-government actors

In addition to government agencies’ efforts to roll out child protection programmes, this is an area in which international development organisations, such as UNICEF in Senegal, have been active, strengthening their partnership with different government agencies. In this sense, the coordinating role of international partners, ensuring synergies and complementary actions across the government to develop a multidimensional child-focused social protection system is fundamental, with UNICEF Senegal leading the way.
UNICEF is a major stakeholder in the promotion of children’s rights and child protection, working in close partnership with the DPCR. Further, UNICEF has been actively supporting the Ministry of Justice and the judiciary system in general to ensure child protection systems are strengthened. One of the first steps has involved raising awareness on the legislative framework and legal instruments for the protection of children, including national and international conventions and protocols. This has promoted realisation about the gap between these conventions and ‘normative law’ in Senegal (the internal legal system), as well as their translation into child-sensitive policies.

In addition to promoting changes in the legal framework to ensure better protection of children, UNICEF has been conducting trainings on child rights and child protection approaches to ensure that government officials dealing with these cases are more aware of how children need to be protected and reduce the potential for violating their rights.

There is also a range of local and international NGOs working for the implementation of children’s rights and child protection using different approaches, including capacity building of civil servants working on child protection (particularly in the Ministry of Justice) and lobbying with the government and with parliamentarians to approve and enact legislation pertaining to children. In particular, the National Coalition of Associations and NGOs for Children (CONAFE) is active in engaging with the government to strengthen the delivery of social protection.

Box 3: The National Coalition of Associations and NGOs for Children (CONAFE)
CONAFE was formed in 2004 and includes 212 associations and NGOs working to address the needs of children, are spread over the 11 regions of Senegal. The coalition operates under the aegis of MFNSWEM and has three strategic partners: Plan, UNICEF and Save the Children.

CONAFE has three strategic lines: advocacy, capacity building through the professionalisation of coalition members and promoting the effective participation of children. Advocacy is focused on promoting the rights of children within civil society as well as the fulfilment of commitments made by the state with regard to ratified conventions such as the UNCRC and national legal instruments. With regard to social protection, some of the main issues on which CONAFE engages with the government, through work with ministries and elected representatives, include: exploitation of children through urban begging; education; early marriage; FGC; and the harmonisation of national legal texts with those international conventions and treaties that Senegal has ratified.

In terms of child participation and in line with the push by the DPCR in MFNSWEM, CONAFE promotes child associations, children’s clubs and children’s parliaments, among others, as a way to advance children’s rights and as mechanisms of preventive child protection through raising awareness and community-level communication. In all these contexts, the coalition tries to encourage the participation of children as actors, including the involvement of children in consultations for the second PRSP.

9.3 Promoting synergies between child protection and social protection

There are ample opportunities for promoting synergies between child protection and social protection triggered by the inclusion of child protection priorities in Senegal’s NSPS and the PRSP, which fosters a systematic approach to child protection. Secondly, the fact that the DPCR sits in the MFNSWEM, the ministry in charge of coordinating the wider social protection agenda, should also contribute to closer dialogue and help mainstream child protection priorities into the social protection agenda, not only in terms of addressing the needs of vulnerable population groups (Component 3), which is particularly relevant in the case of very poor households with children, disabled children and other vulnerable children, but also, very importantly, with regard to extension of social protection (Component 2), where children are currently invisible. Addressing children’s vulnerabilities facilitates the fulfilment of their rights and more rapid progress towards achieving the MDGs. The active participation of
the Director of the DPCR in the recent review of the PRSP’s social protection component was an initial step towards this closer collaboration.

One of the concrete ways in which to link social protection and child protection is through the promotion of a child-focused cash transfer programme, as described in Section 7. This type of scheme could facilitate the extension of social protection by increasing access to basic social services for the vulnerable, particularly health, nutrition and education for children. It could also become a more effective way of targeting government assistance to the poor while contributing to the reduction of some household vulnerabilities by enhancing livelihood possibilities (if, for example, additional resources are used in income-generating activities) or mitigating income shocks that could cause families to fall deeper into poverty, often the reason children become engaged in harmful labour, abandonment of school or migration, exposing them to the risk of exploitation.

A child-focused cash transfer programme could also be linked to the efforts of PARRER, currently providing care for vulnerable children on the streets of major urban centres. Undertaking research to generate solid evidence on the reasons children leave their rural households, which are likely to be linked to some extent to the need to obtain additional resources for the household and the inability of families to support children’s indirect school fees, might be useful. This could lead to the start-up of a small-scale cash transfer programme in the main localities that children leave, by determining whether, by enhancing household income, children are more likely to remain at home, protected from the risks they incur by going to urban centres to work or to beg on the streets. It is likely that this would need to be enhanced by supply-side interventions geared towards increasing opportunities for children and their families at home.

Another possible entry point for promoting these synergies is in the multi-sector discussions currently being undertaken to promote the elaboration of a National Plan of Action for Children, a recommendation made by the UN Committee for Children’s Rights during the last review of Senegal’s progress in the implementation of the UNCRC (UN 2006). Such a plan of action must articulate the contribution of the different sectors to fulfil the CRC and promote children’s rights. As a result, it is an opportunity to articulate joint actions, which include the extension of social protection to children to reduce their vulnerability and guarantee their rights to education, health and protection from harmful labour, violence, abuse or neglect, by mainstreaming children into social protection extension mechanisms and actions. These include community outreach to engage with harmful traditional practices.

Both initiatives create spaces for multi-stakeholder dialogue and thus the probability of presenting a proposal for a systemic vision of child protection within the broader social protection system that includes a clear map of how to make sure child-sensitive social protection incorporates preventative, protective, promotional and transformative dimensions to reduce the inter-generational transmission of vulnerabilities.

UNICEF Senegal’s has been involved in the review of the NSPS and has a good relationship with multiple stakeholders and close links with the DPCR, which is leading on the development of this National Plan of Action. As such, it can support the generation of evidence through research and provide technical support to influence the process in order to better articulate the synergies to foster protective policies for vulnerable children, their carers, their households, and their communities, as well as promotional policies, e.g. a cash transfer programme. Such a programme could have multiple and parallel impacts: on the reduction of household poverty, and thus on some vulnerabilities linked to poverty, such as child labour and migration, etc; on human development; on improved access to health and education; and on empowerment, of carers receiving the transfer, who can then make more decisions in the household, and of children, who are being brought closer to the fulfilment of their rights.

9.4 Concluding remarks
Senegal has a progressive social protection agenda, defined through a comprehensive strategy. Unlike many countries, particularly in the region, this strategy includes children as specific targets of social protection and highlights the need for child protection mechanisms to reduce a range of risks and vulnerabilities for children. Although legal provisions are in place and there is political commitment as articulated by the PRSP, there is still a gap in terms of the operationalisation of child protection through a multidimensional and systematic social protection approach.

