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«LEAVE NO ONE BEHIND»: The experience of Senegal in addressing the needs of vulnerable people

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ACRONYMS AND ABBREVIATIONS

UHCA	Universal Health Coverage Agency
ARVs	Antiretroviral drugs
AfDB	African Development Bank
IDB	Islamic Development Bank
DMC	Departmental Monitoring Committees
EOC	Equal Opportunity Card
UHC	Universal Health Coverage
GDSA	General Directorate for Social Action
GDSPNS	General Delegation for Social Protection and National Solidarity
MEPC	Multi-annual Expenditure Programming Document
HPF	High-level Political Forum
NPF	National Pension Insurance Fund
NSF	National Solidarity Fund
IPAR	Initiative Prospective Agricole et Rurale
SPI	Sickness Provident Institutions
IPRES	Retirement Pension Institution in Senegal
JICA	Japan International Cooperation Agency
MHSA	Ministry of Health and Social Action
SDGs	Sustainable Development Goals
ILO	International Labor Organization
WHO	World Health Organization
UN	United Nations
NHDP	National Health Development Plan
UNDP	United Nations Development Program
CSPSDGM	Civil Society Platform for Sustainable Development Goals Monitoring
ESP	Emergent Senegal Plan
NFSGP	National Family Safety Grants Program
USP	Universal Social Protection
ECDP	Emergency Community Development Program
EFSP	Emergency and Food Security Program
PLHIV	People Living With HIV
UNR	Unique National Register
NVR	Nation Volunteer Review
RAS	Rural Agricultural Society
NSESD	National Strategy for Economic and Social Development
NSSP	National Strategy for Social Protection
SPF	Social Protection Floor
TMU	Technical Management Units
DUHMF	Departmental Unions of Health Mutual Funds

FOREWORD

Through the United Nations Resolution (A / RES / 70/1) of September 2015 on the adoption of the Sustainable Development Goals (SDGs), the international community is committed to «eradicating poverty and hunger throughout the world by 2030 ; combating the inequalities that exist in the countries and from one country to another ; building peaceful and just societies, where everyone has a place ; protecting human rights and promoting gender equality and the empowerment of women and girls ; sustainably protecting the planet and its natural resources[1] . At the same time, world leaders are committed to creating the conditions for sustained and inclusive growth while respecting decent work and considering the capabilities of each country. One of the founding principles of this UN resolution is to «leave no one behind» (Leave No One Behind) in this collective quest, focusing primarily on the poor. The High-level Political Forum (HLPF) is responsible for overseeing the mechanisms for monitoring and reviewing the implementation of the SDGs globally. This monitoring is carried out in close collaboration with the General Assembly, the Economic and Social Council and other bodies and bodies mandated for this purpose. It is in this context that the annual voluntary review processes highlight each year the states wishing to share the progress of their country, the successes and good practices registered as well as the challenges that diminish the scope of the results.

This year, Senegal, like thirty countries of the United Nations system, will present its first national voluntary review (NVR). Among the themes tackled by this NVR, the thorny question of the materialization of the concept of «leaving no one behind» is prominently featured. Social protection programs such as the National Family Safety Grants Program (NFSGP) and Universal Health Coverage (UHC) as well as territorial equity programs such as the Community Development Emergency Program (CDEP) are examples of intervention to relieve the most disadvantaged people.

In order to feed the NVR, IPAR has opted to document three case studies targeting these programs by highlighting three essential elements: the social, economic, cultural categories that are left behind; program interventions that are implemented to lift these vulnerable people out of this precarious situation; the effects of the interventions.

The case studies were conducted with the support of Dr. Sheikh Tacko Diop, public health doctor and health economist for UHC, Dr. Sambou Ndiaye, Sociologist, for the NFSGP and Mody Sow, Agronomist, for the CDEP. The synthesis and coordination work performed by IPAR was carried out by Mr. Alain Mbaye, Agronomist and Mrs. Aminata Diop Kane, Policy Analyst.

[1] United Nations General Assembly Resolution A / RES / 70/1: «Transforming Our World: The 2030 Agenda for Sustainable Development».

