



## Children and the PRSP in Senegal

Poverty Reduction Strategy Papers (PRSPs) are the principal development planning framework in most low income countries, including Senegal.

PRSPs aim, inter alia, to increase i) emphasis on poverty reduction in national development strategies; ii) fiscal space for poverty-related expenditures; and iii) a focus on results. They also provide an opportunity to orient development policy towards achieving Millennium Development Goals (MDGs) and realising child rights. In Senegal, a focus on children is important not only because of Senegal's international obligations, but also because the population is strikingly young. Senegal is behind infant mortality and morbidity MDG targets for 2015 (although ahead of some countries in the region).

Child health, education and nutrition indicators remain very concerning in poorer regions and among lower wealth groups. Addressing child poverty is critical to breaking a cycle of inter-generational and chronic poverty.

As Senegal's second PRSP (2006-2010) ends, this note assesses the performance of the first and second PRSPs in improving child well-being and provides recommendations for the third generation document in preparation.

### Evaluation framework

The analysis focuses on the education, health and social protection sectors. It is based on five dimensions that are both common to all PRSPs and essential for effective strategies:

- The PRSPs' analysis of the poverty situation
- The articulation of the strategies in the PRSPs
- The estimation of costs and resource allocation in the PRSPs
- The PRSPs' implementation framework
- The monitoring and evaluation plans in the PRSPs

### Situation analysis: child poverty in Senegal

Senegal's population is young and predominantly rural: in 2008, 51.6% of its 11.8 million people were under 18 and 58% lived in rural areas. From the mid-1990s until 2005, the economy grew at an annual rate of 5% and the proportion of the population below the poverty line fell steadily from 67.9% to 50.8%. Although Senegal has high poverty rates and came 166th on the 2007 Human Development Index, it has outperformed most of the sub-Saharan region on poverty and human development.

After 2005, however, a series of shocks (see Box 1) reduced economic growth (to 1.5% in 2009) and poverty reduction probably slowed or reversed (though more recent poverty data are not available). Long-term changes to Senegal's economy and society, exacerbated by recent shocks, have increased children's vulnerability. Declining terms of trade for agricultural products and climatic shocks have led to increased rural impoverishment. At the same time, the agricultural sector's decreasing capacity to absorb labour at remunerative rates has increased migration to cities, where children are often outside a traditional care environment.

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Persistently high deprivations are therefore evident, especially in certain regions and among the poorest wealth quintiles, as Table 1 shows. For example, in the worst performing regions, infant and child mortality rates are over 200 deaths per 1000 live births and gross primary enrolment is only 53%, compared with 79 per 1000 and 125% in Dakar. In the lowest

wealth quintile, mortality is 183 per 1000 and net enrolment is 42%, compared with 64 per 1000 and 79% for the highest quintile. The regional disparities correlate reasonably well with consumption poverty incidence.

**Table 1 : Selected child poverty indicators in Senegal**

	Child and infant mortality per 1000 live births	Gross and net primary enrolment (%)	Consumption poverty incidence
<b>Selected regions</b>			
<b>Dakar</b>	79	125.2%*	33.6%
<b>Diourbel</b>	178	53.1%	61.5%
<b>Kolda</b>	205	100.8%	66.5%
<b>Tambacounda</b>	200	83.3%	56.2%
<b>Wealth quintile</b>			
<b>Poorest</b>	183	42.1%†	NA
<b>Richest</b>	64	79.0%	NA

Source: Mortality: ANSD (2009: 31). \*Gross enrolment: Education Sector Performance Report 2009. †Net enrolment: Perezniето and Fall 2009: 84). Poverty incidence: PRSP-II.

### The PRSP's poverty analysis

To what extent do the PRSPs address the child poverty situation? PRSP-II has an impressive 13 page poverty diagnosis based on survey data and individual studies. While operationalising poverty using a single-dimension poverty threshold of 2,400kcalories/day per adult equivalent, the second PRSP treats poverty as a multidimensional phenomenon. It bases its poverty diagnosis on people's perceptions of poverty, and its poverty analysis is nuanced and adequately reflects the situation described above. The PRSP notes that the MDG on halving poverty by 2015 will not be attained and that poverty is persistently high in rural areas. It also identifies regional disparities in poverty, with high consumption poverty in poor regions (in e.g. Diourbel and Kolda), which is correlated with high mortality, low enrolment, and poor access to infrastructure.