This section has highlighted the progress being made in Senegal on promoting synergies between child and social protection, but also points out some of the gaps that need to be addressed to enhance these linkages. These include more capacity building and skills development; mobilisation of resources towards concrete child protection interventions; more coordination among multiple stakeholders to mainstream children into the social protection agenda; and working at the grassroots and with traditional leaders to achieve more understanding of the need to fulfil children’s rights, particularly in the light of traditional practices that can sometimes run against principles of child protection.
10. Policy implications and opportunities for policy engagement

Senegal is undergoing a time of significant opportunities in the promotion and strengthening of its social protection system. The development of the NSPS gave more coherence to the range of promotive, protective, preventative and transformative social protection interventions in Senegal. This momentum resulted in ‘social protection and risk management’ becoming one of the pillars of Senegal’s second PRSP. Of particular importance is the fact that poor and vulnerable children were identified as a specific target group for social protection, although the protection of children from social, economic, health and lifecycle risks permeates throughout the different social protection components. In mid-2008, the first annual review of the PRSP was carried out, with a special task group in charge of assessing each pillar. The analysis and recommendations on progress on the social protection pillar were mixed, but suggest a way to improve performance and achieve the goals and targets set out in the strategy. UNICEF Senegal has been a very influential player in the process, as an active participant in the development of the NSPS to ensure the visibility of children; in the development of the PRSP, where Pillars 2 (access to basic services) and 3 (social protection and risk management) are of particular significance to children’s well-being; and in the annual review of the PRSP, where the process in social protection of vulnerable groups was one of the components making slow process, highlighting the need for further coordination and leadership, processes that UNICEF has supported. This active engagement by UNICEF Senegal has opened the doors for its policy engagement and leadership on the issue of child-sensitive social protection.

In this context, the first part of this section provides an analysis of the opportunities and challenges for policy engagement on child-sensitive social protection in Senegal, particularly for UNICEF. The second part presents the study’s key policy recommendations, drawing on the evidence presented in preceding chapters as well as on good practice examples in the field of social protection.

10.1 Opportunities for UNICEF’s engagement

According to literature in the area of evidence-based policy engagement (e.g. Court and Maxwell 2005), some of the key elements that need to be considered include:

1. An understanding of the political context, including formal institutional processes and rules as well as informal political values and cultural practices;
2. Linkages with other actors in the policy process: Policy outcomes are generally the result of negotiated processes, where evidence from research is only one of several ingredients, which include political will and available funding (Davies 2005);
3. Quality evidence and effective framing of messages: Research-informed evidence needs to be methodologically sound as well as to address policy-relevant questions and provide operationally useful ideas. If policy and practice are not taken into account in research design from the outset, it is less likely that the evidence generated will seem useful to policymakers (e.g. Jones et al 2008); and
4. Intent to shape policy: Empirical evidence suggests that research that is informed by an a priori intent to influence policy debates is more likely to be successful in doing so (O’Neil 2005). This is because there is likely to be greater investment in translating research findings into specific, measurable indicators and policy recommendations required by government officials and donors alike (see Jones 2005). In practice, this also involves the development of communication strategies and mechanisms for knowledge sharing and management.

The discussion below draws on this framework to analyse UNICEF’s opportunities for policy engagement around social protection for children, as well as providing broader policy
recommendations that could be useful to shape other stakeholder’s actions to improve the effectiveness of the social protection system in Senegal, particularly with regards to its impact on children.

10.1.1 Political context
The current momentum around the issue of social protection in Senegal has been favourable to the development of new ideas regarding mechanisms to extend and strengthen social protection, as well as ensuring the most vulnerable groups of the population are reached, according to the objectives of the PRSP.

In this sense, UNICEF has taken advantage of the context and become a key player in the social protection agenda, mainly as a result of its contribution to the development of the NSPS, its participation in the PRSP development process and its support of the PRSP annual review – including by providing funding for the evaluation of the component on vulnerable populations. In this way, it has taken a leadership role and has been present in debates, particularly on how to improve the component on vulnerable children and youth in the PRSP.

Given the complexity of social protection, a theme that touches diverse areas of policy as well as requiring concerted action across different dimensions of risk mitigation, coordination among different stakeholders involved in the rollout of the strategy is crucial. During the recently completed PRSP Pillar 3 annual review process, it became clear that problems of coordination among ministries, between donors and, more importantly, within the same ministries with different responsibilities in the strategy, were causing blockages in the realisation of corresponding PRSP targets. Thus, leadership is needed to foster this communication and cooperation, so as to facilitate progress and maximise opportunities for synergies across stakeholders. Given UNICEF’s active engagement in the social protection policy process, it could continue promoting coordination through the development of spaces, including a permanent working group tasked with monitoring progress in the implementation of PRSP-related actions and the corresponding mobilisation of resources. In the case where a secretariat is created to enhance coordination between Pillar 3 stakeholders (as has been the case for other PRSP pillars), UNICEF could play a technical advisory (and possibly funding) role to help ensure that crosscutting issues affecting children’s social protection are addressed in the different components of Pillar 3, not only in the one related to vulnerable groups.

In taking this role, UNICEF would be strategically positioned to mainstream children into the social protection strategy, through supporting relevant research, knowledge sharing and capacity building that could help rally support in favour of children’s increased visibility in child protection mechanisms. Similarly, through its work with sectoral ministries, UNICEF could be more actively involved in the development of new ideas on child-focused social protection based on international best practices, which could then be fed into decision-making processes within the secretariat and its coordination with sectors.

A general policy engagement opportunity that can be fostered by UNICEF is the continued participation of Senegalese officials in international social protection forums, such as the ongoing African Union Social Protection Regional Meetings. Interaction with sub-regional and sub-Saharan Africa peers offers the opportunity to learn from the successes and mistakes of other nations. This is particularly important in the context of a growing trend in Africa, including in West Africa, towards regional integration and policy harmonisation.

Given that this type of engagement is at a high level, the responsibilities in UNICEF would fall on the Representative or Deputy Representative. In this case, they have ample capacity and understanding of social protection to be actively engaged in this coordination process.
10.1.2 Linkages to other actors
Social protection is necessarily multidimensional and requires actions among a range of actors, including government, donors, civil society and individuals. UNICEF works at all these levels and can therefore help broker linkages to strengthen the potential to implement programmes for vulnerable children and their households, as defined by the PRSP.

For example, UNICEF’s linkages to other stakeholders can also be an entry point for its support of capacity building for national bodies in charge of social protection. Given that the weakness of technical capacities has been recognised as one of the constraints for effective rollout of social protection, UNICEF can help build the technical capacities of relevant ministries, particularly MFNSWEM, at the different levels, given that poor capacity is one of the causes of insufficient programme proposals to be developed, poor rollout of actions and hence low mobilisation of resources.

Given the relevance of donors in the implementation of the PRSP, coordination with international partners would be a crucial role for UNICEF. As a result of its presence and knowledge of the social protection sector, UNICEF could lead a thematic group of international partners on social protection in the context of the UN Development Assistance Framework (UNDAF), as UNDP currently does on governance and UNCDF on decentralisation.

10.1.3 Quality evidence
This dimension of engagement has enormous importance, given the potential for evidence-based policy engagement and policy proposals.

One concrete way in which UNICEF can contribute to developing quality evidence, given the interest by multiple stakeholders in introducing a cash transfer as a mechanism for poverty reduction and social protection, is by financing and developing the research framework for a feasibility study for a child-focused cash transfer programme. Evidence and recommendations provided in this report, along with results from a feasibility study, can provide the evidence base to rally political and financial support to fund the development of a pilot cash transfer programme – which, according to best practices, should have a design that is very similar to the envisioned large-scale project, to facilitate scaling-up. With UNICEF’s technical support, such a pilot would also have a very robust M&E framework that would enable drawing lessons for its potential expansion and sustainability.