BACKGROUND

In 2014, the United Nations Development Program (UNDP) reported that over 70% of people in developing countries lived in less equal societies than in 1990 in terms of income. Even though many these countries are now richer, progress has not been well distributed.

In its «Every Last Child» report, Save The Children (2016), reports that recent progress in reducing extreme poverty often does not reach the most vulnerable children because of their place of residence, their gender, ethnicity or disability, or because conditions as victims of conflicts. These are all discriminating criteria that keep the most vulnerable groups in a situation of permanent precariousness.

It is in the spirit of reducing these inequalities and promoting inclusive development that the Sustainable Development Goals (SDGs) have adopted a «Leave No One Behind» approach. SDG 10 is a good illustration of this desire to reduce inequalities within and between countries. It focuses not only on income inequality, but also on discrimination and disadvantage in general. It calls for «the social, economic and political inclusion of all regardless of age, sex, disability, race, ethnicity, origin, religion or economic status or other».

In Senegal, the Emerging Senegal Plan (ESP) reflects this concern for taking care of vulnerable people through its social protection programs stemming from its strategic axis 2: «Human Capital, Social Protection and Sustainable Development». Indeed, «social protection and work promotion systems, policies and programs help individuals and societies manage risk and volatility and protect them from poverty and deprivation - through instruments that enhance resilience, equity and opportunity «(World Bank, 2012).

The 2015 review of Senegal's social safety nets highlighted the fact that their coverage was limited. Prior to 2013, targeted social assistance to vulnerable populations was limited to food stamp programs and cash transfers focused on child nutrition supported by the World Food Program (WFP) (FAO, 2016). In 2014, social safety nets were not able to respond quickly and even less to increase the scale and scope of crisis responses. Formal health insurance systems offered the opportunity to cover health risks only to families whose chiefs were employed in the modern sector. This mechanism therefore considered only 20% of Senegalese and excluded the majority (80%) of those employed in the rural and informal sectors (ESP, 2014).

However, the share of the state budget allocated to the health sector has been steadily increasing in recent years. The priority given to the health sector has resulted in a constant increase in the budget of the Ministry of Health from CFAF 134.5 billion in 2015 to CFAF 150 billion in 2016, an increase of 11.54 % in relative terms (ANSD, 2016)[2] .

For example, Senegal spends more on social protection than other countries in the region as a share of GDP, although the bulk of spending is spent on social insurance expenditure.

[2] The budget of the Ministry of Health increased from 36 billion CFA francs in 1998, to 110.5 billion in 2012

In fact, the average social protection expenditure of the countries in the region for which data are available is 2.5% of GDP, while Senegal's total expenditure oscillates above 3%.World Bank 2017.

However, despite the progress made, Senegal has not yet reached the standards recommended by the World Health Organization (WHO) for health coverage (ANSD, 2016). The country still has low scores in infant and child mortality, nutrition and education (World Bank, 2017).

Added to this are inequities in access to basic services and infrastructure (water, health, education, transportation, economic services) between the urban and rural areas. The results of the General Census of Population and Housing, Agriculture and Livestock (GCPHAL)) show a higher literacy rate in urban areas, 57.9%, than in rural areas where it is only 33.8% (NASD, 2016). Indeed, the active population that is predominantly agricultural, suffers from a high rate of illiteracy and underemployment in addition to the exposure of its activities to climate hazards (ESP, 2014).

In addition, 84.9% of urban households have access to an improved water source compared to 62.6% in rural areas (ANSD, 2015).

Such is the case while in Senegal, 53.2% of the population lives in rural areas (NASD, 2017). Compared to urban areas, the rural population is more affected by the incidence of poverty. We observe that the lowest quintile and the second quintile concern respectively 33.7% and 31.2% of the population. For these two categories, urban areas account for 2.2% and 5.5% (NASD, 2015).

It is in this context that various social security programs were born, including the Universal Health Coverage Program (UHC), and the National Family Safety Grants Program (NFSGP) and programs of territorial equity like the Community Development Emergency Program (CDEP). While UHC and NFSGP aim to extend social coverage to the most vulnerable groups, CDEP aims to stimulate a dynamic process of endogenous, integrated and sustained economic growth to reduce inequalities in access to basic social services between urban centers and rural areas.

