Project Briefing

No 26 • September 2009

Social protection to tackle child poverty in Senegal

Paola Pereznieto

social protection

Key points

- Senegal has made progress on poverty reduction as a result of economic growth and investment in social services
- There is political commitment for social protection, with a new focus on children
- The challenges of cross-sectoral coordination and information sharing must be overcome to create a social protection system to tackle children's poverty and vulnerability

Overseas Development Institute

ODI is the UK's leading independent think tank on international development and humanitarian issues.

ODI Project Briefings provide a focused and specialised summary of a project, a country study or regional analysis.

This and other ODI Project Briefings are available from www.odi.org.uk

Senegal has made significant progress in poverty reduction, with the proportion of its people living in poverty falling from 67.9% in 1994 to 50.6% in 2005 (République du Sénégal, 2008). There has been economic growth, although below the 7% required to achieve the targets of the country's second Poverty Reduction Strategy Paper (PRSP) 2006–2010, and this shortfall challenges the country's prospects of reaching the Millennium Development Goals (MDGs). Senegal has improved its human development indicators, although national figures hide disparities across gender, regions and income levels, indicating the need for policy and programmes to close these gaps.

Existing policy priorities are framed around the country's second PRSP. This has four main pillars, founded on the MDG priorities and an Accelerated Growth Strategy. Pillar three focuses on social protection and risk management to help ensure that vulnerable groups, including children, benefit from wealth creation, are protected from risks and have better access to social services. This pillar is informed by the National Social Protection Strategy 2005-2015 (NSPS), which was developed to strengthen and extend social protection instruments in a more equitable manner. In particular, the aim is to expand health insurance coverage from 20% to 50% of the population and to provide insurance coverage against shocks affecting populations working in agriculture and the informal sector. Nevertheless, a recent annual evaluation of PRSP found least progress on pillar three – the result of limited programmes and resources to roll out the social protection strategy.

As part of a broader study on childhood poverty and social protection in West and Central Africa, this paper provides an overview of poverty, vulnerability and risk in Senegal and discusses the extent to which social protection systems and instruments are addressing child-specific experiences of poverty and vulnerability (UNICEF and ODI, 2009). It recognises that vulnerability and risk are multi-dimensional, and that their distribution and intensity change at different stages of the life cycle and differ according to gender, ethnicity, caste, economic status, level of education and geographical location. In the case of infants and children, the experience of risk, vulnerability and deprivation is linked to their dependence on the care, support and protection of adults, and their voicelessness within the family and broader society.

Child poverty and vulnerability

Despite general progress in Senegal on reducing monetary poverty, children and mothers remain particularly vulnerable to health risks. There has been an improvement in survival rates, with child mortality (under five) decreasing from 135 to 121 deaths (per 1,000 live births) from 1995 to 2005, and maternal mortality decreasing from 510 to 401 (per 100,000 live births) in the same period. But child and maternal mortality remain significantly higher in rural than in urban areas (Senegal Ministry for Economics and Finance, Research Centre on Human Development and UNICEF, 2007).

Malnutrition declined between 1992 and 2005, with the incidence of stunting falling from 20% to 17% (République du Sénégal, 2006) – progress attributed to certain effective programmes such as the Integrated Nutritional Package. Senegal is making good progress towards the MDG1 target of halving the incidence of malnutrition between 1990 and 2015, as well as on MDGs 2 and 3, with most education indicators showing significant improvements. However, there are significant disparities between urban and rural areas, with primary school attendance at 74.7% in urban and 47.2% in rural areas ((Ministère de l'Economie et des Finances, et al, 2005). The quality of education

and high levels of drop-out remain concerns.

Violence, abuse and neglect are key dimensions of children's experiences of poverty and vulnerability. According to data from the EDS 2005, 38% of children are engaged in domestic work for more than four hours a day and 11% are engaged in economic activities. Poor economic performance in rural areas (and in neighbouring countries) has driven increasing numbers of children to Senegalese cities, where many try to earn money, often working in dangerous conditions or begging on the streets. This has been accentuated by cultural attitudes, which legitimise begging by *talibe* on behalf of religious teachers.