Further, with regard to the generation of quality evidence for social protection, UNICEF has become a very strong player in the area of M&E and could engage with policymakers and technical teams in relevant ministries by supporting capacity development around this, and working together to promote the evaluation and documentation of evidence of the impact of different social programmes, in particular those benefiting children, their carers and other vulnerable groups. This could help reprioritise allocation of human and financial resources (if needed) to those programmes that are having better impacts on improving the well-being and reducing the vulnerabilities of poor households, as well as continuing to improve programme design.

Equally, given the range of NGOs, multilaterals and donors with an interest in social protection across the lifecycle and the potential for more resources to finance policy research on social protection in Senegal, UNICEF can pay attention to developing a broader research agenda that spans childhood, youth, adulthood (including pregnancy and lactation for women) and old age, to generate evidence on the impact of social protection on lifecycle and chronic poverty as well as on intergenerational transmissions of poverty. Some key actors in Senegal include, but are not limited to, French and Italian development cooperation, WFP, ILO, UNFPA, the World Bank, and Save the Children.
In addition, development of child-sensitive budget monitoring tools and methodologies will be important to allow an assessment of whether or not the government of Senegal is in compliance with its CRC commitment of ‘progressive realisation’ of children’s rights to survival, development, protection and participation, identifying trends in spending to child-sensitive sectors as well as key areas, particularly in relation to protection, where there is a near absence of resources.

10.1.4 Intent to shape policy
UNICEF has invested, through capacity building of selected staff, programme resources and time in engaging actively on social protection with the intent to influence the social protection policy agenda in favour of vulnerable children. Using existing and soon to be produced evidence to influence policymakers on how to improve programming and use of resources for social protection is an important role that UNICEF can play. Effective policy implementation requires public awareness and buy-in, for which it is important to plan and consider the best ways to disseminate findings and to use evidence to shape policy.

UNICEF could invest in building internal capacity of more staff across the range of thematic areas on social protection to increase its capacity for engagement (currently limited to one staff member, given recent staff movements in the programme) and ensure that child-sensitive social protection is not an issue discussed only in the context of Pillar 3, Section 4 of the PRSP, but a crosscutting issue that links to access to quality basic services and good governance, which are other pillars of the PRSP on which action on child-focused social protection should also focus.

10.2 Policy recommendations
After the annual evaluation of the PRSP, there seems to be a growing concern about the need to focus actions more concretely to achieve poverty reduction objectives, which include taking concrete actions regarding social protection. Although much of the impetus of the PRSP is in the area of generating growth and productivity, there are windows of opportunity to promote concrete, evidence-based alternatives that might contribute to the poverty reduction effort as well as making quicker progress towards achieving the MDGs, through increasing access to and also uptake of basic social services and reducing the vulnerability of the population to the range of shocks.

The following policy recommendations draw on the evidence and knowledge generated through the research findings and the exchange with stakeholders interviewed for this report:

- Children are visible as a specific vulnerable group in Senegal’s NSPS and second PRSP, however efforts need to be invested in ensuring their visibility across different dimensions of these two strategic policy documents. In this sense, a critical next step is to ensure effective programming on child-sensitive social protection that facilitates mobilisation of resources and implementation to reach the PRSP targets.

- There is significant interest by different stakeholders about the potential for a child-sensitive cash transfer system as a mechanism to mobilise actions and resources towards social protection. For this purpose, generating knowledge and evidence about its potential for poverty reduction and its feasibility are key. Rallying support from relevant ministries such as MEF and MFNSWEM, as well as from key donors is a useful starting point to develop further research. There is currently momentum that could be forthcoming to pursuing a pilot cash transfer programme, which in addition to contributing to social protection objectives would generate evidence that could help promote scaling up such programme.
There is currently no comprehensive child-sensitive health financing mechanism beyond specific fee exemptions for children. Existing data do not provide enough information about the link between health costs and low uptake by the poor, so this knowledge gap needs to be filled to be better able to develop feasible financing for the poor, particularly children. However, given the limited health social protection system in Senegal, a large number of poor children are effectively excluded from accessing health care services. Given health extension is an area under development, it would be crucial to explore alternatives to address the issue of child health care financing as part of ongoing analysis of different mechanisms for extending coverage.

Progress has been made in understanding of child-specific risks, as reflected in the PRSP, however, more research as to the underlying causes of these vulnerabilities is needed to help develop more effective policies. Greater efforts need to be made to improve data collection to obtain more information on risks faced by children. In this sense, while Senegal has strong regulatory frameworks protecting children, progress needs to be made in their rollout. The development of a National Action Plan for children that takes a systematic and rights based approach to children’s vulnerabilities, for example, could be a useful tool to inform policy development and to help coordinate multi-sectoral actions around social protection.

Given that social protection for vulnerable children is part of the PRSP, there is the possibility to identify space for these activities, however, it is important for specific programmes and activities that can prove to be effective in addressing these problems to be developed and approved so as to facilitate the mobilisation of national and donor funds as per PAP commitments. Generating knowledge on the cost effectiveness of child-focused social protection interventions (generated through piloting, quantitative research or international experiences) might also be useful to help leverage resources for other less effective and more costly interventions for poverty reduction in other sectors.

In addition to these broad policy recommendations, further analysis is provided in more detail in the matrix in appendix 3, and points to five broad policy implications:

1. Mainstreaming children into national social protection systems;
2. Developing and delivering child-sensitive cash transfer programmes;
3. Developing and delivering child-sensitive health financing mechanisms;
4. Ensuring social protection systems are informed by an understanding of child-specific social risks and that they adequately respond to those risks; and
5. Maximising existing fiscal space opportunities for child-sensitive social protection.

For each policy area, we consider six dimensions that need to be considered in order to ensure more effective evidence-based policymaking:

1. **Knowledge base**: How strong is existing evidence on this in the country? What do we know? What knowledge gaps need to be plugged? How can this knowledge generation and management process best be addressed?
2. **Awareness**: What is the level of awareness in the country on the need to address this area? What specific issues need to be taken into account? What would be an effective way of raising awareness levels?
3. **Policy framework**: Does a policy framework exist? How could the design be improved? Are there upcoming opportunities where this might be possible?
4. **Implementation**: What strengths, in terms of existing implementation, could be built on? What weaknesses need to be addressed and how? Are M&E systems in place? How could they be strengthened? Where should responsibility lie?
5. **Institutional responsibility and capacity**: Is responsibility for delivering against this policy area with the most appropriate agency? How could coordination, capacity, etc. deficits be addressed?
6. **Opportunities for engagement and strategic partnerships**: Which actors should do what and why?
References


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## Annex 1: List of respondents