THE UNIVERSAL HEALTH COVERAGE PROGRAM (UHC)

PROGRAM OBJECTIVES

The Agency for Universal Health Coverage was created in 2015 with these main mission and attributions:

1. the guardianship of Universal Health Coverage schemes, with the exception of those covered by compulsory health insurance for salaried workers, and the responsible for the technical supervision of the social security organizations comprising them;

2. the promotion of health mutual funds and other social mutual organizations as part of the extension of health risk coverage to the informal sector and the rural world. As such, the Agency is mostly responsible for:
   - the support to initiatives that promote mutual health and other forms of social mutual organizations at the national level;
   - ensuring the control of the regularity of the constitution of mutual health funds and other social mutual organizations or their umbrella structures;
   - keeping the registration register of mutual health funds and other mutual societies;
   - controling the functioning, the financial situation and the solvency of the mutual social organizations;

3. promoting the financing of the Universal Health Coverage policy in collaboration with the actors involved, through:

   - the mobilization of the resources required for the implementation of Universal Health Coverage;
   - the development of funding mechanisms to support mutual health insurance schemes and free care initiatives for the needy and vulnerable groups;
   - the negotiation of reimbursable rates of care, within the framework of the current rates schedules set by inter-ministerial decree;
   - the control and verification of billing mechanisms regarding health care provision;
   - conducting studies on the costs of quality health care provision;

4. monitoring and evaluation of the various schemes under its supervision.
   In addition to the above, the UHC Agency:

5. participates in the definition and implementation of extension policies of risk coverage for indigent and vulnerable groups in order to:
   - set up mechanisms of assistance and mutual aid that promote the financial access to health care for vulnerable groups and the needy;
   - enhance and reinforce traditional systems of solidarity and social and health protection;

6. develops communication strategies for the promotion of Universal Health Coverage;

7. sets up an information and management system for Universal Health Coverage;

8. publishes every year a technical and financial report on Universal Health Coverage in Senegal.

Two objectives are essentially pursued by the UHC Agency. The first step is to extend basic health coverage to at least 80% of Senegal's population by 2021 and then strengthen the governance of the UHC through the monitoring and management of the Agency.

More specifically, it seeks to:

- bring health risk coverage to at least 51% of the general population through community health mutual funds by 2021;
- raise the level of health care coverage for all targeted people through the strengthening of existing free initiatives;
- provide health insurance through Community Health Mutual Funds to all the members of households benefiting from the National Family Safety Grants Program and Equal Opportunity Card holders;
- ensure an annual mobilization of at least 95% of all the resources allocated to the UHC Agency;
- strengthen the UHC monitoring and management.

PROGRAM TARGETS

In Senegal, only a minority of the population benefits from social coverage for their medical expenses, through three existing plans: compulsory schemes, medical assistance and mutual organizations. The population categories covered by these systems represent less than 20% of the country's population (MHSW, 2015).

The compulsory scheme concerns:

- Public servants and non-state employees and their dependents[3] ;
- Permanent employees of private and public companies, as well as their dependents, whose protection is ensured within the framework of the Health Provident Institutions (HPI[4] ;
- pensioners who have held salaried jobs and their dependents receiving contributory medical coverage through the Pension Provident Fund in Senegal (IPRES)[5] . It should be noted that retired civil servants are covered by the National Retirement Fund (FNR).

Medical assistance concerns the free initiatives implemented by the Ministry of Health and Social Welfare and all the exemption mechanisms for the poor. For this, there is a strong commitment from the state to provide medical coverage for women, children and the elderly. These include:

- caesareans;
- free health care for people over 60 (Sesame Plan);
- free care for children aged 0 to 5;
- free access to antiretrovirals (ARVs) and anti-tuberculosis drugs; In addition, certain conditions are subsidized to lower their treatment costs (diabetes, cancer, kidney failure, etc.). ;
- destitute people through Family Safety Grants.

It should also be noted that since 2003, the Social Action Department has set up a budget line used as a solidarity fund to improve the health status of poor people without medical and social coverage. The service packages concern all the medical procedures prescribed by the treating physician and they are offered by the partner hospital organization (consultations, medical imaging, analyzes, hospitalization, surgical interventions, medical care ...)