Access to birth registration – critical to establish identity and secure rights to access public services – decreased from 60.9% in 2000 to 55% in 2005, and is around 50% lower in rural areas than in urban areas.

Protection-related vulnerabilities are often exacerbated by gender inequalities, although the government is working to change the 'lower' status of women, in accordance with the National Strategy for Gender Equality. Practices such as female genital cutting (FGC) are still frequent in some ethnic groups, although in decline.

Social protection in Senegal

The social protection system in Senegal includes social security regimes for private sector employees and public sector workers, formal private insurance schemes, mutuelles de santé based on communities and professional groups, and limited social assistance programmes for the poorest and most vulnerable. However, given the limited coverage beyond the formal sector, less than 20% of the population benefits from one or more of these mechanisms (Sow, 2008). Only 16.6% of persons over the age of 65 receive retirement pensions, while less than 20% of the population has health insurance, and family allowances benefit only 13.3% of children under the age of 15 (Annycke, 2008). Efforts to extend social insurance to the informal sector have had only modest success.

Furthermore, social assistance programmes, which focus on the destitute (indigents), are extremely weak, benefiting only a few hundred people on an ad hoc basis, and child protection programmes are small and fragmented, relying on donors for resources and on NGOs for implementation.

Exceptions are the school feeding programme and the Nutrition Strengthing Programme, supported respectively by the World Food Programme (WFP) and the World Bank. Evaluations show that these programmes play a significant role in raising school attendance and improving child nutrition, although they are limited in geographical scope and dependent on donor support.

Informal protection mechanisms, based on traditional kin-based solidarity, are still the most important, although they have been eroded in recent years by modernisation and urbanisation. Remittances from Senegalese migrants abroad, for example, provide an important form of social protection for poor households.

Against this background, the adoption of the NSPS and its incorporation into the second PRSP constitute important steps towards a comprehensive vision for social protection, in particular to expand coverage to the poor, the vulnerable and those working in the informal sector. Importantly, the NSPS classifies children as a specific vulnerable group and includes provisions for their protection against harmful practices, exploitation and violence. Other vulnerable groups identified include those with disabilities, women in vulnerable circumstances, the elderly, youth and adolescents, and displaced and repatriated people.

However, there have been problems in implementation. Despite the need for a cross-sectoral approach to social protection, coordination among the key actors has been poor, resulting in weak programming. This has been exacerbated by a relatively weak institutional and organisational framework, slow progress in translating SNPS objectives into costed, operational programme proposals and, as a result, limited progress in increasing government financing for social protection.

Affordability of social protection

Senegal's economy has been growing at about 5% annually in recent years. Government finances, however, continue to show a large overall deficit (around 6% of GDP on average) and the country has been hit hard since 2008 by the global food, fuel and economic crises.

The government has prioritised spending in areas conducive to poverty reduction, including health and education. It plans to achieve the PRSP target of raising social sector expenditure to 40% of total government expenditure by 2010. In 2007, the social sector share was already 33%.

However, social protection expenditure accounts for only a small proportion of this spending: only 0.5% of government expenditure goes to the ministry responsible for social protection programmes, the Ministry of Family, National Solidarity, Female Entrepreneurship and Microfinance (MFNSFEM).

Given Senegal's budgetary constraints, the reallocation of spending from low priority programmes and the achievement of efficiency gains (through improvements in public financial management) would be the clearest way to generate more resources for social protection.

Evidence from a recent feasibility study suggests that it is possible to deliver a robust child-focused cash transfer programme with significant poverty reduction impacts on a national scale at a cost of approximately 1.7% of GDP (Samson and Cherrier, 2009). This is feasible, but would require strong political commitment to provide the necessary

resources on a sustainable basis, based on evidence that, compared to spending more on other programmes, this would be the most cost-effective way to reduce poverty and vulnerability.

Cash transfers to tackle childhood poverty

Senegal's SNPS and Pillar 3 of PRSP II include provisions for a cash transfer programme to reduce the risks faced by vulnerable groups and to 'ensure the access of vulnerable groups to goods and services and to the full enjoyment of their rights'.