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Organisation</th>
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<tbody>
<tr>
<td><strong>UNICEF Senegal</strong></td>
<td></td>
</tr>
<tr>
<td>Ian Hopwood</td>
<td>Representative</td>
</tr>
<tr>
<td>Mohamed Azzedine</td>
<td>Deputy Representative</td>
</tr>
<tr>
<td>Paul Quarles Van Ufford</td>
<td>Planning and Evaluation Manager</td>
</tr>
<tr>
<td>Wally Badiane</td>
<td>Monitoring and Evaluation Officer</td>
</tr>
<tr>
<td>Mamadou</td>
<td>Child Protection Officer</td>
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<tr>
<td><strong>International organisations</strong></td>
<td></td>
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<tr>
<td>Mamadou Ndione</td>
<td>National Economist, World Bank</td>
</tr>
<tr>
<td>Moukim Temourov</td>
<td>Senior Economist, World Bank</td>
</tr>
<tr>
<td>Alex Segura</td>
<td>Representative, IMF</td>
</tr>
<tr>
<td>Jean-Noel Gentile</td>
<td>Deputy Representative, WFP</td>
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<tr>
<td>Celine Felix</td>
<td>ILO-STEP</td>
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<tr>
<td>Ame David Atsu</td>
<td>Save the Children Sweden</td>
</tr>
<tr>
<td>Sven Coppens</td>
<td>Plan International, WARO</td>
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<tr>
<td><strong>Government officials</strong></td>
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<tr>
<td>M Ousmane Ka</td>
<td>Poverty Reduction Unit, Ministry of Family,</td>
</tr>
<tr>
<td></td>
<td>Women’s Empowerment and Microfinance</td>
</tr>
<tr>
<td>Mme Khady Ndao Diagne</td>
<td>Joint Budget Director, Ministry of Economics and Finances</td>
</tr>
<tr>
<td>Mme Ndeye Lissa Diop N'Diaye</td>
<td>Director of Child Protection and Child Rights</td>
</tr>
<tr>
<td>Mme Fatou Diouf</td>
<td>Chief of Participative Monitoring of the PRSP, Senegal</td>
</tr>
<tr>
<td>M Ibrahima Dia</td>
<td>General Director, Millennium Challenge Account Senegal</td>
</tr>
<tr>
<td>M Malick Diop</td>
<td>Parliamentarian, Head of Population and Development Committee</td>
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<tr>
<td>M Sidy Gueye</td>
<td>Director for Solidarity and Social Development</td>
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<tr>
<td>M Mbaye Sene</td>
<td>Ministry of Health and Prevention</td>
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<tr>
<td><strong>Others</strong></td>
<td></td>
</tr>
<tr>
<td>M Abdoulaye Sadio</td>
<td>General Director, Institut d’Evaluation pour le Développement</td>
</tr>
</tbody>
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### Annex 2: Assessment of risk categories for vulnerable populations in Senegal

<table>
<thead>
<tr>
<th>Risk categories</th>
<th>Related effects</th>
<th>Vulnerable groups</th>
</tr>
</thead>
</table>
| Economic crisis | • Social fragmentation and redevelopment of horizontal solidarity  
• The unemployment rate as measured by ILO is 11.7% in the capital, compared with 14% nationally, although these figures do not take into account invisible unemployment – referring to workers who earn less than the local minimum wage and who generally work very long hours – which affects 52.5% of the working population.  
• 100,000 youth are in search of work per year  
• Emergence of a social economy  
• The rate of visible under-employment is 21.8% of the active working population  
• Both in urban and rural zones, informal activities dominate the Senegalese economy. Thus 92% of employment and self-employment are generated by the informal sector (64% for the rural informal, and 28% for the urban informal)  
• The public sector and the formal private sector account for only 4% each of employment and self-employment (Department of forecasts and statistics)  
• 17% of heads of households have a salaried job, reaching a high 44.2% in Dakar, compared with 28.8% in other towns and 6% in the rural sector  
• Severe inversion of trends between the urban and rural, with a strong migration to the towns  
• 73% of the population have an unsalaried job, reaching 9/10 of the population in the rural sector and 6/10 of those living in the urban zones | • Children of parents employed in the most vulnerable categories of the informal sector: children of domestic workers, construction workers, etc.  
• Children of agricultural and seasonal workers  
• Children living in very low income households such as those in depressed areas, or in the suburbs, and more particularly those living with a guardian or with a disability |
### Risk categories

<table>
<thead>
<tr>
<th>Related effects</th>
<th>Vulnerable groups</th>
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<tbody>
<tr>
<td>- 2/3 of the rural population are poor</td>
<td>- Children of agricultural workers and subsistence farmers</td>
</tr>
<tr>
<td>- Inflation due to dependence on and importation of everyday consumer products</td>
<td>- Herders and agro-pastoralists</td>
</tr>
<tr>
<td>- Average inflation rate is 2%</td>
<td>- Victims of natural disasters such as floods, locust invasion, etc.</td>
</tr>
<tr>
<td>- 57% of the population live below the poverty line</td>
<td>- Child workers in factories or workshops</td>
</tr>
<tr>
<td>- In 2006 the index of poverty was 44%, and the gender development index, 0.45%</td>
<td></td>
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<tr>
<td>- Development aid</td>
<td></td>
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<tr>
<td>- The size of debt</td>
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### Environment

- poor rainfall
- drought
- floods
- locust invasion
- animal disease

<table>
<thead>
<tr>
<th>Related effects</th>
<th>Vulnerable groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Profound changes to natural resources as a result of climatic disturbances</td>
<td>- Children of agricultural workers and subsistence farmers</td>
</tr>
<tr>
<td>- Pressure on natural resources due to demographic increase and the imbalance in the spatial distribution of the population, intensified by the rural exodus</td>
<td>- Herders and agro-pastoralists</td>
</tr>
<tr>
<td>- High food and energy demands of the towns</td>
<td>- Victims of natural disasters such as floods, locust invasion, etc.</td>
</tr>
<tr>
<td>- Low rainfall</td>
<td>- Child workers in factories or workshops</td>
</tr>
</tbody>
</table>

### Conflicts and insecurity

- Control of border zones
- Social exclusion
- Working conditions
- Lack of civil protection in the rural sector
- Dependence

<table>
<thead>
<tr>
<th>Related effects</th>
<th>Vulnerable groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Population displacement in the south due to the Casamance conflict; refugees from conflict zone in the sub-region</td>
<td>- Population of the south, corresponding to the natural region of Casamance</td>
</tr>
<tr>
<td>- Cross-border migration of child and youth beggars from neighbouring countries such as Guinea Bissau or Mali</td>
<td>- Children and youth having abandoned school in the suburbs</td>
</tr>
<tr>
<td>- Poorly controlled border policy</td>
<td>- Islamic students (talibes) begging</td>
</tr>
<tr>
<td>- Permanent lack of security in towns and particularly suburbs, with attacks that affect children and youth (rape, physical violence, etc.)</td>
<td>- Children of refugees</td>
</tr>
<tr>
<td>- 100,000 Islamic students (talibes), of which 7,600 in the Dakar region</td>
<td>- Migrant children in cross-border zones</td>
</tr>
<tr>
<td>- 100,000 children have dropped out of normal society: street children are victims of sexual exploitation or are in trouble with the law</td>
<td>- Children working in factories or workshops</td>
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<tr>
<td>- Poor urbanization</td>
<td>- Herders and agro-pastoralists</td>
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<tr>
<td>- Cattle theft</td>
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<tr>
<td>- Dependence on loan sharks</td>
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<tr>
<td>- Dependence on rainfall</td>
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</tbody>
</table>
### Risk categories

<table>
<thead>
<tr>
<th>Health (birth registration, HIV/AIDS epidemic and others, illness, injury, disability, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Geographical inaccessibility</td>
</tr>
<tr>
<td>- Economic inaccessibility</td>
</tr>
<tr>
<td>- Quality of care</td>
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</tbody>
</table>

