Feasibility Study for a Social Cash Transfer Programme as a Lead Instrument in Child-Centred Social Protection in Senegal

Final Report

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PREFACE

This document is the Economic Policy Research Institute's report based on the initial missions to Senegal in support of the Unicef-commissioned "Feasibility Study for a Social Cash Transfer Programme as a Lead Instrument in Child-Centred Social Protection in Senegal".

Study rationale

The **introduction of a large-scale social cash transfer programme** in Senegal is suggested in the National Social Protection Strategy 2005-2015 (NSPS) – as a mechanism for mitigating the risks faced by vulnerable groups [République du Sénégal, 2005], as well as in the Poverty Reduction Strategy Paper 2006-2010 (PRSP II) – as a mechanism to 'ensure access of vulnerable groups to goods and services and to the full enjoyment of their rights' [République du Sénégal, 2006]. However, two years after the adoption of these strategic papers, no progress was made on the development of such a programme – and little progress on the development of a social protection system as a whole. The food crisis induced by high food and fuel prices pushed national and international institutions to reiterate the call for social cash transfers. Food subsidies put in place by the Government prove very expensive but yet inefficient in reaching the poorest. And cash transfers appear as a potential cost-effective alternative.

In their recent study, Pereznieto and Fall make the case for the development of a **child-centred social protection system** in Senegal, and the use of social cash transfers targeted on children as a lead instrument within that system. There are several reasons for focusing on children, including: 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; iv) improving children's nutrition, health and education can enable those in poverty to escape it and move into growth trajectories, contributing to the country's economic growth and development; and v) there is a growing body of evidence from developing countries showing that cash transfers targeting on children in poor households, combined with additional investments in basic services, are an effective tool in reducing poverty. Such transfers programmes also demonstrated positive impact on child nutrition, birth registration and school enrolment and survival rates [Pereznieto and Fall, 2008].

While cash transfer is seen as an effective means of channelling support, mobilising funds and mitigating vulnerabilities of the poorest, national institutions lack technical expertise (and leadership) to guide the design and implementation of a large-scale child-centred social cash transfer programme.

Study Objective

The delivery of a cash transfer programme as a lead instrument for child-centred social protection requires a well-conceptualised and well-implemented feasibility study to inform appropriate design decisions. This includes the following seven deliverables:-

1) An implementation plan for a clearly articulated, practical, manageable and cost-effective cash transfer **delivery mechanism** to be used for implementing the programme in the initial districts, consistent with the requirements of the Government of Senegal, UNICEF and other key stakeholders.

2) A **targeting mechanism** that is contextual, practical, manageable and user-friendly that will support the implementation of the programme in the initial districts and is consistent with the requirements of the Government of Senegal, UNICEF and other stakeholders.

3) An assessment of potential **formal and non-formal institutions** to be involved in the cash transfer delivery mechanism and the targeting and selection process.

4) A **financial analysis** of alternative proposed social transfer benefit levels, discussing and analysing the options in the context of adequacy, affordability and acceptability.

5) Specific recommendations regarding an approach to **conditionalities**, reflecting the objective of breaking the inter-generational transmission of poverty and taking into account the limited infrastructure in some districts and the bureaucratic mechanisms required, as well as the constrained timeframe for implementation. In particular, this will balance the value of conditionalities relative to their cost and make recommendations for required evidence building in order to inform key design considerations.

6) Specific recommendations regarding a **monitoring and evaluation** strategy, including the monitoring indicators that would document how the beneficiaries are using the grants received with special emphasis on how the vulnerable household members benefit. In addition, this will include recommendations for relevant impact assessment methodologies and the imperatives of evidence building – not only for impact but also appropriate implementation lessons.

7) A concise high level assessment of the **potential risks** involved in the proposed cash transfer programme, particularly the targeting scheme, and which identifies options for managing these risks.

1. PROPOSED SOCIAL CASH TRANSFER PROGRAMME

1.1. Introduction

Senegal has a very limited experience in social cash transfers, at least in its formal form. A review of relevant in-country experiences in non-contributory social transfers, either under national/large-scale programmes or under smaller-scale initiatives is presented in Annexe 1. Learning from these experiences can inform the choice of targeting process, and transfer delivery mechanism. However, a recurrent issue is the lack of systematic evaluation of these programmes. There is little documented evidence on their (cost-) efficiency.

Commentaire [r1] : Except global subvention

Commentaire [r2] : directly to the housholds

Despite the fact that a medium to large-scale (institutionalised) cash transfer programme was never implemented in Senegal, the majority of national and international stakeholders are very supportive of the idea of a social cash transfer programme. The concept is actually not new in Senegal. During the multi-stakeholders dialogue that preceded the development of the first PRSP, one disabled association suggested that if a transfer was provided to people living with disabilities, they would no longer need begging in the street, and could send children at school instead of forcing them to come with them in the street. After attending a World Bank conference on social transfer programmes, Dia who was working in the Ministry of Economy and Finance's Poverty Reduction Unit at the time, developed late 2006 a concept note for a conditional cash transfer programme [Dia, 2006]. An outline of the proposed 'Contract for Education' programme is presented in Annexe 2. It is interesting to see that children had already been identified as a good entry point to social protection, and a way to assist vulnerable women. Sadly, no decision-maker took this concept note forward. However, recent consultations confirmed strong enthusiasm among Government officials, civil society members, and other development partners for the development of a social cash transfer programme in Senegal, with a focus on children.

Commentaire [r3] : à reformuler du style : malheureusement, ce concept n'a pas encore connu de mise en œuvre concrète. (ménageons les susceptibilités)

Children represent 58% of the Senegalese population. This constitutes – in theory at least, a burden for working people, and/or an increase risk for children to have to engage in labour. The NSPS identifies the following groups of children as being particularly at risk: children engaged in labour, *Talibe* boys, begging children, street children, orphans, and children with disabilities. A social cash transfer programme would operate as a preventive measure for households to provide appropriate care to their children.

Commentaire [r4] : Serait-il possible d'avoir une estimation du nombre total d'enfants dans ces situations?

To date, social transfers in Senegal have largely been perceived as hand-outs to assist households in time of hardship, but not as necessary social investments. Policy analysis in Senegal is now increasingly focusing on the potential of cash transfer systems to effectively and efficiently deliver social protection and create a foundation for pro-poor economic reforms. The PRSP and the NSPS include a potential role for cash transfers, and a recent Overseas Development Institute (ODI) report (commissioned by UNICEF) documents how "child-focused social transfers can have a significant impact on the reduction of poverty and vulnerability in Senegal."[Pereznieto and Fall, 2008:ix]

1.2. Objectives

Poverty incidence remains very high in Senegal, although individual poverty rates have been falling – from 67.9% in 1994 to 57.2% in 2002. Poverty is particularly pronounced in rural settings (65.2%). And extreme poverty prevalence reaches 20.2% of the rural population and even nearly 30% in Tambacounda and Kaolack regions. The 2007 Poverty Reduction Strategy Paper (PRSP) recognises that insufficiency of social protection systems – which cover less than 15% of the population – maintains the vicious poverty cycles and traps more and more people in poverty, while undermining investment and economic growth.

The recent global food price crisis has intensified the grip of poverty in the past two years, and government responses through general food and fuel subsidies have generated costs estimated at between 3 and 4 per cent of national income.[1] These policies have proven largely ineffective in reaching the poor, but have created economic distortions that undermine prospects for inclusive economic growth.

Poverty in Senegal disproportionately affects children, with child poverty rates significantly higher than those for any other demographic group (cf. Table 1.1). Child poverty is especially pernicious because it represents not only the immediate denial of a child's rights but also causes the intergenerational transmission of poverty. Insufficient investments in the health, education, and overall well-being of today's children re-create deprivation in tomorrow's adults.

Table 1.1 – Poverty rate and poverty gap in Senegal [Gassmann and Behrendt, 2006]

Demographic group	Poverty rate (headcount)			Poverty gap (as % of poverty line)		
	Food poverty rate	Basic needs rate	US$1/day poverty line	Food poverty rate	Basic needs rate	US$1/day poverty line
All individuals	19.7	65.0	34.4	4.5	22.5	9.6
Children (0-14)	**20.9**	**66.7**	**38.5**	**4.7**	**23.1**	**10.9**
Working age adults (15-59)	18.4	63.3	30.7	4.2	21.9	8.5
Elderly (60+)	20.8	66.5	35.2	4.6	23.1	9.4
Men	20.1	65.4	35.0	4.6	22.8	9.8
Women	19.4	64.7	33.9	4.4	22.3	9.5

The proposed social cash programme falls within the national social protection and poverty reduction strategies – protection of vulnerable children appears under the Pillar 4 of the NSPS, and under the Pillar 3 of the PRSP. And the ultimate goal of a child-centred social cash transfer programme is **economic growth and a sustainable reduction of poverty.**

International experience shows that social cash transfers have multi-dimensional and duplicating impacts. They proved to have a positive impact on school attendance, use of health facilities, nutritional status, women participation in work labour, etc. Yet their primary objective(s) – e.g. improve school attendance and completion rates; increase immunisation rates; improve overall health status of children; eradicate child labour; improve nutritional status of children; etc – inform the shape of the programme. Considering the main causes of child poverty and vulnerability, political and administrative difficulties, and financial constraints, the proposed programme is designed towards the following two primary objectives:-

1. To promote birth registration for all children

Commentaire [r5] : Juste une question de police que je trouve trop proche du style des sections pour faciliter la lecture

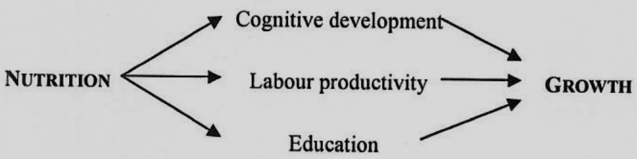
The United Nations Convention on the Rights of the Child (CRC) states that all children have the right to a name and a nationality as well as protection of their identity. Thus, birth registration gives legal recognition to a child and grants him or her nationality and hence the right to be protected by the state when parents or carers fail to do so. While in 2000, 60.9% of children under five were registered in Senegal, this rate fell to 55% in 2005. The DHS 2005 does not reveal any significant difference between birth registrations of girls (54%) and boys (56%). However, it revealed significant differences across regions (44% in rural areas against 75% in urban areas). The proposed programme will support the national social protection strategy: "*Mettre en place un dispositif et des mécanismes en vue de l'enregistrement universel des naissances à l'état civil*" [NSPS 2006:94].