There is new evidence of the potential impact on poverty of a national cash transfer programme targeting children. A Poverty and Social Impact Analysis (PSIA) conducted by the International Monetary Fund (IMF) concluded that a cash transfer programme would be a better targeted and more effective way to reduce the impact of the food and energy crises on the poor than government subsidies. In addition, a simulation exercise using nationally representative household survey data found that a child benefit programme (based on a transfer equivalent to 30% of the extreme poverty line for children aged 0-14) would reduce the proportion of children living in poverty by 15.2% (under a universal scheme) or 16.9% (under a programme targeted to households under the poverty line) (Barrientos and Bossavie, 2008). The greater impact of the universal scheme is because of the expected exclusion of some poor households as a result of technical targeting errors. Although these simulations found that these programme options were not affordable, work has been under way to design a more limited programme, focused on children aged 0-5 (Box 1).

Box 1: Piloting a child-focused cash transfer programme in Senegal

A feasibility study for a cash transfer programme, conducted in early 2009 by the Economic Policy Research Institute (EPRI) of South Africa, on behalf of UNICEF and the Government of Senegal, recommended a programme of family allowances for all children under the age of five because of their high vulnerability, especially in terms of nutrition. It proposed pilot projects in very deprived areas, based on analysis of poverty and nutrition data, before scaling up nationally.

Benefits would be paid to mothers for a maximum of three children per household, with benefit rates diminishing from the first child to the third to account for economies of scale. The aim would be to cover almost 2.5 million children by 2015. The programme would be accompanied by complementary measures, notably to improve nutrition, access to health services and birth registration.

At full national coverage, the programme was costed at 1.7% of GDP, although the pilot phase would cost much less. In the long term, costs were expected to decline as a result of economic growth and declining fertility (Samson and Cherrier, 2009).

Social health insurance

Although Senegal has made some progress on child morbidity and mortality, achievement of MDGs 4 and 5 (reducing child and maternal mortality) is still uncertain. Improving the supply and quality of health services, as well as nutrition and access to safe water and sanitation are crucial to accelerate progress.

In addition, it is crucial to address the financial barriers that limit access to essential health services by the poor. In the case of children, the need to pay fees for consultations and treatment of disease (except for malaria, which is exempt) increases the risks of children not receiving treatment.

As noted above, the social security system does not cover most people, who work informally (mostly in agriculture) or are underemployed, and thus more vulnerable to social, health and economic risks. The mutual health insurance system has been growing since the mid-1990s as an alternative means of health financing for the population outside the formal sector but, given its contributory nature, it still excludes the poorest and most vulnerable. The mutuelles de santé cover only 3.8% of the population (Senegal Ministry of Health, 2008).

More far-reaching measures are needed to achieve child health objectives, such as the abolition of user fees for children under the age of five. Lessons could be learned from the Sesame Plan (which abolished health fees for the elderly) to plan the effective financing and implementation of such an initiative and ensure the adequate supply and quality of services.

Strengthening child protection services

Senegal's SNPS and PRSP II highlight the need for child protection mechanisms – both preventive and responsive – to address the risks facing children. There is also a fairly comprehensive legal framework for child protection. Indeed, the Convention on the Rights of the Child (CRC) was incorporated into the Constitution in 2001. Furthermore, there is strong support for child rights at the highest level, as shown by the recent creation of the Child Support Unit (Cellule d'Appui pour l'Enfance), under the Presidency. Operational responsibility lies mainly with the Directorate for the Protection of Children's Rights (DPCR) in MFNSFEM.

However, it would be premature to conclude that a real child protection 'system' is in place. Capacity is weak, coordination among agencies is weak, and there is limited government funding for operational programmes. There are also serious challenges of law enforcement and resistance to legal provisions from entrenched traditional cultural attitudes. There is heavy dependence on donor funding and NGOs for the implementation of programmes.

Conclusions

The SNPS and pillar three of the PRSP provide a strong overarching vision for the strengthening of social protection, in particular to extend social health protection to those in the informal sector and to

address the protection needs of children. However, more needs to be done to translate these policy commitments into effective operational programmes.

This requires, first, the development of costed feasibility plans, such as the plan drafted recently for child-focused cash transfers. Such plans provide a basis for informed policy-making and the commitment of budgetary resources.