#### Related effects

- Insecurity at the workplace

- The figure of victims of female genital mutilation is still significant. The national average of 28% of women hides regional differences, with rates as high as 96% in some regions.
  - The regression rate of infant mortality is still low (1.6%)
  - Infant mortality rate is 61 per 1000
  - Maternal mortality rate is 434 per 1000
  - Low birthweight is twice as common in the rural sector as in the urban sector, that is 10% and 22% respectively
  - Malaria is responsible for 42.6% of illnesses
  - Deaths from malaria among children under five is 34.3% and among pregnant women, 10.05%
  - The national figure for HIV/AIDS infection is 0.7%
  - The percentage of HIV/AIDS infection among women is 0.9% and 0.4% for men
  - In the 15-24 age group, the figure for HIV/AIDS infection is 0.6% for girls and 0.2% for boys
  - In the 15-24 age group, only 24% of boys and 19% of girls have an in-depth understanding of HIV/AIDS
  - Between 1996 and 2002, the percentage of children infected with bilharzia in endemic zones rose from 19.5% to 22%
  - There are 120,000 people living with a disability

#### Vulnerable groups

- Girls who undergo or who are exposed to genital mutilation
- Women living in isolated areas and/or in low-income households
- Children born with a disability
- The children of persons living with HIV/AIDS
- Sex workers
- Youth living with HIV/AIDS
- Children who suffer from or who are exposed to illnesses such as malaria or bilharzia

### Social inequality

<table>
<thead>
<tr>
<th>Social inequality</th>
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</thead>
<tbody>
<tr>
<td>- Unequal distribution of wealth</td>
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<tr>
<td>- Lack of access to basic social services</td>
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<tr>
<td>- Gender-based discrimination</td>
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</tbody>
</table>

#### Related effects

- 87.3% of children living in an urban zone are less than 30 minutes from a school, compared with only 69.5% in rural zones
  - Average number of children per woman: 5.3
  - The index for equality between the sexes in school attendance is 1.02, that is, 58 boys for 59 girls
  - More than one third of the rural population has to walk over an hour to reach a main road and access public transport; 84% are within a 15-
### Risk categories

<table>
<thead>
<tr>
<th>Risk categories</th>
<th>Related effects</th>
<th>Vulnerable groups</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>minute walk to access water</td>
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<td></td>
<td>- Half the rural population uses untreated water compared with 6% in urban zones</td>
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<tr>
<td></td>
<td>- Half the rural population lives 3 km from a health centre</td>
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<td></td>
<td>- 64% of the population of Dakar and 39% in the other urban centres use toilets</td>
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<td></td>
<td>- 9% of children aged between 0 and 14 are orphans, and 10% of children aged between 5 and 14 are informally adopted</td>
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</table>

**Sources:** Table based on data from DHS IV and PRSP II.
## Annex 3: Policy Implications

Our analysis, detailed in the matrix below, points to five broad policy implications:

1. **Mainstreaming children into national social protection systems;**
2. **Developing and delivering child-sensitive cash transfer programmes;**
3. **Developing and delivering child-sensitive health financing mechanisms;**
4. **Ensuring social protection systems are informed by an understanding of child-specific social risks and that they adequately respond to those risks; and**
5. **Maximising existing fiscal space opportunities for child-sensitive social protection.**

For each policy area, we consider six dimensions that need to be considered in order to ensure more effective evidence-based policymaking:

1. **Knowledge base:** How strong is existing evidence on this in the country? What do we know? What knowledge gaps need to be plugged? How can this knowledge generation and management process best be addressed?
2. **Awareness:** What is the level of awareness in the country on the need to address this area? What specific issues need to be taken into account? What would be an effective way of raising awareness levels?
3. **Policy framework:** Does a policy framework exist? How could the design be improved? Are there upcoming opportunities where this might be possible?
4. **Implementation:** What strengths, in terms of existing implementation, could be built on? What weaknesses need to be addressed and how? Are monitoring and evaluation systems in place? How could they be strengthened? Where should responsibility lie?
5. **Institutional responsibility and capacity:** Is responsibility for delivering against this policy area with the most appropriate agency? How could coordination, capacity, etc. deficits be addressed?
6. **Opportunities for engagement and strategic partnerships:** Which actors should do what and why?