[1] ODI (2008), page 54 and consultations with the IMF, World Bank, Office of the Prime Minister.

2. **To contribute to the prevention of malnutrition**

While stunting prevalence rates have fallen from 20% to 17% between 1992 and 2005, the recent food price crisis threatens a new cycle of deprivation, particularly in rural areas where malnutrition indicators are worse. A recent nutrition survey reported worrying trends: Global Acute Malnutrition rate of 11.2% (3 Health Districts out of 13 surveyed showing GAM rate over 15%); Severe Acute Malnutrition rate of 1.9% (3 Health Districts out of 13 surveyed showing SAM rate over 2%); stunting rates ranging from 7.4% to 23.5%; and infant mortality rate over 1/10,000 in 2 Health Districts out of 13 surveyed [République du Sénégal, 2008b].

World food prices are expected to remain above the five-year average, and be highly volatile. Children are one of the demographic groups most at risk of suffering long-term consequences of the current and foreseen time of hardship. The economics of nutrition quantifies the economic returns on investing in human capital. In particular, empirical simulations showed that better nutrition can foster growth through three basic channels: both directly via increased physical labour productivity and directly via improvement in cognitive development (and thus productivity) and education performance.



1.3. Targeting criteria and mechanisms

Poverty targeting aims to economise on programme resources by directing cash transfer benefits only to the poor. The savings in cash transfers must be balanced against the costs of the targeting processes – which include not only the direct costs to the government from administering the targeting mechanisms, but also the private costs to programme participants they incur in complying with the targeting requirements, as well as a range of social, political, and other costs. Badly targeted programmes can impose costs that exceed the theoretical savings from only reaching the poorest.

1.3.1. Target group

Consultations with stakeholders in Senegal over the past several months have identified the potential benefits of a system of universal child benefits to **all children up to the age of 5 years.** Young children in Senegal are disproportionately poor, highly vulnerable and yet represent the greatest potential for social investment. Cash transfers to children offer the opportunity to tackle poverty, invest in long-term human resources and lay the foundations for broader economic reforms that can stimulate inclusive and pro-poor economic growth.

Children under age five are particularly vulnerable, since the consequences of deprivations at this age are largely irreversible. An individual's capabilities depend critically on early childhood living standards, and 85% of a child's core brain structure is formed by age three. Children suffering severe deprivation in their first five years are less likely to attend and succeed in school, more likely to be unemployed as adults and more likely to suffer chronic illnesses later in life. Early childhood interventions improve subsequent education and health outcomes and raise adult labour productivity.[2]

[2] Save the Children (2003), Aguero et al. (2006), Samson, Mac Quene and van Niekerk (2006), Samson et al. (2004).

Proposition d'insérer un petit cadre à la fin de chaque section pour faire ressortir les recommandations opérationnelles.

Recommandation 01 : Cibler tous les enfants de moins de 5 ans.

Mis en forme : Français (France)

Mis en forme : Français (France)

Mis en forme : Police :Gras

Tableau mis en forme

Mis en forme : Français (France)

1.3.2. Targeting approach

Weighing the potential costs and benefits, and in light of the priority of developing a transparent and readily implementable programme, the proposed programme adopts a **geographically targeted categorical mechanism**, with universal provision of cash transfers to all children up to the age of five years within the very poor locations identified for the pilot phase. Such a categorical approach effectively employs the granular information on the spatial dimension of poverty, and supports the investment potential of human capital development. The approach is also easy to implement, well-understood by the community and transparent.

Geographical targeting is required in view of i) the significant differences between urban and rural areas, ii) the cost of a national programme and the need for a progressive extension of the programme. This appears to be acceptable in Senegal, since it is done by most, if not all, providers of assistance. Eventually, the programme is meant to have a national coverage.

The decision to adopt a universal approach, rather than a targeted one, which would aim to identify children within the poorest households, is supported by a number of considerations. Consultations with stakeholders have identified a range of opinions and assessments of potential targeting processes, with a general consensus that means-tested approaches are unlikely to be cost-effective. And the process of means-testing and identifying the 'deserving poor' is often invasive and stigmatizing.

Assessments of the potential of community-based and purely categorical approaches were more diverse. Community-based mechanisms internationally generate a wide range of outcomes, with some of the best and worst outcomes in terms of targeting mechanisms [Coady et al., 2004]. Community-based programmes have their local political demands and prerequisites, their gender bias, their patronage and clientelism, and may run counter to the universalistic cultures of some communities. They can exacerbate local differentiation, be captured by local elites who may traditionally sanction discrimination, and so on. Upcoming elections increase risks of clientelistic practices of local elites. If some NGOs might have been able to develop satisfactory community-based mechanisms in their project, such mechanisms appear hardly replicable at national scale – "*There appear to be a trade-off between outreach or coverage and community participation in programme design and implementation – e.g. identification by communities of eligible beneficiaries.*" [Save the Children UK et al., 2005:vi]. Community-based mechanisms tend to undermine the importance of empowerment in poverty eradication, and bring perverse incentives created by changes in people's behaviour in attempts to become eligible to the scheme. Universal benefits will not damage market incentives to take a job or make savings for times of hardship.

Commentaire [r6] : Je pense que la phrase precedente est suffisante

The development of a fair, transparent, scalable and efficient targeting system appears unrealistic given political and administrative difficulties. In addition, targeting would not necessarily translate into larger transfers to the poorest. A number of reviews show that targeting tend to lead to reduced budgets devoted to poverty and welfare, with theoretical savings (and more) being eat up by administrative and corruption costs. And looking at the relationship between targeting and the political economy of domestic resource mobilization, a universal approach is one of most effective ways to ensure political support by the middle class of taxes to finance welfare programmes [Mkandawire, 2005].

Abuse and humiliation should not become common features of citizens' interaction with the state, if the social cohesion is to be supported. Pereznieto and Fall point out that "*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 might be useful for justifying the intervention to the community.*" The call for more transparency also appears in the ESPS findings, and was echoed by numerous interviewed stakeholders.

Given the limited capacity available, and the (high) risk of fiduciary, a categorical targeting approach is preferable. In that case the process is primarily one of registration and cash delivery. Categorical approaches provide more predictable outcomes. And as Dercon argues, what is essential "*for any formal safety net and for any risk reduction policy, is that such a policy needs commitment and credibility. It should be permanent and transparent; moreover: it should be highly predictable*" [Dercon, 2001:68]. Targeting typically involves uncertainty about whether rights to the benefit will in practice be met or not.

Finally, the chronic nature of poverty in Senegal, and the large size of population affected make the case for a universal child benefit even stronger. In a context of chronic poverty and intergenerational transmission of poverty, focus should be put on long-term human capital investment, rather than short-term poverty reduction. Even if both objectives are intertwined in practice, a focus on poverty would suggest exiting beneficiaries from the programme when they are above a certain poverty line. However, as observed in Mexico's *Opportunidades* social transfer programme, this strategy does not mean that beneficiaries have built the human capital to break the intergenerational transmission of poverty [Yaschine and Dávila, 2008]. In a context of chronic poverty and high degree of vulnerability, there is a need to take account of the long-term nature of the process of poverty reduction.

Recommandation 02 :

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Mis en forme : Français (France)

1.3.3. Transfer's actual recipient

Although a child benefit would recognise the rights of children and therefore targets children, regardless of household arrangements, in practical terms, it will require an adult to apply for, and collect, the transfer. Transfers will be targeted at **children caregivers** who are predominantly women. There is evidence that cash transfers targeted at women rather than men have a stronger impact on the living standards of their children, particularly girls [Barrientos and DeJong, 2006]. The fact that polygamy remains common also supports the decision to transfer benefits to mothers/caregivers rather than heads of households.

Complementary arrangements will need to be identified to ensure that orphans, street children and child-headed households do not fall outside the conditions for entitlement of the benefit because of the absence of an adult. In those cases, the transfers could transit through an institution (for orphans and street children) or a mentor (for child-headed households).