Despite this overall positive assessment, the poverty analysis has three shortfalls. First, although child begging, violence against children, child labour, and poor child birth registra-

tion are all recognised as manifestations of poverty, and attention is given to education, child and maternal health and malnutrition, there is no specific identification or discussion of child poverty in the diagnosis. Second, the poverty analysis is principally based on poverty data from 2001-2002, and there has been no representative and comparable household survey on poverty since. Third, the separation of the poverty analysis from the strategy development contributes to a lack of clear prioritisation of the PRSP action plan – where regional and rural development are not clearly prioritised (see below).

### The PRSPs' strategic vision

PRSP-II follows the structure of PRSP-I, which was similar to most other PRSPs in the region. Its four strategic pillars are i) 'Wealth Creation', articulated through the Accelerated Growth Strategy; ii) 'Access to Basic Social Services', principally education, health, nutrition and sanitation; iii) 'Protection of Vulnerable Groups and Risk Management', which improves the focus on social protection for vulnerable

groups including children compared to PRSP-I; and iv) 'Good Governance and Participatory Process'. Although achievements across all pillars should contribute to children's well-being, pillars ii) and iii) are particularly relevant for children. The overall framework reflected Senegal's development needs but was insufficiently flexible to respond to changing needs and lower resources caused by various crises, both internal and external to Senegal.

The education and health sections draw directly on sector strategies and have been consistently strong and attached to largely realistic budgets and monitoring frameworks. The education sector strategy (the Plan Decennal de l'Education et Formation, PDEF) includes several objectives relevant to child poverty reduction needs, including universal primary completion, the removal of illiteracy, and the removal of disparities between groups. The health sector strategy (the Plan National de Developpement Sanitaire, PNDS) includes actions on maternal and child health, nutrition, community care and preventive medicine, and an explicit programme to improve quality, access to, and delivery of services in the poorest regions. However, health sector resources continue to prioritise tertiary structures (such as hospitals) at the expense of primary services (such as health posts). Moreover, many health activities are conducted through vertical programmes rather than being integrated with health system strengthening.

The PRSP's social protection sections have been much weaker. PRSP-I focused on the legislative framework for vulnerable groups and not on social protection or targeted measures to reduce poverty. Based loosely on a National Social Protection Strategy led by the Ministry of Family, Food Security, Female Enterprise, Microfinance, and Infants in 2005, PRSP-II addressed some of these concerns at a strategic level. However, it still focuses on improving the legislative framework and protecting children who are at risk, rather than providing a comprehensive management of children's vulnerability in the current context. Moreover, it lacks clear and well prioritised social protection actions and priorities linked to

feasible budgets and implementation plans. These shortcomings are partly explained by the novelty of the social protection sector and its dispersion across several ministries with different mandates.

### Costing of and resource allocation to PRSP activities

PRSP activities are costed in the Priority Action Plan (PAP) that sets out the total cost of the activity, projected funding from donors and from the government for the lifetime of the PRSP, and financing gaps (the differences between the total cost of the activity and the funding expected from donors and government). In keeping with PAPs in most countries, Senegal's PAP is not prioritised. Rather than acting as a guide to high-level budget prioritisation, it contains a list of desirable pro-poor projects that could be implemented with additional debt relief and other capital resources. As a result, many activities envisaged in the PRSP are entirely absent from the PAP, many of the projects had large financing gaps, and many were not funded during the PRSP's lifetime according to PRSP annual reviews. Spending on social services remained at 30% rather than rising to the 40% envisaged in PRSP-II. Funding was most notably absent for pillar iii) on social protection.

In education, several of the key poverty reduction activities discussed in PRSP-II were missing from the PAP and the financing gap for included activities is 28% of the total cost. Some objectives fare particularly badly, including preschool and primary education. Most strikingly, however, under 'eliminating the disparities between economic groups' – a key poverty reduction priority – 5 of the 8 activities are missing and the 3 which remain have a financing gap of 91%. According to reviews, the spending record on PRSP education projects was poor. In 2008, only 35% of PAP funding was spent on education activities. Preschool and primary education received 30%, and eliminating the disparities between economic groups received 0%.

In health, the overall financing gap is 37%, with the largest percentage gaps in improving management of chronic disease, the fight against malaria, improving nutrition, and improving healthcare quality in poor regions. The PRSP objective of improving the health of youth and women is not present at all in the PAP. Health spending was more impressive than education. PAP health activities received 45% of funding in 2007 and 68% in 2008. The objective on prevention received only 5% in 2008, but maternal and newborn health received 290%.

Social protection was by far the worst performing sector. Activities planned in the social protection sector are costed with very large financing gaps. The financing gap for the social protection sector is 73% for the first year (2007), and rises steadily to 90% by 2010. Actual spending on social protection was extremely low, with only 7% of PAP funding received in 2007 and 24% in 2008. There was no spending on 42 of the 70 listed activities, and projects monitored for budget support were prioritised.