<table>
<thead>
<tr>
<th>POLICY IMPLICATIONS</th>
<th>KNOWLEDGE BASE</th>
<th>AWARENESS</th>
<th>POLICY FRAMEWORK</th>
<th>IMPLEMENTATION</th>
<th>INSTITUTIONAL RESPONSIBILITY AND CAPACITY</th>
<th>OPPORTUNITIES FOR ENGAGEMENT AND STRATEGIC PARTNERSHIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstreaming children into national social protection systems</td>
<td>Children are visible as a specific vulnerable group in Senegal's NSPS and second PRSP, which has raised awareness</td>
<td>Visibility of children on key policy and strategy documents has increased the awareness about the need to attach the</td>
<td>Children are visible as a specific vulnerable group in Senegal's NSPS and second PRSP, although efforts</td>
<td>Some child-focused social protection programmes have started to be implemented, including the</td>
<td>Child-sensitive social protection is mainly the responsibility of the MFNSWEM although it is clear</td>
<td>Line ministries: MFNSWEM needs to prioritise sensitisation efforts with key line ministries and explore possible</td>
</tr>
<tr>
<td>POLICY IMPLICATIONS</td>
<td>KNOWLEDGE BASE</td>
<td>AWARENESS</td>
<td>POLICY FRAMEWORK</td>
<td>IMPLEMENTATION</td>
<td>INSTITUTIONAL RESPONSIBILITY AND CAPACITY</td>
<td>OPPORTUNITIES FOR ENGAGEMENT AND STRATEGIC PARTNERSHIPS</td>
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<td>about children’s vulnerability and the need for multidimensional approaches to reduce the vulnerability of children and their carers. A proposed Secretariat for the PRSP pillar on social protection plus the creation of a multidisciplinary working group on vulnerable populations could potentially help develop a more solid understanding of the causes and consequences of child vulnerability and mechanisms to address it through programme development in the context of the PRSP. In doing this, it is important to be sure to invest in rigorous and coordinated impact evaluations of existing and proposed schemes to assess efficacy of these programmes. Good practice examples include the UN International Poverty Centre in Brasilia and the Mexican government’s</td>
<td>causes and manifestations of child vulnerability to help protect and promote children’s human development. General awareness by policymakers and CSOs of poverty as a major constraint to human development contributes to gaining political support for potentially successful interventions. Knowledge exchange and learning across similar countries on good social protection practices should be encouraged. Building awareness requires an understanding of national and international evidence on the strengths, weaknesses and applicability of different social protection instruments for children (school feeding, cash transfers, girls’ education stipends etc.)</td>
<td>need to be invested in ensuring their visibility across different dimensions of this strategy/policy is increased. The critical next step is to ensure effective programming on child-sensitive social protection that facilitates mobilisation of resources and implementation to reach the PRSP targets. The development of a National Action Plan for children, currently in the pipelines, would also be favourable to ensuring children are mainstreamed across policy areas and that complementarities are sought to reduce the poverty and vulnerability status of the most marginalised children.</td>
<td>exception of children from payment of some specific health interventions; the programme for reduction of child labour (IPEC and MFNSWEM); PARRER for protection of street children and social protection of children in conflict with the law under the Ministry of Justice. However, according to areas for intervention identified in the PRSP and corresponding targets, significant action needs to be promoted, starting with the development of concrete programmes to allow for effective rollout of policies.</td>
<td>that coordinated actions and synergies with other ministries and agencies are crucial to address different dimensions of vulnerability. UNICEF can foster this coordination. Capacity weaknesses have been identified as an important constraint for planning and implementation of social sector programmes for children, which is a constraint that needs to be recognised to inform further programme design as well as to promote capacity building, which could be an area in which UNICEF is engaged.</td>
<td>entry points for collaboration on social protection programmes. Legislature: The parliamentary Committee on Population and Development can be an active partner in approving legislation and parliamentary support to greater visibility of children in policy and the implementation of social protection. Donors: key stakeholders in Senegal who could support and help move forward and agenda of child-sensitive social protection, potentially through resources to develop evidence, to support coordinated knowledge management and M&amp;E on existing social protection mechanisms and their impacts on different vulnerable groups, especially women and children. NGOs could become more active players in the rollout of the PRSP in relation to social protection for vulnerable children,</td>
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<td>POLICY IMPLICATIONS</td>
<td>KNOWLEDGE BASE</td>
<td>AWARENESS</td>
<td>POLICY FRAMEWORK</td>
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<tr>
<td>Developing and delivering child-sensitive cash transfer systems</td>
<td>investment in evaluation of social protection.</td>
<td>To many Senegalese cash transfers are seen as ‘handouts’ rather than development, so mobilising political support would require a strong evidence base, possibly including a pilot to document the project’s poverty reduction, human development and IGT, potential and a strong child development rationale, including evidence from other similar countries. As such a system would work best with the buy in from different ministries, awareness should be raised through panel discussions where the multidimensional value of such a system could be discussed.</td>
<td>Provisions for a cash transfer for poverty reduction and mitigation of vulnerabilities is contemplated in the PRSP and the National Social Protection Strategy, which increased the likelihood of such a programme gaining political and financial support.</td>
<td>The implementation of a child-sensitive cash transfer could be administered by a high level but independent unit within the government given the degree of inter-sectoral collaboration it requires and to minimise existing problems related to poor administrative capacities and leakages in the flow of funds. Careful programme design and consideration of multiple factors (as explored in detail in Section 7) are needed to increase the likelihood of success of such programme. A CT programme must not reduce available financing from basic social service but rather be financed with reallocation from other areas.</td>
<td>International good practice suggests that cross-sectoral coordination and buy-in is critical to the success of cash transfers; this requires high-level political will. The proposed child-sensitive social protection working group led by UNICEF can play an important role, through technical inputs to support the planning and realisation of an initial project, able to hold the different stakeholders to account for their contributions to the scheme; this includes pushing for adequate mobilisation of resources and delivery of services. Developing the feasibility study and initial setup would require expert support, possibly external from similar countries, such as Ghana, who have started to undertake</td>
<td>Support from relevant ministries (MFNSWEM) and key donors is a useful starting point to develop further research, possibly including a pilot. Donor financing for starting up such an initiative would be crucial. Strategic partnerships could be formed with local banks or the postal system as possible ways to channel the transfer to avoid inefficient administrative and bureaucratic processes which could slow the transfer and potentially cause the leakage of funds. Technical, financial and capacity building support needs should be carefully planned before and during such an initiative is rolled out.</td>
</tr>
<tr>
<td>POLICY IMPLICATIONS</td>
<td>KNOWLEDGE BASE</td>
<td>AWARENESS</td>
<td>POLICY FRAMEWORK</td>
<td>IMPLEMENTATION</td>
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<tr>
<td>Developing and delivering child-sensitive health financing mechanisms</td>
<td>There is currently no comprehensive child-sensitive health financing mechanism beyond specific fee exemptions for children. Existing data do not provide enough information about the link between health costs and low uptake by the poor, so this knowledge gap needs to be filled to be better able to develop feasible financing for the poor, particularly children. However, given the limited health social protection system in Senegal, a large number of poor children are effectively excluded from accessing health care services.</td>
<td>Given poor access to health centres in rural areas, low uptake of health services for children can be caused by insufficient awareness of the need for preventive and formal curative care for children. This might be a barrier that needs to be reduced in parallel to improving access and financing.</td>
<td>Health-related components of social protection under the PRSP, mainly related to the extension of health protection do not include specific mechanisms for developing and delivering child-sensitive health financing. Given health extension is an area under development, it would be crucial to explore alternatives to address the issue of child health care financing as part of ongoing analysis of different mechanisms for extending coverage. Children are not mainstreamed but rather considered dependents of beneficiaries of different contributory or non-contributory schemes, a practice which needs to be</td>
<td>Implementation of health extension schemes that target vulnerable populations needs to be broadened as currently only cover a very small number of individuals and in a poorly systematised way. A more comprehensive and better targeted exemption package might be a better way to provide access to vulnerable groups, rather than a 'piecemeal' system of exemptions, although the financial viability of this would need to be explored. In practice however, given that only 20% of the population has access to some form of health protection, the majority of children are excluded and thus face significant health and economic risks.</td>
<td>The current health system is largely community based. Health exemptions based on vulnerability are granted through complex (and often inefficient) individual targeting mechanisms that have a large scope for error and leakages. Although mutual funds are planned to be expanded, their reach is still limited to only 4% of the population. The institutional responsibility for exploring options for a better health financing mechanisms must be sought by the MHMP.</td>
<td>In order to continue extending the health social protection strategy, and in particular to make it more child sensitive it will be important to open spaces for discussion about the most cost-effective way to lift financial barriers for poor and vulnerable children and their carers to increase their demand for health care. This includes subsidies to demand (for example, through child-sensitive cash transfers, part of which could go to payment of mutual health premiums) or extension of free services for children. Given resource constraints, a sequenced approach is necessary, but strategic partnerships with donors and NGOs can be pursued to complement funding or rollout of schemes.</td>
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</table>
### Ensuring that social protection systems are informed by an understanding of and respond to child-specific social risks

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<th>POLICY IMPLICATIONS</th>
<th>KNOWLEDGE BASE</th>
<th>AWARENESS</th>
<th>POLICY FRAMEWORK</th>
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<th>OPPORTUNITIES FOR ENGAGEMENT AND STRATEGIC PARTNERSHIPS</th>
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<tr>
<td>rectified to allow for the specific health protection of children and increase significantly the number of children benefiting from health protection.</td>
<td>Senegal has strong regulatory frameworks protecting children, however, progress needs to be made in their rollout. The development of a National Action Plan for children that takes a systematic and rights based approach to children's vulnerabilities could be a useful tool to inform policy development.</td>
<td>There have been some small-scale social protection projects linking economic risks with children's lifecycle and social risks. Examples include ILO/IPEC supported child labour prevention and food transfers/school feeding programmes by WFP to promote their school attendance. However, evaluation findings need to be widely shared in order to promote learning and to inform the design any child-focused social protection intervention.</td>
<td>The main responsibility for addressing children's economic, health and social vulnerabilities lies in MFNSWEM's Department for Child Protection and Children's Rights. However, it lacks resources and sufficient political clout to ensure the range of children's risks is addressed by the relevant programmatic areas. Thus, it requires more funding and more institutional weight to be better able to perform its duties. UNICEF's support to promote dialogue and interagency collaboration can help generate this space.</td>
<td>UNICEF is currently engaged, from the international level to the regional level, in both research and policy advocacy related to child-sensitive social protection. It is therefore critical that UNICEF plays a role in promoting knowledge sharing and learning in Senegal. It is also important that line ministries with child-related responsibilities play an active role in the working group on child-sensitive social protection in order to facilitate raising the profile of a child-sensitive perspective in policy and planning. Hosting a national-level workshop to discuss experiences and good practices could promote important learning.</td>
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Progress has been made in understanding of child-specific risks, as reflected in the PRSP, however, more research as to the underlying causes of these vulnerabilities is needed to help develop more effective policies. Greater efforts need to be made to improve data collection to obtain more information on risks faced by children. UNICEF can continue playing an important role in this. However, these isolated data are insufficient to track and assess changes over time. Data on birth registration, FGC and child marriages have only started to be collected recently while data on violence and exploitation are very limited and sporadic. This does
### Maximising existing fiscal space opportunities for child-sensitive social protection