Child-oriented grants are, in theory, supposed to move with the child beneficiaries if they move households. However, experience from South Africa suggests there are problems with this assumption, and the issue of street children and *Talibé* suggests maintaining the transfer to the 'legal' caregiver of the child, while measures will be taken to maintain the child within his/her 'legal' household or institution.

Recommandation 03 :

1.4. Conditionality

The purpose of conditionalities is to encourage poor households to prioritise the human capital development of children. This is essential for tackling the inter-generational cycle of poverty. And conditionalities are to be viewed as being developmental rather than aiming to punish households for non-compliance.

Conditional Cash Transfer (CCT) schemes aim at creating demand by poor households for social services deemed critical to human capital accumulation – usually related to education and health care. There are several reasons why poor households and the vulnerable do not have access to most of these public and social services:-

- Households may simply lack the resources necessary to pay the direct and indirect costs associated with accessing the services. Some of these costs may include user costs – school fees and charges on health care, transportation costs, etc.
- Households may also lack the information about the benefits of some types of social services for instance parents may not recognise the returns to registering children's birth.
- Household decision-makers might not always act in the long term-best interest of certain members – particularly children where basic survival is a priority. For example, some caregivers might depend on the short term income gains from child labour even while recognising the longer term benefits the child will receive from education.

Conditionalities are costly to implement and require strong and well coordinated administrative machinery. The positive effects of conditionalities are most likely to be registered when the objective of parents and caregivers is not aligned with the welfare of the children, and parents have poor information about the future benefits of education and health for their children [de Janvry and Sadoulet, 2006]. Conditionality may also create perverse outcomes. They may penalise the very households which are in most need of support but which are held back by social constraints or adverse outcomes.

Considering availability of quality services, risks of penalization for the poorest, and additional costs of conditionalities, the proposed programme adopts **no conditionality**. Conditionalities could still be introduced at a later stage, once the provision of quality social services has been improved, if deemed necessary.

Experiences from conditional cash transfer programmes in Latin America and the Caribbean suggest that linking transfers to child attendance at schools or clinics can achieve additional positive outcomes for children. However, to date there is no robust evidence on the incremental impact of conditionalities in well established CCT programmes. There is emerging evidence that non-compliance is rare when the programme has been in place for a while and beneficiaries are fully informed of their entitlements and responsibilities. This has prompted the suggestion that conditionality may therefore not always be necessary to guarantee the effectiveness of a programme [Ayala Consulting, 2003; Barrientos and DeJong, 2006].

In Africa, conditional cash transfers have proven less popular to date, possibly because the quality of education and health services is often so poor that the benefits of imposing these conditionalities are doubtful [Save the Children UK et al., 2005]. The Kenya experience might soon bring additional learning. Its OVC programme is designed with an aim to isolate the impact of conditionalities over and above the impact of the cash transfer. Preliminary comparison between 4 districts that impose education and health conditionalities and 4 districts that do not tends to suggest that similar results can be achieved without conditionality.

International experience shows that people tend to spend transfers primarily on food, education, health and other essential goods and services, even more so when the transfer is targeted at women. And there are evidences from Senegal that recipients of remittances or cash vouchers use their social transfer on essential items [AfDB, 2005; CRS, 2008]. The CLM/PRN seems to have achieved positive impact on health prenatal visits, exclusive breast feeding, and use of impregnated mosquito nets without hard conditionality.

Other approaches – some already being developed – might be most appropriate to change behaviour, e.g. communication campaigns, political decisions, extension of school feeding activities, etc. And rather than conditionality, it is proposed to promote a sense of 'social obligations' through education campaigns, mothers associations, children clubs, and community committees. Another way of achieving multiple impacts with the cash transfers is to link their delivery with the delivery of basic services (e.g. birth registration, family planning campaign, nutrition education) or complementary services (e.g. banking). This is further discussed in the 'Implementation Plan' section.

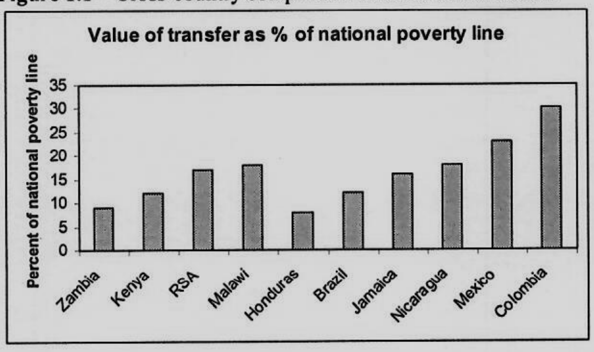
Recommandation 04 :

1.5. Transfer value

The determination of the appropriate benefit level for the proposed universal child benefit must balance three competing objectives: adequacy, affordability and acceptability. The social transfer must be adequate to make a significant impact—although not necessarily large enough to erase every household's poverty gap. Government must be able to afford the benefit level—not only in the pilot stage but more importantly as the programme is scaled up to the national level. Affordability includes both providing appropriate coverage to the poorest and ensuring reliability and permanence. Politically, the benefit level must be acceptable to policy-makers and the nation's population—it cannot be either too small or excessively large.

Evidence from Senegal's household living standards survey indicates that a benefit between 5% and 10% of per capita income will be sufficient to significantly improve the living standards of the poorest—particularly in terms of supporting nutrition. Internationally, there is considerable variability in the size of benefits across child-focused programmes, with benefits usually ranging between 10% and 30% of the respective country's national poverty line. Figure 1.1 below illustrates the range of benefits in a sample of countries providing child-focused programmes.

Figure 1.1 – Cross-country comparison of child benefit values



A benefit level of 10% of per capita income in 2008 equals CAF 45,600 annually (eq. US$90 or €70), or **CAF 3,800 monthly per child** under the age of 5. This is approximately 30% of the adult food poverty line, and 42% of the average per capita expenditure of the poorest quintile in Senegal. While not sufficient to eradicate child poverty, this benefit level will provide a meaningful impact in increasing the consumption of the poorest in Senegal.

Depending on the payment mechanism eventually adopted, the frequency of the transfer should ideally be **monthly**, or bi-monthly. Smaller transfers tend to be spent on immediate needs, while larger transfers tend to be invested in livelihood assets. Given the primary objective of the programme, smaller but more frequent transfers are to be preferred.

The transfer value needs to be **index-linked to staple food prices** to ensure that constant access is maintained whatever the cost of food. ANSD produces a monthly Consumer Price Index (CPI)[3], and any variation of more than +/-10% in the food CPI should translate in the adjustment of the transfer value. This will require including a 10% contingency budget.

The current family allowance scheme for civil servants provides a transfer of FCFA2,400 per month and per child with no limit on the number of children for the prenatal and maternity allowance, but with a limit of 6 children for the family allowance. Although the transfer is targeted at children, it is proposed to cap the amount per household. The recent nutrition survey reported an average of 1.4 children between 6 and 59 months per household. The size of the transfer will be **capped** to a maximum of 3 children.

The proposed monthly entitlement per household will vary from US$7.6-US$22.7. In other African countries' social programmes, maximum transfer amounts vary from US$3-US$6 in Mozambique to US$29-US$171 in South Africa. The maximum of US$22 is comparable to what obtains in Kenya.

Recommandation 05 :

1.6. Payment mechanisms

Generally, the emerging typology of payments delivery systems identifies two broad classes of approaches. The '*pull*' mechanism requires participants to arrive at a specific 'pay point' at a pre-determined time in order to access their social transfers. Traditionally, most cash transfer programmes in developing countries employ 'pull' approaches. Alternatively, '*push*' mechanisms transfer the payment into a vehicle available to the participant continuously over time. For example, the 'materialisation' of a social transfer on a smart card or cell phone which the participant can use at any time is an example of a 'push' mechanism.

Much of the innovation in payments systems revolves around the transition from 'pull' to 'push' mechanisms. The choice of a 'push' mechanism (perhaps over a longer horizon) will help support the extension of financial infrastructure that can generate broad developmental benefits in addition to the delivery of cash. 'Push' mechanisms are also more likely to be convenient to beneficiaries, who are then able to access the cash as needed, or to simply use the vehicle directly to finance transactions without ever holding physical cash. Beneficiaries need not make special trips to pay-points or wait in queues, or risk theft of their cash-in-transit. 'Push' mechanisms are also more likely to facilitate savings and be available to support other financial services, such as remittances or micro-credit. 'Push' mechanisms provide much greater flexibility to the beneficiary, particularly for those who have difficulty travelling to pay-points.

Naturally, 'push' mechanisms also suffer from significant disadvantages. First, they are often more expensive to initially implement than 'pull' mechanisms. While the technological advantages may make them more cost effective in the long run, the initial investments required may discourage adoption. Also, 'push' mechanisms usually have

[3] *Indice Harmonisé des Prix à la Consommation*: http://www.ansd.sn/publications/conjoncturelles/IHPC/mensuelle/IHPC_12_08.pdf

greater fixed costs, requiring a larger scale operation for cost-effectiveness. The time involved in developing the infrastructure and systems may make them unattractive for pilots aiming at immediate roll-out. Furthermore, some technologies involved with 'push' mechanisms require more sophisticated user processes, such as managing an electronic bank account or cell phone transactions system. This may require more training for beneficiaries.