Second, coordination and information sharing across sectors and agencies need to be strengthened, given the multi-dimensional nature of vulnerability (particularly in the case of children) and the multiplicity of actors involved. As programmes are developed, this coordination will be essential to ensure complementarity and link beneficiaries to multiple sources of support.

Third, there is a need for broader organisational capacity building (and training of staff for programme planning, budgeting and implementation) for the principal agencies responsible for social protection and children's rights, including the respective directorates in MFNSFEM.

Fourth, based on the experience of the Sesame Plan and the limited fee exemptions for specific child and maternal health services, it would be appropriate for the government to consider more far-reaching measures to overcome the barriers of access to health care by the poor. Although a valuable complementary approach, the mutuelles de santé may not ensure affordable health care for the poor unless heavily subsidised by the state. A simpler alternative would be to introduce free essential child and maternal health services, accompanied by the necessary strengthening of the financing and supply of these services.

Fifth, given the increased vulnerability resulting from the global economic crisis, and the high level of political support for strengthened social protection, the time is ripe to launch a pilot a cash transfer programme targeted at households with children. A detailed, costed plan has been drafted and reviewed, providing the basis for informed decisions on financing and roll-out.

Sixth, for this and other programmes, it will be crucial to establish robust monitoring and evaluation mechanisms to generate the evidence of impacts (on child well-being and poverty reduction) and cost-effectiveness, thereby ensuring the political support and financial commitments needed for scale-up and long-term sustainability.

References and project information

P. Annycke (2008), L'Analyse des prestations et des indicateurs de résultats de la protection sociale, Department of Social Security, International Labour Office, Geneva.

A. Barrientos and L. Bossavie (2008), The Poverty Reduction Effectiveness of Child-Focused Social Transfers in Mali and Senegal: Ex-Ante Simulations, University of Manchester, UK, for ODI and UNICEF.

Ministère de l'Economie et des Finances, Centre de Recherche pour le Développement Humain and UNICEF (2007) 'Suivi de la Situation de l'Enfant et de la Femme en 2005'. Enquête Démographique et de Santé 2005.

Ministère de la Santé et de la Prévention Médicale (2008), Élaboration d'une Stratégie nationale d'extension de la couverture du risque maladie des Sénégalais, Cellule d'Appui au Financement de la Santé et au Partenariat, Dakar.

République du Sénégal (2006), Suivi des Objectifs du Millénaire pour le Développement, Rapport OMD 2006, 2ème édition, Dakar.

République du Sénégal (2008), Revue Annuelle, Document de Stratégie pour la Croissance et la Réduction de la Pauvreté 2006–2010,Etat d'avancement de la Mise en Oeuvre du DSRP-2 en 2007, Dakar.

M. Samson et C.Cherrier (2009), Etude de faisabilité pour un programme de transferts sociaux monétaires comme instrument majeur d'une protection sociale centré sur l'enfant au Sénégal, Economic Policy Research Institute, Cape Town.

O. Sow (2008), Axe III: Protection sociale, Prévention et gestion des risques et catastrophes,Sous Composante: Extension de la protection pociale, Cellule de Suivi du Programme de Lutte contre la Pauvreté, Dakar

UNICEF and ODI (2009); Strengthening social protection for Children in West and Central Africa; Report written by Rebecca Holmes and Tim Braunholtz-Speight; Senegal.

This study was part of a broader research programme on social protection and children in West and Central Africa, sponsored by the West and Central Africa Regional Office of UNICEF, and carried out by the Overseas Development Institute (ODI) in London, with the participation of researchers from the region. The Senegal study was carried out by Paola Pereznieto and Abdou Salam Fall.

For further information contact Nicola Jones, ODI Research Fellow (n.jones@odi.org.uk).

Useful Resources:
ODI on Social Development:
http://www.odi.org/programmes/social-development

ODI on Social Protection:
http://www.odi.org.uk/programmes/social-protection

Overseas Development Institute

111 Westminster Bridge Road, London SE1 7JD

Tel +44 (0)20 7922 0300

Fax +44 (0)20 7922 0399

Email publications@odi.org.uk

ISSN 1756-7602