The long list of projects and lack of financing reflects the low spending, management and prioritisation capacity in the sector.

Aside from specific financing gaps, therefore, this analysis suggests a need more closely to integrate the strategy and prioritisation articulated in the PRSP with overall planning, and with policy-based budgeting and prioritisation during the regular budget process.

### Implementation framework and results

The PRSP does not provide a detailed implementation framework, in keeping with other PRSPs in the region. Although the main function of the document is to provide overall strategic guidance and it is supported in more detail by sector strategies and annual workplans, the lack of detail on implementation tends to limit its ability to help with prioritisation. The PRSP's rigid framework was also not able to assist with re-prioritisation in response to new urgent needs, as Box 1 indicates.

#### Box 1. The 'five Fs' crises and the PRSP

Between 2006 and 2010, Senegal suffered from five 'F-shocks' that reduced the growth of GDP and government revenues, and deepened poverty and vulnerability. These five Fs are: Fuel, Food, Flood, Fiscal, and Financial. Internal and external shocks (principally to the key energy and chemical sectors, to global capital availability, and to government spending) reduced GDP growth to 1.5% in 2009, while the PRSP projected an average scenario of 6%. High food and fuel prices, combined with floods and droughts, generated additional vulnerability for poor people. The urban poor suffered particularly from high prices and flooding and rural populations suffered particularly from drought).

The PRSP's structure was rather inflexible to these changing revenue scenarios and needs. It did not provide a prioritisation for activities or a framework to coordinate donor and government responses to these crises. These processes were instead undertaken through individual sectors or donors.

There are no new poverty data available to assess the impact of PRSP-II (a DHS-MICS survey is expected at the end of 2010). Education and health data indicate that key MDG indicators continued to improve, but income and regional inequalities persisted. Small-scale surveys indicated that the crises described above have worsened other problems, such as malnutrition.

### Monitoring and evaluation plans

Poverty monitoring has not been a priority in Senegal. PRSP-I envisaged a Poverty Monitoring Observatory to disseminate data, but this has not been implemented and data dissemination takes place informally. The Unité de Coordination et de Suivi de la Politique Economique (UCSPE) in the Ministry of the Economy and Finance (MEF) is in charge of coordinating

PRSP monitoring, but lacks the capacity and mandate to obtain monitoring data from ministries or agencies, and responsibility for this is being transferred to another unit in the MEF.

Senegal has taken the impressive step of linking PRSP monitoring to the production of Medium Term Expenditure Frameworks (MTEFs), which were introduced in 14 ministries to improve budgeting and results-based management. PRSP indicators are therefore used in the preparation and negotiation of the annual budget. This has the potential, if continued, to contribute to the poverty focus of high-level budget allocations. Since 2006, PRSP monitoring in education and health has been undertaken jointly with MTEF monitoring. In social protection, the output based indicators do not adequately reflect the objectives of the sector, the activities planned, or the situation in the country. The PRSP annual report provides data for three indicators in the social protection sector: i) the number of vulnerable households benefitting from resource allocations, ii) the number of persons with disabilities who are equipped, and iii) the number of children taken out of the worst forms of child labour. These indicators are not adequate for performance monitoring, because they do not cover the activities envisaged for or undertaken in the social protection sector. However, there is currently little agreement on how to improve them and little leadership from the USCPE.

### Conclusion and recommendations

The PRSPs were mainly used for structuring discussions with donors around funding, and to enable civil society to participate in some national planning processes. As such, they were not used strategically to plan the government's activities, and more detail on activities is placed in the Accelerated Growth Strategy and sector strategies. This explains to some degree the disconnection between policy analysis and activities, between activities and budgets, and the limitations of the implementation framework and prioritisation in the PRSP.

The third PRSP could build on the achievements of PRSP-I and PRSP-II by :

- Retaining their broad structure and nuanced poverty analysis.
- Using realistic MTEF budget ceilings to ensure that key poverty-reducing activities in education and health are sensibly costed and prioritised, using performance indicators as part of the regular budget process, instead of using the disconnected wish-list approach of the PAP.
- Using realistic MTEF budget ceilings to support the social protection sector, in order to prioritise activities within the budget that respond to the key and evolving vulnerabilities in Senegal, including those of children. The capacity of social protection sector ministries to implement activities needs to be considered more carefully when activities are planned, and outputs should be monitored with relevant indicators.
- Ensuring that key poverty reduction sectors and measures are prioritised in the budget based on an analysis of poverty in the PRSP.
- Continuing to strengthen links between PRSP indicators and MTEF monitoring, expanding into remaining sectors.

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