The choice of cash delivery mechanism need to consider: transfer cost, convenience for beneficiaries, security for provider and beneficiaries, and developmental impact of the cash delivery mechanism. A review of potential options is presented in Annexe 3. And below are options identified for a practical, manageable and cost-effective cash transfer delivery mechanism that offers a timely and reliable flow of funds to the beneficiaries. A strategy for the long term development of an appropriate and cost-effective mechanism is proposed, as well as an interim arrangement, taking into account the trade-off between short-term expediency in terms of an immediately practical system and the long-term objectives of providing a developmental and socially protective mechanism.

Option A – Orange Money

In November 2008, Sonatel and BICIS signed a partnership for the development of Orange Money in Senegal. Orange Money allows Orange (prepaid or postpaid) customers to use their mobile phone for financial transactions such as withdrawal and money transfer, bills payment, purchases at affiliated point of sales, airtime credit and transfer. This new service is currently in pilot phase with the view of rolling it out across the country over 2009.

Orange Money is already in place in Ivory Coast since December 2008[4]. People do not need to have a bank account to register to the service. Being an Orange customer is enough to activate an Orange Money for free, with no minimum deposit. Deposit on the account is free of charge. Money can be withdrawn in any registered Orange Money agent. Indicative fees are presented in Table 1.2.

Table 1.2 – Indicative child benefit payment costs, as per Orange Money costs in Ivory Coast

Number of children	Household monthly entitlement (FCFA)	Transfer costs (FCFA)	Withdrawal fees (FCFA)
One child	3,800	300	300
Two children	7,600	500	500
Three children	11,400	600	600

Mobile networks cover 90% of the Senegalese population and is growing exponentially. And such a system would be easily scalable even in remotest areas of Senegal, given than registered Orange Money agents are present. In addition, the proposed system provides the poor not only with cash, but also with access to information and communications, which in turn can contribute to making markets work better for the poor. The Senegalese society Manobi[5] (whose Sonatel is a shareholder) has already developed SMS-based products such as 'Texting for Literacy' sessions (developed with the NGO Tostan), and an access to market prices through SMS text messaging (already consulted by more than 3500 Senegalese producers). These systems, developed along with integrated services to support production and marketing in the agriculture, fishing and food-processing industries present a huge developmental potential.

Such an m-payment system would theoretically support monthly or even bi-weekly transfers. However, first such small amounts, transfer and withdrawal costs (as they stand in Ivory

[4] For more information on Orange Money in Ivory Coast: http://www.orange.ci/omoney/.

[5] Manobi Senegal is the first Senegalese operator of value-added services on Mobile and Internet for private entrepreneurs (http://www.manobi.sn/sites/sn/). It received the African ICT Achievers Award in 2004. For more information on Manobi Development Foundation: http://www.manobi.net/foundation/.

Coast) would represent 10-15% of the transfer. Such costs might be reduced in a large programme. The number and location of registered Orange Money agents need to be convenient to beneficiaries – e.g. in village, at weekly market, near health centre, etc.

Option B – Smartcards

In case the Orange Money service is not available, at least for testing when the pilot phase is to be launched, an alternative option to explore is the use of smartcards. A magnetised/chip card would be charged with key information on the beneficiary: name, photograph, ID card number, entitlement, etc. And beneficiaries would be provided with a PIN code number. Beneficiaries could then withdraw their entitlement either in regular ATMs or/and in Points of Sale (POS) located in strategic locations (post offices, traders, health centres, etc). Again, this system would not require beneficiaries to open bank accounts. Such a card can be easily turned into an electronic food voucher, but still presents less developmental potential that the use of mobile phones.

A few banks propose or will soon propose such 'payroll card' (e.g. CBAO, CNCAS,) but they do not appear to be adequate for the proposed system – e.g. withdrawal can only be done per FCFA5,000 bracket, there are only few ATMs mainly in Dakar, etc. Manobi already provides smartcards to the producers the organisation supports, and is exploring payment options with the CMS, the largest microfinance institution with 143 pay points throughout Senegal.

Option C – Mobile pay points

Commentaire [r7] : Ou guichet fixe avec date à laquelle le bénéficiaire peut venire retirer ses especes (piste probable dans un 1er temps pour le CLM)

The option of mobile pay points should only be considered for the pilot phase, in case other technologies are not yet available. This option might prove more cost-efficient during the pilot phase when the number of beneficiaries remains limited, but it should not be considered for the national scale-up. If this option is adopted for the pilot phase, it might be best to launch a tender and compare offers from postal bank, microfinance institutions, private companies, and NGOs, considering proposed costs, frequency of payment, mechanisms to ensure the right person gets the transfer, etc.

Recommandation 06 :

1.7. Complementary components

Cash transfers should be integrated into a comprehensive package of context-specific social protection interventions. For child wellbeing, cash transfers are a key economic intervention as part of a range of social protection measures – policies, insurance schemes, fee waivers, etc – that includes access to and quality of health, education and other services for all children, child protection (including legal) and psycho-social support. A **child-focused integrated package of social protection measures** will i) offer escape routes from extreme poverty, and ii) ensure children's rights are respected, and in particular children's ability to access good nutrition, quality education, preventative health care, and prevention of abuse, neglect, violence and exploitation.

Such a child protection model is the priority first step of a broader social protection model. Senegal's financial constraints and limited experience in social protection call for a phased approach to the development of a national social protection scheme. And as previously indicated, children appear to be the priority group in need of assistance in Senegal. It is interesting to remind here that the successful social protection scheme *Bolsa Familia* in Brazil started as a programme exclusively targeted at children. Its success later pushed the government to expand the programme to other vulnerable groups.

Measures need to be taken to strengthen **birth registration** mechanisms, and a range of communication and education campaigns need to be developed, in particular birth registration campaigns and more broadly campaigns on the Convention on the Rights of the Child, and family planning and other reproductive health activities. Culturally, the more children a woman has, the better she is considered. In a context of widespread polygamy, this fosters an unhealthy competition between wives/women. A Universal Child Benefit should not support such behaviour.

Finally, the proposed programme also needs to be part of a **set of preventive and curative measures to fight malnutrition**. The integrated approach Save the Children adopted in Niger might be a useful model to learn from. If the recent nutrition survey revealed a deteriorating situation following high food prices and two bad agricultural seasons, it also highlighted poor nutritional practices – in terms of breastfeeding, weaning, and introduction of complementary food. The survey team recommended strengthened behaviour change communication campaigns, systematic screening, and treatment of acute malnutrition.

Recommandation 07 :

2. IMPLEMENTATION PLAN

2.1. Overall coordination

Defining who, at an institutional level, will manage the design, implementation and ongoing operation of the social transfers is a crucial first step upon adoption of a social transfer programme. The institution that gathers the following characteristics will be the best one to manage the programme [Samson et al., 2006]:-

- A sincere and durable political *commitment* to social protection;
- The political *influence* to secure resources and defend the programme's priority;
- The institutional *capacity* to deliver an administration-intensive programme.

However, it is often impossible to find all three qualities in one single institution. And the choice of the managing institution often goes to:-

- the *relevant social development ministry* (i.e. the most committed one);
- the *ministry responsible for finance* (i.e. the most powerful one); or
- a *separate agency* which reports to a committee of related ministries (i.e. bringing together commitment, influence and capacity).

A reassignment of responsibility over time is also possible as observed in South Africa (from provincial governments to a national social security agency), Bangladesh (from the Ministry of Social Welfare to the Ministry of Women and Children Affairs), or Namibia (from the Ministry of Labour to the Ministry of Health and Social Services). Such is a shared of responsibility as seen in India where the Ministry of Labour supervises pensions and the National Family Benefit Scheme administers the grants.

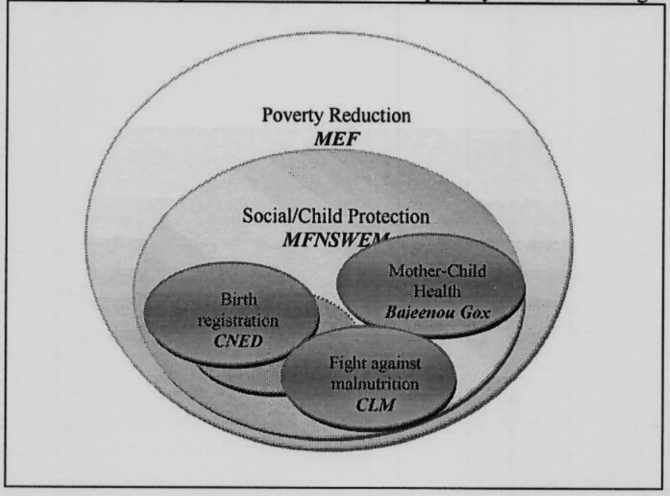
Each of these models presents advantages and disadvantages, and institutional arrangement need to be informed by a review of relevant Senegalese institutions, the primary objective of the programme (e.g. poverty reduction vs. education), and any longer-term vision for social protection in Senegal.

The Senegalese government is quite big, with 29 ministries in charge of often overlapping agendas – a rapid institutional analysis is presented in Annexe 4. The instability of Ministries is seen as one of the problem of policy implementation. Mandates of the different Ministries are often overlapping, and the frequent institutional modifications cause some confusion as to the mandates and activities of some key areas. Social protection is still not clearly attributed to a specific ministry. The number of Ministries also generates high administrative costs and negatively impact government effectiveness. Given the already complex (and expensive) structure of the Government, it is not recommended to set up yet another structure for the supervision of this programme.