Given that social protection for vulnerable children is part of the PRSP, there is the possibility to identify space for these activities, however, it is important for specific programmes and activities that can prove to be effective in addressing these problems are developed and approved so as to facilitate the mobilisation of national and donor funds as per PAP commitments. Generating knowledge on the cost effectiveness of child-focused social protection interventions (generated through piloting, quantitative

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<th>OPPORTUNITIES FOR ENGAGEMENT AND STRATEGIC PARTNERSHIPS</th>
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<tr>
<td>not facilitate a good understanding of the situation of vulnerable children in Senegal.</td>
<td>Given that social protection for vulnerable children is part of the PRSP, there is the possibility to identify space for these activities, however, it is important for specific programmes and activities that can prove to be effective in addressing these problems are developed and approved so as to facilitate the mobilisation of national and donor funds as per PAP commitments. Generating knowledge on the cost effectiveness of child-focused social protection interventions (generated through piloting, quantitative</td>
<td>Awareness needs to be raised about the different areas that would require investment to finance a child-sensitive social protection system. The need to generate fiscal space to finance demand side approaches to basic services such as cash transfer programme must be discussed with relevant authorities to determine the feasibility. Resources to protect children from abuse, neglect, violence, among others, are small, so awareness should be raised to states budget and planning authorities of the state’s commitment to</td>
<td>Although no specific sums have been allocated in the PAP for child-sensitive social protection, given its inclusion in the PRSP, financing for these programmes would need to be included in the MFNSWEM’s MTEF. Given that the PRSP has the provision for a cash transfer programme, moving forward with this initiative would mean identifying resources over the medium term based on MTEF. The key is to roll out policy provisions to quantifiable</td>
<td>Advocacy efforts to increase budget allocations to child-sensitive social protection would need to be accompanied by opportunities to generate fiscal space. A key dimension of the analysis should be the potential for resources to be liberated by increasing efficiency of expenditure in other areas through streamlined implementation. Any effort to advocate for greater investment in child-sensitive social protection should be framed in accordance with broader discussions on fiscal sustainability and affordability over time, including different sources of finance for</td>
<td>Promoting the improvement of planning, budgeting and expenditure capacities for social sector ministries is important to ensure resources allocated to the sector are being used to their maximum capacity, justifying requests for reallocations from other sectors to child-focused social protection. It is therefore crucial to develop the capacity of ministries and, more importantly, local level service providers to ensure programme and budget planning and execution are improved. This will not only allow them to maximise their</td>
<td>As a signatory state of the UNCRC, Senegal is committed to the progressive realisation of children’s rights in line with its resource base. In this sense, it is important that CSOs hold the government accountable for allocating comparable resource increases to child-sensitive social protection. Such programmes are vital as a means to address children’s rights to survival, development and protection. Supporting child budget monitoring and analysis initiatives should therefore be given more attention and</td>
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<th>OPPORTUNITIES FOR ENGAGEMENT AND STRATEGIC PARTNERSHIPS</th>
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<tbody>
<tr>
<td>research or international experiences might also be useful to help leverage resources for other less effective and more costly interventions for poverty reduction in other sectors.</td>
<td>financing mechanisms to promote children’s rights to protection, development and survival</td>
<td>programmes and interventions to facilitate the mobilisation of resources.</td>
<td>limited available resources, through more efficient expenditure, but will also enable them to present a more effective case to the MEF during budget negotiation processes.</td>
<td>findings should feed into policy and budgeting discussions in Senegal. Donors, as part of their UNCRC obligations, could provide support (financial and technical) to such monitoring initiatives.</td>
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</table>
# Annex 4: Cash transfer activities to reduce poverty and vulnerability among children in Senegal

<table>
<thead>
<tr>
<th>Executing agency</th>
<th>Type of programme</th>
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</table>
| Management unit under the authority of the Ministry of Education (programme proposal) | **Title** | *Programme of allowances for women to educate their children*
| | **Objectives** | Enrolling and keeping children in school  
Removing children from economic exploitation  
Improving socio-sanitary conditions of children
| | **Year** | Programme has been proposed, has not yet started
| | **Description** | Allowances paid directly to mothers in vulnerable situations, who have children attending primary or secondary school; in return, the mothers agree to send and keep their children in school and to keep them out of early employment
| | **Amount of transfer** | 3,500 FCFA/month
| | **Target** | Children from vulnerable families in primary or secondary school  
Women in vulnerable situations and their families
| | **Coverage** | Three options are proposed:  
Maximum option 100%: 1,845,213 students  
Mid option 13.44%: 247,942 students  
Minimum option 8.31%: 153,394 students (2007 estimates)
| | **Procedures and conditions** | Regular school attendance (at least 80%)  
Grades near class average  
Vaccination programme respected  
No child within the household involved in production activities
| | **Cost** | 12,289,840,815 FCFA
| **Coordination of SOS children’s villages** | **Title** | *Strengthening the capacities of families to provide for the needs of vulnerable children at the commune level in the district of Grand Dakar*
| | **Objectives** | To allow children to remain and grow up with their biological parents
| | **Year** | 2008

*Transfer of resources in cash and in kind*
<table>
<thead>
<tr>
<th>Description</th>
<th>Social Action Department*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment of school fees</td>
<td></td>
</tr>
<tr>
<td>Monthly food ration</td>
<td></td>
</tr>
<tr>
<td>Payment of medical costs</td>
<td></td>
</tr>
<tr>
<td>Training for parents and allocation of non-reimbursable grant for income-generating activity</td>
<td></td>
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<tr>
<td>Training for local CBO to take over the programme</td>
<td></td>
</tr>
<tr>
<td><strong>Amount of transfer</strong></td>
<td>20 USD per child per month</td>
</tr>
<tr>
<td><strong>Donations in kind</strong></td>
<td>1 bag of rice, 5l of oil, 5kg of sugar, 1 bar of soap per family</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Orphans or vulnerable children (those who risk losing family support) aged 0 to 18 in the neighbourhood of Taïba in Grand Dakar</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td>1,080 individuals (900 children and 180 adults)</td>
</tr>
<tr>
<td><strong>Procedures and conditions</strong></td>
<td>Two visits per month to monitor the development of the family</td>
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<tr>
<td><strong>Cost</strong></td>
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<thead>
<tr>
<th>Social Action Department*</th>
<th>Emergency Division Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Designated objectives</strong></td>
<td>Assuming responsibility for needs of target population</td>
</tr>
<tr>
<td><strong>Type of transfer</strong></td>
<td>Financial subsidies</td>
</tr>
<tr>
<td><strong>Procedures and conditions</strong></td>
<td>One-off, temporary aid and assistance in setting up income-generating activities</td>
</tr>
<tr>
<td><strong>Amount of transfer</strong></td>
<td>50,000 to 125,000 for one-off aid</td>
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<td></td>
<td>400,000 to 500,000 for project support</td>
</tr>
<tr>
<td><strong>Targets</strong></td>
<td>Destitute families, widows, orphans, people with a disability, divorced people and returning emigrants</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Action Department*</th>
<th>Programme of the Non-formal Education Division</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Designated objectives</strong></td>
<td>Improving living and studying conditions of children</td>
</tr>
<tr>
<td><strong>Type of transfer</strong></td>
<td>Financial subsidy</td>
</tr>
<tr>
<td><strong>Procedures and conditions</strong></td>
<td>Support for widows and under-age orphans</td>
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<tr>
<td></td>
<td>Subsidies for Koranic teachers</td>
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<td></td>
<td>Subsidies for associations working with children in vulnerable situations</td>
</tr>
<tr>
<td><strong>Amount of transfer</strong></td>
<td>50,000 to 150,000 to cover school and health costs for the child</td>
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<td>300,000 to 400,000 for project support</td>
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<tr>
<td><strong>Targets</strong></td>
<td>Widows, orphans, under-age orphans, Islamic schools (daaras), and children who have dropped out of school early</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
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</table>