Instead it is proposed to host the supervision of the programme in the **CSPLP** (*Cellule de Suivi des Programmes de Lutte contre la Pauvreté*) in the **Ministry of Economy and Finance** (MEF). The CSPLP is actively engaged in social protection discussions, and has established connections with other Ministries engaged in poverty reduction. Positioning the programme under the MEF might ensure institutional stability and political support.

However the MEF has no deconcentrated presence, and no implementation capacity. It operates at policy level only, and liaises with decentralised structures – which are often politicised. An implementation arm is required. The **Ministry of Family, National Solidarity, Women's Empowerment and Microfinance** (MFNSWEM) chairs the Pillar 3 of the PRSP on Social Protection. It is the Ministry with the most deconcentrated presence – after the Ministries of Education and Health. The **CSO-PLCP** (*Cellule de Suivi Opérationnel des Programmes de Lutte contre la Pauvreté*) is the Ministry's body responsible for the monitoring and coordination of the poverty reduction programmes. Yet the MFNSWEM suffers from institution instability, and lack of resources – e.g. no computerization, limited number of CPRS (*Centre de Promotion et de Réinsertion Sociale*), etc.

Figure 2.1 – Child protection measures within poverty reduction strategies



The supervising body will liaise with other Ministries through existing PRSP channels, and maintain close relationship with the following institutions:-

- **CNED** under the Ministry of Decentralisation and Local Authorities

The National Centre of Civil Registration (*Centre National d'Etat Civil* – CNED) regroups the different actors engaged in the development and implementation of civil registration systems. Two years ago, the Ministry of Home Affairs and Local Authorities who was in charge of the Civil Registry was split in two between the Ministry of Home Affairs – that coordinates Civil Register officers (prefects, mayors, etc) through the DAGAT (*Direction des Affaires Générales et de l'Administration Territoriale*), and the Ministry of Decentralization – who's operating at the policy level.

- **CLM/PRN** under the Prime Minister's Office

The Prime Minister chairs the Interministerial Orientation Committee, and directly supervises the Unit for the Fight against Malnutrition (*Cellule de Lutte contre la Malnutrition* – CLM) whose role is to define national nutrition policy and oversee the implementation of the nutrition programmes, and in particular its flagship programme, the Nutrition Enhancement Program (*Programme de Renforcement de la Nutrition* – PRN). The World Bank is planning to develop a pilot cash transfer programme within the PRN in 2009. The SMART nutritional survey team also called the CLM to systematic screening of child malnutrition, and treatment of acute malnutrition.

- **Bajeenou Gox** initiative under the Ministry of Health and Prevention

The community programme for the promotion of mother and child health (*Bajeenou Gox* initiative) was launched in Kolda in January 2009. The initiative proposes to identify and train in villages and neighbourhoods community female mentors (called '*marraine*' or '*badiène*') to raise awareness on mother and child health among pregnant women and nursing mothers. The initiative also envisions providing mobile phones to enable these female leaders to reach health services quickly and for free. The project will be implemented in Kolda and Sédhiou regions in 2009-2011, in connection with other community-based initiatives (incl. PRN) engaged in family planning, prenatal consultations, assisted delivery, postnatal follow-up, and immunization calendar and growth curve of children under 5. There is potential for synergies between this initiative and the proposed programme.

The supervising body will also have to exchange learning with other actors considering the development of cash-based interventions, including Ministry of Labour (considering the feasibility of extending pension schemes to workers of the informal sector), the PNLP (*Plan National de Développement Local*)[6], Unicef (envisioning a cash transfer component within its Street children project), and WFP (envisioning a cash/voucher-based intervention in urban areas).

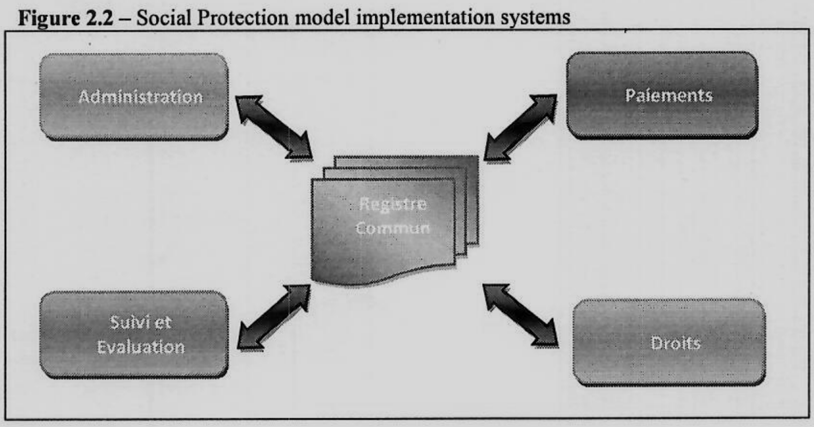
2.2. Implementation systems

A key design issue for social cash transfer programmes is addressing fiduciary risk. Good systems help address fiduciary risk, appropriate monitoring and evaluation contributes also. And the capacity of a lack of coordination to impact on the cost-effectiveness of the programme is great.

In the context of Senegal, this issue is particularly critical. Although the majority of the interviewed stakeholders expressed enthusiasm for the introduction of social cash transfers, many of them expressed serious doubts about the ability of the national institutions to manage such a programme in a fair and transparent manner, and actually deliver. The Government is perceived as less efficient than before [Ndione, 2008] and systems tend to be less participative and accountable, with power increasingly being centralised in the President [Pereznieto and Fall, 2008]. A weaken Parliament limits the scope for debate of executive proposals, and weak decentralised government institutions constraint programmes' implementation.

The issues of poor governance and limited capacity were also present in some developing countries that nevertheless managed to introduce social cash transfer programmes. And it is possible to build on their experience. The model presented below (see Figure 2.2) evolved from Brazil's *Bolsa Familia* programme in Brazil, and was later successfully applied in South Africa, Mozambique and other countries. It relies on a separation of duties between different structures, and a single registry ensures coordination and control. This model proves successful in addressing fiduciary risks and facilitating cash transfer delivery in a fair and transparent manner.

Figure 2.2 – Social Protection model implementation systems



[6] For more information on the PNLP: http://www.pndl.org.

Institutionalised programme does not mean that all duties will be performed by one single national institution or by national institutions only. The key to a successful design and implementation is to delegate the responsibility of each duty to the formal or non-formal institution for which it is the core activity, and to establish strong control mechanisms. For instance, cash transfer delivery is banks' core business, and ensuring people's rights are respected is traditionally civil society's role.

2.2.1. Single Registry

The Management Information System (MIS) is the heart of the implementation system. It registers and cross-checks who is entitled to receive assistance and who is actually receiving assistance. Currently the Government of Kenya is developing an **open source MIS system** that will be available free-of-charge to any country who wishes to adopt it. This will be available by early 2009, and is currently being implemented in the field in four districts in Kenya. This MIS system will need to be translated into French, and interfaces to birth registration database and payment database will need to be built to

Neither the MFNSWEM nor the Civil Registry runs a computerized system centralizing data on beneficiary families or birth certificates. Unlike the ID registry (managed by the *Direction de l'Automatisation du Fichier*), the Civil Registry is not centralized and largely non-computerised. Each rural community (*Communauté Rurale* – CR) maintains its own registry. Several towns computerised their civil registry. But while Dakar, Ziguinchor and Kaolak adopted similar software, Thies and other towns adopted different software.

While ultimately, a national registry needs to be set up, an intermediary solution could be to delegate this task to IPRES who has experience in this matter, and has experience working with PosteFinances and others for allowances payment. The registry can be integrated with birth registration processes to maximize the programme's developmental impact. Such developmental linkages (sometimes termed 'developmental conditionalities' – since they are non-punitive) can advance the human capital impact of the programme.

2.2.2. Administration

Administration includes delivery of all main-line functions of the programme, including registration, service delivery and case management. Civil registry is administrated at CR level. And two types of institutions can be considered to administrate the programme on the ground: the MFNSWEM's CPRS, and the decentralised authorities. Experience in South Africa indicates that a centralization of responsibility ensures more uniform protection of people's rights to social assistance, and decentralised authorities might be politicised. On the other hand, the CPRS are not numerous enough and have limited capacities.

It is proposed to strengthen CPRS and expand their coverage. These centres could become the interface between the population at grassroots levels and the State institutions. Currently, there are only a few (under-staffed and under-equipped) CPRS, and they are not yet accessible to the mass. To help bridge the remaining gap between rural communities and deconcentrated structures, it is proposed to i) reinforce CPRS with additional staff and means; and ii) empower communities through Tostan or Plan Sénégal approach for instance – e.g. Tostan-supported CGE (*Comité de Gestion Communautaire*) or Plan Senegal-supported GMO (*Groupe de Mise en Œuvre*). Strengthened CPRS would work more systematically with community committees and community volunteers (e.g. PRN's *relais communautaires*). The centre could then provide guidance, monitor the programme implementation, and manage any complains.

Large communication campaigns will be organised to inform people on the programme. Caregivers of children under 5 will then need to approach a registration centre. A permanent centre will be established at CR level, and mobile centres will be organised in villages on specific dates e.g. on market days.

Registration of children under 5 holding a birth certificate
The registration of caregivers of children holding a birth certificate will be straight forward, and can be organised in a systematic way using the CR Civil Registry.

Registration of children under 5 with no birth certificate
If a child has not yet been declared, the registration will need to be done through a supplementary judgment (*'jugement supplétif'*). The child caregiver will first go to the Police who will register her/his identity and request. Then the child caregiver will present her/himself to the CR civil registry officer with two witnesses, and obtain a *'certificat de non-inscription de naissance'*. Finally, the Tribunal will summon the child caregiver and her/his two witnesses to a public hearing (*'audience foraine'*), held at the region level. It costs FCFA6,000 to go through the public hearing process.

This process is quite burdensome (and expensive) for most parents. Recent research from the CROSP Kolda (*Centre Régional de l'Orientation Scolaire et Professionnelle* under the Ministry of Education) confirmed that main causes of poor birth registration rates are: i) ignorance of parents; ii) poor training of civil registry officers and village chiefs; and iii) lack of computerisation and centralisation of the Civil Registry. In response to this assessment, the CROSP developed interesting initiatives that could easily be scaled up. First, a series of radio broadcasts and talks in communities on child rights, the importance of declaring children, and processes for birth registration showed very good results. Secondly, the CROSP works in close collaboration with the Tribunal to train civil registry officers. Finally, CROSP is developing a system of sponsorship for children with no birth certificates by influential persons of the community to support process and costs of the public hearing process. The CROSP also established child protection committees (*Comités d'Orientation et de Protection des Enfants* – COPE) to raise awareness in communities, and follow up sponsorship.

Improving the civil register system will be a prerequisite to the pilot project in order to minimise risks of fraud, such as (re-)declaring a 7-year old child as being 5-year old.

Registration of newborn babies
Birth can be registered at the CR level on the basis of the birth declaration filled by the midwife. This presupposed that delivery is done at the health centre, which is not the norm in rural areas. Alternatively, a declaration can be obtained at the health centre a few days after birth when the mother comes for the first medical visit of the child. With one of these documents, parents have two months to register their child at the CR civil registry centre, which can be quite far from the village. Birth certificate costs FCFA200-300 depending on the CR if within 2 months following the birth. And parents have little incentive to register their child. The incentive may only come when the child is over 7 and needs to register for exams or access scholarship, for instance.

Apart from parents' ignorance of the importance of birth registration, a serious barrier is distance between the village and the civil registry centre. And it is acknowledged among CNED partners that the system should involve local communities and village chiefs much more. Currently village chiefs have no legal obligations to keep village census registers up to date (*cahier de recensement*). They also receive little/no training for this, and the format of census registers are not harmonised. Village chiefs are given authority through prefectural order, and the DAGAT is considering revising the status of village chiefs – currently working on a voluntary basis.

It is proposed to provide midwives and village leaders with free access to cell phone and PDA applications so that the process of birth certificate registry can be launched at the confirmation of a live birth. This will be directly in line with the *Bajeenou Gox* initiative. Manobi will develop software to enable midwife and village leader to easily enter all information related to a newborn baby in an MMS[7]. The NGO Tostan could then support the training phase. Since early 2008, the NGO Tostan[8] has been running a pilot project in Ziguinchor to train people on the use of mobile phones – in partnership with Manobi. This was initiated as a mean for students of literacy courses to keep practicing, and offers a whole range of developmental potentialities i.e. get information on market prices by SMS text messaging – through the Manobi platform.

The process will thus be as follows:-

a. Midwife and village leader send an MMS containing the following information: father's name, father's birth date, father's ID # (if available), father's photo, mother's name, mother's birth date, mother's ID # (if available), mother's photo, child's sex, child's name, date of birth, time of birth.
b. This information is translated into an email through the Manobi platform received on CR civil registry's computer/PDA.
c. The civil registry officer prepares the birth certificate, informs the village leader that the certificate is ready, and agrees on the place and date where the parent will be able to collect the certificate.
d. The civil registry officer brings the certificate to the parent e.g. at the health centre where the mother comes for a postnatal consultation.

Not all CR have power supply, and it might not be feasible in a near future to provide all of them with computers – but maybe PDA with solar chargers instead. Yet, all primary civil registry centres at *arrondissement* level should be provided with a computer – there are a total of 123 *sous-préfectures/arrondissement. Sous-préfet* are ultimately responsible for population census in their respective arrondissement.

Communication campaigns and hotline

The development of the use of mobile phones can support better communication with communities, as well as dissemination of health/protection messages. Communities might also use mobile phones to report speculative attitudes of traders to customers associations. The State has little capacity to actually control traders' behaviour.

Eventually a hotline will need to be established within the MFNSWEM to respond to beneficiaries' difficulties – e.g. loss of SIM card, missed entitlement, etc; and any non-beneficiaries' complains.

2.2.3. Payments

As indicated in section 1, the preferred payment institution is **Sonatel** through its Orange Money services that present great developmental potentials. Kenya was the first country in the world to use mobile phones for cash transfers. The m-payment service, called M-PESA, was developed by Safaricom Limited, and successfully tested by Concern Worldwide early 2008 in the remotest parts of Kenya. The following recommendations were drawn from the M-PESA experience [Datta et al., 2008]:-

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[7] Manobi had proposed such a system to institutions involved in birth registration as early as 2006. At the time, it was felt that other weaknesses in the civil registration model needed to be tackled first. Interviewed stakeholders tend to agree that the system could now be successfully introduced.

[8] The NGO Tostan has been running community empowerment programmes in Senegal for over 20 years, and is the winner of the 2007 Conrad N. Hilton Humanitarian Prize. For more information: www.tostan.org.

- Cluster targeted households into groups of ten or less, and nominate one literate person as cluster leader – the system runs on an SMS platform, meaning that users need to be literate;
- Allow beneficiaries without identification documents to nominate a trustworthy adult member of the household to receive cash on their behalf, with the close monitoring of the cluster leader – identification documents was a key requirement for receiving cash at M-PESA centres;
- Provide cluster leaders with a mobile phone and a solar charger, wherever no cluster members have access to a mobile phone, and train them on how to use the equipment.
- Although the equipment can be shared by all cluster members, provide each beneficiary with a SIM card to register for M-PESA, to reduce the risk of cash transfers falling into the wrong hands.
- As much as possible, ensure that the targeted households have mobile phones and compliant SIM cards, or increase the ratio of mobiles to families – mobile phones proved not robust enough to cope with frequent changes of SIM card.
- Develop a quick mechanism to deal with lost SIM cards – 20 of the 570 M-PESA beneficiaries lost their SIM cards.

The programme will be designed in line with these recommendations. Clusters could be developed in coherence with *Bajeenou Gox*-envisioned mother's associations. The collection of money could coincide with awareness raising sessions.

2.2.4. Monitoring and Evaluation

The M&E function is particularly critical in the early stages of the programme. Although pilots can begin to achieve objectives in terms of tackling poverty, supporting social development and promoting economic growth, the main objective of a pilot phase is to build an evidence base to support national scale programmes. The specific objectives of the M&E system are to:-

a. Inform the implementation of the programme: the early stages of a programme present a substantial opportunity for learning and capacity-building.
b. Demonstrate programme impact to policy-makers, development partners and general public.
c. Feed into the global lessons of experience: South Africa became a role model throughout the region and world because its programme has been successful and well-documented. Rwanda's innovative approach has the potential to generate similar levels of interest.

The overall responsibility of M&E will fall under the CSPLP and/or the CSO-PLCP. The use of new technologies (SMS texting), will enable real time process monitoring and evaluation of the programme. ANSD will be able to provide technical support for impact evaluation. Ad-hoc external support will be sought from structures like: CRDH (*Centre de Recherche pour le Développement Humain*) who is engaged in DHS and PRN evaluation; CEGA (Centre for Evaluation of Global Action) at the University of California, Berkeley – a Tostan partner for the evaluation of the SMS project; or the University of Arizona – who conducted the evaluation of the British Red Cross cash transfer project in Niger. It will be important to involve the civil society in monitoring and evaluation activities. This could be done through existing coordination channels, and possibly strengthened with the use of new technologies (e.g. with Manobi). Children associations in particular should be empowered. The M&E component is discussed further in section 4 below.

2.2.5. Rights

This function traditionally falls under the responsibilities of committees and civil society.

Complaint mechanisms need to be put in place and supported by civil society representatives and authorities. Children Forums are expected to play a very active role, and may serve as the main vehicle for rights protection. The following institutions could be directly involved:-

- The National Platform of Civil Society Organisations for the Monitoring of the MDG in Senegal (*Plateforme Nationale des Organisations de la Société Civile pour le Suivi des OMD au Sénégal*) created in 2004 has the mandate to facilitate civil society dialogue around MDG-related issues, to coordinate any activity related to the monitoring of the NDG, and to represent civil society at the National Committee driven by the State. The platform gathers NGOs, trade unions, rural producer associations, youth/women/disabled associations, faith-based associations, etc.
- NGOs' coalitions, such as Congad (*Conseil des ONGs d'Appui au Développement*), and Conafe (*Coalition Nationale des Associations et ONG en faveur de l'Enfant*).
- NGOs successfully supporting community empowerment, such as Tostan (that trained 1386 CGE to date), and Plan Sénégal that supports the setup of GMOs.
- NGOs supporting Child clubs. Plan Senegal established about 200 Clubs Guneyi which are involved in immunization campaigns, and supports Radio Guneyi, as well as sport and cultural associations. CCF and Save the Children (through local partners) also support Child clubs. It is worth noting that the Ministry of Social Assistance also supports the Children Parliament (*Parlement des Enfants*), and the National Youth Council (*Conseil National de la Jeunesse*) have structures at departmental, regional and national levels. However, both of these structures appear to be politicised.
- Community committees (*Conseils de Quartier, Association de Développement Villageois*) are established with the local authority ('*Commune*') and supported by the deconcentrated technical services – Directorate for Social Assistance, Directorate for Community Development, etc.
- Community-based structures: GIE (*Groupement d'Intérêt Economique*), women associations, disable associations, farmer associations, etc.