*Source: Table based on data from the programme document ‘Education Contract’ by Dia Ibrahima (2007) and programme proposal ‘SOS Strengthening the Family Programme’.*
## Annex 5: Overview of child protection programmes and institutions

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Objectives</th>
<th>Child-centred activities</th>
<th>Impact</th>
<th>Limitations</th>
<th>Prospects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pikine/Guédiawaye Refuge Centre</td>
<td>Integration and social promotion of children and youth</td>
<td>Primary prevention of children from 3 to 6 years old</td>
<td>Currently hosts 2,300 children and youth (mostly girls), of which 300 under-age delinquents, compared with around 100 when the centre began</td>
<td>Difficulties in responding to the high demand</td>
<td>Create other host structures for children</td>
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<td></td>
<td>Rehabilitation of under-age delinquents</td>
<td>Educational provision, Nutritional supplements, Medical coverage, Reintegration at school of children without birth certificate, excluded from the system, and too old Technical and female teaching Professional training Socio-educational activities Reception and health care provision of talibes Prevention through sport</td>
<td>Improved perception among the population of the centre's activities, thanks to parents' involvement in the running and decision-making Participation of the children Three world championship titles in Karate Best team of girls and boys</td>
<td>Prerogatives of ministries responsible for children in need are unclear Problem of responsibility of NGO actions</td>
<td>NGOs must collaborate with experts in child protection Synergy of ministries responsible for children in difficulty (Ministry of Justice, of Youth, of the Interior and of Social Development</td>
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<tr>
<td>AEMO (supervised)</td>
<td>Liaison and Guide the child to Placement of 76</td>
<td>Problems of</td>
<td>Activate social centres</td>
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<tr>
<td>Institutions</td>
<td>Objectives</td>
<td>Child-centred activities</td>
<td>Impact</td>
<td>Limitations</td>
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<tr>
<td>educational activities)</td>
<td>reintegration at school Develop educational projects Support and promote children’s potential</td>
<td>analyse his or her situation, how they perceive themselves and how they perceive their environment Facilitate dialogue between the child and his or her family Carry out a social survey to learn more about the child Pedagogical activities to develop the child’s potential Manual technique Professional and scholastic placement of children excluded from the school system Adoption and childcare survey</td>
<td>children, of whom 30 girls, in refuges, CDEPs and schools Active in four areas in Guédiawaye district</td>
<td>buildings and rooms Lack of personnel and logistical support</td>
<td>Create multifunctional training centres for youth integration</td>
</tr>
<tr>
<td>PPJ (Youth Promotion Project)</td>
<td>Inform youth of problems related to reproductive health Offer counselling and other services related to these problems</td>
<td>Creation of counselling centres for adolescents Liaison, awareness, prevention Care provision for youth in difficulty Medical and psycho-social supervision Counselling in other</td>
<td>Youth are more aware of the dangers related to HIV/AIDS and of the need for testing Improved supervision of reproductive health problems among</td>
<td>Low success rate at school among youth Inadequate human resources and lack of financing</td>
<td>Emphasis on information and awareness raising Promote less risky behaviour Educate youth in formal schools and Koranic schools</td>
</tr>
<tr>
<td>Institutions</td>
<td>Objectives</td>
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</table>
| CDEPS        | Educational authorities  
Open-air centres  
Patronage  
Craft activities  
Professional training | centres  
Youth training in entrepreneurship and reproductive health | adolescents |             |           |
| GINDDI Centre | Psycho-social activities  
Family and/or social reintegration  
Awareness-raising and information  
Medical care  
Early training for young girls  
Training of watchdog committees | Children welcomed and calmed  
Closely monitored reintegration of children  
Children treated  
Children begin learning French  
Integration in the social and economic world  
Capacity building of watchdog committees in the towns of Pikine, Dakar, Parcelles Assainies and Guédiawaye | Slow identification of the child  
(First information incorrect)  
Hesitation of the child  
Risk of running away  
Lack of means of transport  
Difficulty finding family  
Lack of qualified personnel  
Lack of financing for watchdog committees | Request the support of a psychologist to strengthen the team so as to improve care of the children  
**Strengthen collaboration with host structures in the regions**  
Create Ginddi units in the regions  
Collaborate more with populations and local authorities to motivate their participation  
Create professional training links with national structures  
Increase training courses in other fields, such as listening, family counselling, IT, etc. |
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<tr>
<td>International NGOs:</td>
<td>Improve living conditions for children and youth</td>
<td>Donate supplies to schools Supervision of destitute children, open-air centres Hygiene and sanitation Nutritional support programme (cooking demonstrations, individual interviews, home visits, etc.)</td>
<td>Reduction of gaps and social inequalities Integration of children into education system Strengthening social protection provision</td>
<td>Involve local authorities, imams, neighbourhood representatives, and health committees for social protection Suggest to CLs to engage extra support</td>
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<td>World vision Plan</td>
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<tr>
<td>Aide et Action Plan</td>
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<tr>
<td>Save The Children Etc.</td>
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<td>International NGOs:</td>
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<td>改善 (ADE) TOSTAN Etc.</td>
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<tr>
<td>Local NGOs:</td>
<td>Combat all forms of exclusion and maltreatment of children</td>
<td>An integration section Education Apprenticeships in a trade Conversation</td>
<td>Strengthening social protection provision</td>
<td>Lack of motivation among some and lack of personnel</td>
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<tr>
<td>ENDA GRAF AVENIR DE L’ENFANT (ADE) TOSTAN Etc.</td>
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<tr>
<td>Justice House</td>
<td>Project to prevent delinquency</td>
<td>Training seminar for “classic” teachers and Koranic teachers Close supervision of students Awareness-raising Supervision of welfare cases Reintegration of children in</td>
<td>Creation of school management committees by involving parents, the ASCs, local leaders and imams Supervision of public and</td>
<td>Financial contributions from the</td>
<td>No policy provisions for children over 13 and excluded from the system Intervention of NGOs in schools without</td>
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<td>(Maison de la justice)</td>
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<tr>
<td>Local education authority (IDEN)</td>
<td>Teacher training Supervision of courses Pedagogical and psychological support</td>
<td>Training seminar for “classic” teachers and Koranic teachers Close supervision of students Awareness-raising Supervision of welfare cases Reintegration of children in</td>
<td>Creation of school management committees by involving parents, the ASCs, local leaders and imams Supervision of public and</td>
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<td>difficulty in refuge centres</td>
<td>private elementary schools, as well as daaras (Koranic schools)</td>
<td>involving IDEN Difficulties working with teachers from Koranic schools because of difficulties for these teachers to take care of the children entrusted to them</td>
<td></td>
</tr>
</tbody>
</table>