Coordination between these different institutions – decentralised institution, deconcentrated structures, NGOs, etc – are done through the Development Committees at each administrative levels from arrondissement to regional level (*Comité Local de Développement, Comité Départemental de Développement, Comité Régional de Développment*).

Overall, the proposed programme meets the principles stated in the NSPS: proximity (with community-based systems); subsidiarity; delegation (with delegation of public service missions to local authorities, civil society, private sector); transparency (with simple selection criteria, and use of ICT); participation; equity; complementarity and synergy (with links with PRN, and *Bajeenou Gox*).

2.3. Pilot phase

The main objective of the pilot is to test and fine-tuned technologies, build evidence to inform any required modifications to the model at national scale, and (maybe more importantly) to raise national and international interest in the proposed model.

2.3.1. Pilot area(s)

The model will need to be tested in both urban and rural settings. Ideally, activities should be launched in priority in poorest areas. However, it is also necessary to choose easily accessible areas for a good supervision of the project, and a successful pilot which will bring further political engagement and resources.

The recent nutrition survey identified the following departments as most vulnerable to high food prices and crop deficit and at risk of nutritional crisis: Sédhiou, Gossas, and Matam; followed by Bambey, Fatick, Kaolack, Kaffrine, Kédougou, Vélingara, Kébémer, Louga, Podor, Bakel, Oussouye, Kolda, Pikine and Rufisque. Among these departments, the survey found highest chronic malnutrition rates in Sédhiou, and highest acute malnutrition rates in Matam and Bakel.

It is proposed to run the initial testing in the department of **Pikine**, in Dakar suburbs. Vicinity from the capital city will ensure proper supervision, as well as visibility to other actors, for potential collaborations. The Manobi software and platform will be tested and fine-tuned in this first pilot area.

It is then proposed to test the model in the rural department of **Kolda**, in Casamance. Kolda was picked up for the following reasons: poverty rate in the department reaches 66.5%; high maternal and infant mortality rates; poor infrastructure; a number of relevant stakeholders operate in Kolda: Unicef, PRN, Bajeenou Gox, CROSP, Tostan. Alternatively, the pilot could be run in the department of Sedhiou where chronic malnutrition rates are high, infrastructure is poor, and Bajeenou Gox will also be operating.

Within these departments, the poorest *arrondissement* will be selected based on the granular information available at the ANSD. ANSD is planning to update the comprehensive village survey conducted in 2000. Results are expected to be available by June 2009. Village ranking will be based on level of access to basic services, and not monetary poverty. Still it can be useful information to select pilot village(s).

It was also suggested to pilot the model in an urban area outside Dakar – for instance in Bambey, and in the department of Matam where needs are huge and providers of assistance few. It was felt that Matam was not accessible easily enough for a close supervision of the pilot. The departments of Matam and Bambey should be considered in the next phase of the scale-up plan.

2.3.2. Pilot management structure

A **Steering Committee** will be established to oversee the pilot phase of the programme. It is proposed to include the following members:-
- Lead Ministries' representatives – MEF, MFNSWEM
- Other governmental institutions – e.g. CNED, CLM
- Development partners – e.g. Unicef, World Bank
- Civil society members – e.g. National Platform of Civil Society Organisations for the Monitoring of the MDG in Senegal
- Private sector members – e.g. Manobi, Sonatel

Pilots provide a critical element of capacity building through practical experience. And it is often useful to 'overstaff' them in order to:-
i) increase the chances of success of the pilot (again the primary objective is to demonstrate impact and build political acceptability and donors' interest);
ii) document as much as possible the process, and increase the ability to identify good practices and shortcomings; and
iii) train teams who will later replicate interventions during the phase-up stage.

NGO/UN agency staff might directly support the implementation of the pilot project, while the capacity of national institutions is being scaled-up.

2.3.3. Pilot duration

In order to ensure significant social protection and child development impacts from the pilot, it is recommended that the pilot runs for at least one year, and preferably **two years**. International evidence suggests that chronically destitute households require long-term social assistance interventions. A mid-term review after 6 month will inform programme adjustments, and a first impact evaluation after 12 months will inform the geographical expansion of the programme.

2.3.4. Capacity-building

In order to support a bottom-up approach and ensure decentralized institutions' support, there is a need to:-

- ensure social protection and child protection interventions are appropriately co-ordinated to avoid duplication of efforts and promote synergies;
- strengthen deconcentrated structures such as CPRS;
- train staff of decentralised authorities on social protection issues;
- reinforce capacity for M&E – data and statistics collection at *arrondissement*/CR level.

At the national level, there is a need to:

- provide financial and technical support to develop systems enabling rapid flows of information during the challenging start-up period;
- provide financial and technical support in impact evaluation;
- support the setup of the Single Registry;
- train decision-makers and other development partners on social/child protection.

2.4. Scaling-up

The programme is expected to be progressively scaled-up to its national scale over 5 years. An indicative scale-up plan is presented in Figure 2.3. Scale-up will need to be coordinated with other relevant initiatives e.g. civil registry improvement plan. The fact that the programme is geographically targeted is unlikely to generate population movements to beneficiary areas because the cost of leaving one's land/house is likely to be higher than any benefit from the programme. Still, registration will be accepted only over a limited period of time in each successive selected area.

Figure 2.3 – Indicative scale-up plan of the pilot

	Scope	Timeframe	Year 1	Year 2	Year 3	Year 4	Year 5	Post-pilot
Phase 1	One CR in two departments	Six months to one year						
Phase 2	All CRs in the first two *arrondissements* One CR in two other departments/regions	Six months to one year, based on mid-term review/impact evaluation of Phase 1						
Phase 3	All *arrondissements* in first two departments One *arrondissement* in two other departments	One year, upon satisfactory impact evaluation of the *arrondissement* model developed in Phase 2						
Phase 4	At least one department in all 14 regions	One year, upon satisfactory impact evaluation of the departmental model developed in Phase 3						
National scale-up	Scale up to all 45 departments	Upon satisfactory impact evaluation of the 5-year pilot						**Universal Child Benefit**
Admin	Cross-CR administration, including MIS	Scaled-up over five years						
M&E	Monitoring & Evaluation	Phased over five years						

Once at national scale, it will be possible to further expand the programme's outreach by extending the eligibility threshold to 7, and then 14. This will enable to reach school-age children, and children most at risk of worse forms of child labour.

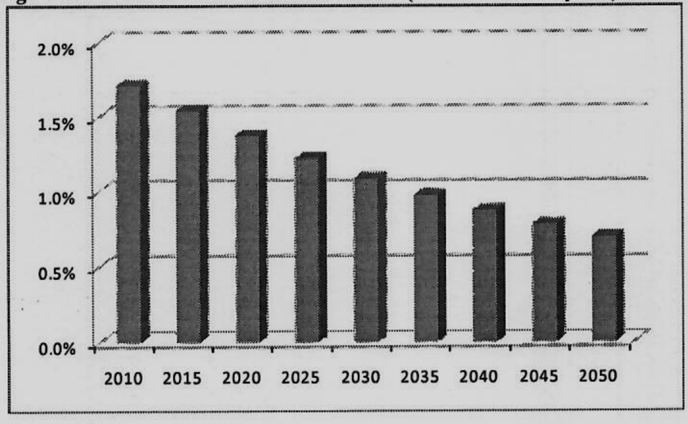
3. FINANCING PLAN

Affordability at national scale depends on i) the fiscal resources available to government, ii) the cost structure of the programme and iii) the extent to which the programme itself has an impact on available resources, by generating economic growth and development impacts.

3.1. Fiscal cost

Micro-analysis of household survey data and demographic modelling indicate that a universal child benefit equal to 10% of per capita income will cost 1.7% of national income at scale in 2010 (cf. Figure 3.1). This represents less than half the cost of the existing system of general food and fuel subsidies – yet would generate a significantly more efficient poverty reduction impact. Over time, the cost of the child benefits would fall – given the trend in falling fertility and the impact on economic growth. An initially lower benefit could be scaled up as economic growth and changing demographics contribute to increased affordability.

Figure 3.1 – Cost of a universal child benefit (children under 5 years) as a % of GDP



An accurate budget for the pilot depends on the choices made in the design finalisation process. The following table presents an indicative budget for the Pilot Phase 1. It is worth highlighting that during the pilot and scale-up phases of the programme, the alpha-ratio will be lower than when the programme will be at scale, in order to ensure proper management, monitoring, documentation, and capacity-building.

Table 3.1 – Indicative cost of the Pilot Phase 1

Description	Estimate	Annual total budget (USD)
Manobi birth registration platform	Estimate for 10 villages	55,000
Mobile phone and solar charger set	$40 each x 1set/5hh + 10%	17,500
Training sessions & communication	Lumpsum	20,000
Child Benefit	2,800 hh x 1.4 child/hh	253,800
Contingency (in case of inflation)	10% of child benefit	25,200
Transfer and withdrawal costs	FCFA 600 per transfer	40,000
Monitoring & Evaluation	Lumpsum	20,000
	Total	**431,500**

NB: US$ 1=FCFA 503, and € 1= FCFA 656

As a point of comparison, the Government provided FCFA650 million ($1,277m, €991,000) worth of aid before *Tabaski*'s celebrations late 2008. And the total cost (over 5 years) of comparable pilots in Kenya, Lesotho and Ghana amounted US$60 million.

3.2. Financing options

3.2.1. Development donor support

Countries similar to Senegal often have the option to finance the initial phases of the pilot with development partner support. Kenya is implementing multiple pilots with GBP 120 billion in support from DFID, and Lesotho is currently implementing an OVC cash transfer programme with a grant of 50 million euro from the European Union.

3.2.2. Fiscal space

While external funding can support the initial pilot, long-term sustainability requires the identification and building of mechanisms for national funding. Senegal has achieved moderately high growth rates in recent years – with year-over-year GDP growth rates averaging 5% over the past five years, and projections close to 6% over the next three years. Government expenditure reached 28.5% of national income in 2008, with a third allocated to social spending. The PRSP aims to increase this proportion to 40% by 2010, which the IMF recognizes will reduce poverty while improving international competitiveness and economic growth prospects [IMF, 2008].

Fiscal space depends on economic growth, government commitment and fiscal capacity – with all three factors supporting prospects for a cash transfer programme as a core social protection initiative in Senegal. The potential for cash transfers to reinforce economic growth improves the fiscal case.

3.3. Dynamics

The developmental approach this pilot adopts has the potential to further expand the resources available for social protection delivery. Lessons of experience from many developing countries document how social protection interventions can propel pro-poor inclusive growth and thereby generate a broader tax base and more revenue for government. The dynamic impact of the proposed national programme is likely to support financial sustainability.

An emerging evidence base demonstrates that social cash transfers promote economic growth. Policymakers do not necessarily face a trade-off pitting social protection against growth objectives – but rather have the opportunity to engineer a virtuous circle of increased equity promoting growth supporting further improvements in equity. There are at least nine paths through which social cash transfers promote economic growth:-

1. Social cash transfers can generate gains for those otherwise disadvantaged by an economic reform strategy, providing a balancing function that can enlist stakeholder support for the necessary reforms. For example, cash transfers offer an alternative to general food and fuel subsidies, providing more effective protection for the poor at a significantly lower fiscal cost.
2. Social cash transfers promote human capital development, improving worker health and education and raising labour productivity.
3. Social cash transfers enable the poor to protect themselves and their assets against shocks, enabling them to defend their long-term income-generating potential.
4. Social cash transfers mitigate risk and encourage investment.
5. Social cash transfer programmes combat discrimination and unlock economic potential.
6. Social cash transfers support the participation of the poor in labour markets.
7. Social cash transfers stimulate local demand, promoting short-term growth outcomes.

8. Social cash transfers help create an effective and secure state, promoting growth by building social cohesion and a sense of citizenship as well as reducing conflict.[9]
9. Social cash transfers promote empowerment and growth by improving the negotiating power of workers, smallholder farmers and micro-entrepreneurs in the marketplace.

Annexe 5 further reviews the international evidence linking social protection and economic growth.

[9] Samson et al. (2002), Bourguignon and Ravallion (2004), DFID (2005)

4. MONITORING & EVALUATION PLAN

The monitoring and evaluation (M&E) function is particularly critical in the early stages of the programme. The main objective of a pilot is to build an evidence base to support national scale programmes, although pilots can begin to achieve objectives in terms of tackling poverty, supporting social development and promoting economic growth. The specific objectives of the M&E system are to:-

i) Inform the implementation of the programme

ii) Demonstrate programme impact to policy-makers, development partners and general public.

iii)Feed into the global lessons of experience.

One of the main purposes of monitoring and evaluation is to build the evidence base for effective implementation. In the context of Senegal's evolving social protection approach, monitoring and evaluation offers the potential to maximise learning-by-doing, to manage programme risk, and to attribute programme impact. The full realisation of the programme depends on mobilising greater political will and donor resources. Rigorous and convincing impact assessments are necessary to mobilise this political will and to bring other development partners on board. Given the need to expand programme resources to reach all vulnerable children at national scale, an appropriate and convincing impact assessment process can help to attract further development partner support.

Rigorous and credible monitoring fosters accountability by documenting project performance, particularly in terms of the timely implementation of the activities as planned. It marshals evidence regarding the appropriateness of strategies and their associated resources, providing feedback that aims to improve implementation systems and programme delivery. Effective monitoring (and evaluation) documents the lessons learned through the implementation process, providing transparent information for the benefit of the national programme and contributing to the global learning curve of social transfers. Importantly – particularly together with the lessons from the impact assessments and quantitative evaluations—these lessons help to reinforce and further mobilise the government's political will and the support of development partners in order to sustain and expand the programme.

The M&E framework will be developed in line with the PRSP's M&E indicators and framework.

5. CONCLUSION

There are real opportunities for significant change in Senegal, given the genuine interest of government and development partners to develop a social cash transfer programme as a lead instrument in child protection and poverty reduction. Next steps include:-

Model design finalisation (February-March 2009)

Exchange with the World Bank on the design of the planned pilot cash transfers to children under 5 within the PRN, and explore possibilities to use the PRN pilot to inform the development of the proposed Universal Child Benefit, considering:
- Targeting (universal vs. targeted)
- Level and frequency of transfer (all year long vs. during sensitive periods only)
- Institutional framework (positioning within the Government)
- Pilot zones
- M&E – if the World Bank was to stick to a targeted approach, developing a common M&E framework could enable to compare universal vs. community-based targeting.

Work with Manobi on the development of the proposed birth registration software and overall system; as well as on the MIS, building interfaces to birth registration and cash payment databases.

Further explore payment mechanisms with Sonatel, and others if necessary.

Work with CNED and partners on the improvement of the birth registration systems, in priority in the proposed pilot areas; and discuss in particular:
- Village Chief Status
- Registration fees/incentive
- Process and delays to produce document
- ID cards of caregiver
- Centralisation
- Fraud risk reduction

Further explore options for administrating body at *arrondissement*/CR level – political support for CPRS strengthening, decentralisation policies, etc.

Work with ANSD and partners on the pre-selection of beneficiary villages/neighbourhoods.

Continue to exchange with the civil society on complementary actions (e.g. communication on child rights convention).

Further outline an M&E framework in line with the PRSP's M&E framework.

Continue to liaise with Ministry of Labour/ILO on the envisioned expansion of the pension scheme.

Validation workshop (late March 2009)

Organise a one-day workshop with social protection stakeholders – in line with validation workshop organised in November 2008, to present findings of the present study, and get government's decision and commitment on the proposed next steps for the development of a social cash transfer programme.

As appropriate, set up the Pilot Steering Committee.

Orientation workshop (April 2009)

Organise a 3-day orientation workshop on social protection, aimed at raising participants' understanding of the fundamentals of social protection, and shaping a broader child protection model appropriate to the Senegalese context, in light of experience from other countries (e.g. Ghana, Niger, Ethiopia).

Pilot phase preparation (April-June 2009)

Start testing SMS-texting birth registration system.

Finalise pilot project design with the development of an implementation manual, clarifying:
- Roles and responsibilities, especially between MEF and MFNSWEM;
- Monitoring and Evaluation arrangements – including additional human and financial resources;
- Capacity-building plan – including training, additional staffing and mechanisms;
- Building of the Single Registry.

Finalise a 5-year financing plan.

Restitution workshop (July 2009)

Organise a one-day workshop to present the finalised pilot project design, and exchange on the design of other envisioned cash transfer programmes (World Bank, Unicef, WFP, OIT/Ministry of Labour/HelpAge).

Pilot phase implementation (July 2009-July 2011)

Launch Pilot Phase 1 in Pikine (August 2009) and in Kolda (October 2009).
Conduct a mid-term review (December 2009).
Conduct an impact evaluation in Pikine (July 2010) and Kolda (September 2009).
Make any necessary programme adjustments (August-September 2009).
Launch Pilot Phase 2 (October 2010).

Regional workshop (November 2009)

Organise a technical forum for regional stakeholders on the development of child-centred social protection systems in West Africa based on feasibility studies and pilot learning in Senegal, stocktaking studies in Mali and Burkina Faso, LEAP programme in Ghana, evaluation in Niger, etc.

Senegal review workshop (January 2010)

Organise a workshop to present findings of the mid-term review, and exchange on learning from other studies and programmes (World Bank, WFP, HelpAge, ILO, etc).

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ANNEXES

Annexe 1 – Review of experiences in non-contributory social transfers in Senegal

Annexe 2 – Outline of the proposed 'Contract for Education' project

Annexe 3 – Review of potential payment mechanisms

Annexe 4 – Institutional analysis

Annexe 5 – International evidence linking social protection and economic growth