Mutual health insurance with no deductible:

- They consist mainly of community health mutual funds. The target population of mutual health funds comprises mainly actors in the informal sector and the rural sector who are not eligible for mandatory health insurance plans and who represent nearly 80% of the Senegalese population

The orientations of axis 2 of the Senegal Emergent Plan (PSE) in terms of social protection are:

- Extending social protection to the informal sector and vulnerable groups through the establishment of basic universal health coverage through mutual health insurance schemes,
- Improving targeting mechanisms and setting up an information, monitoring and evaluation system,

[3] governed by Decree No. 72-215 of 7 March 1972 on the social security of civil servants
[4] governed by the law of 30 April 1975 on Social Welfare Institutions and Decree No. 75-895 of 14 August 1975 on the organization of company or inter-company IPMs.
[5] set up by decree in 1975

- The implementation of the social orientation law for the protection of persons with disabilities,
- The establishment of financial support frameworks (CAPSU, FNSS) and the extension of free health care in favor of vulnerable groups.

The PES guidelines integrate the main lines of action of the national strategy for universal health coverage and the PNDS 2009-2018. This strategy was designed to address the dual challenge of affordability and protection of Senegalese against financial risks associated with health care. Based on the existing achievements and experiences in Senegal and other developing countries, the strategy includes several pillars: (i) the reform of free care policies to make them more sustainable through the creation of a national fund health solidarity; (ii) the reform of the health insurance institutions (IPM); and (iii) the extension of health risk coverage through mutual health insurance schemes in the context of decentralization.
Particularly targeted vulnerable groups are pregnant women, children aged 0-5, disabled people, people over 60, the destitute people,

ACTIONS UNDERTAKEN & RESULTS ACHIEVED

A. ACTIONS UNDERTAKEN

Since its establishment, the UHC Agency has carried out several interventions to achieve its purposes. These interventions revolve around:

- the enrollment of the beneficiaries of the first three generations of beneficiaries of the National Family Safety Grants Program (PNBSF) and the holders of the Equal Opportunities Card (EOC) of the first phase (17,192) in mutual health insurance schemes; as a result, 90% of the poor and vulnerable groups enrolled in the health mutual organizations actually benefited from the services covered by these organizations;
- the networking of the national territory in mutual organizations meeting the standards of the UHC; Thus, 676 health mutual funds were set up in the 552 communes of the country, and 45 Departmental Health Mutual Organizations Unions (MHSW, 2015);
- signing agreements with health structures; as part of the collaboration between providers and mutual organizations, all health mutual organizations have signed at least one agreement with public health structures;
- support for the establishment of technical management units (TMU) to strengthen the functionality of UDHMO; TMUs, whose staff funding is subsidized by the HMC Agency, in addition to their furniture and computer equipment, are the technical arms of the UDMHO;

The Agency has also made some commitments:

- the provision of seats at the level of local communities and support to cover the charges related to a manager for each of the mutual health funds in the country[6];
- the launching of enrollment in health mutual funds of specific target groups such as students, cultural actors, workers in the informal economy, residents of «Daaras» (Koranic schools) to boost the penetration rate of mutual health funds in 2018.

[6] 10% of the premium resources collected by the mutual insurance company is used to cover the running costs of the mutual funds, including the salary of the manager. The agency is committed to subsidizing the first 6 months according to the performance of the mutual fund. This initiative started in September 2017. The grant is included in the 2018 budget and has been paid to some mutual funds since January 2018.

B. RESULTS ACHIEVED

As of December 31, 2017, the Registered health risk coverage rate in Senegal is 49.3% of the population that is 7,519,693 people. This rate has been achieved thanks to several mechanisms of coverage of the health risk: Budgetary allocation for the active agents and retirees of the Public Service, Institutions of Health Provident and Senegal Pension Provision Institution for the active agents and retirees of the private sector; private commercial insurances, mutual health funds, initiative of free healthcare for children under five years and Plan sesame).This has enabled to cover the health risk of 7,519,693 people in 2017 (MH, 2015).

Coverage of health risk through mutual health insurance represents 19% of the general population in 2017, namely 2,884,902 people of all socio-economic categories (traditional contributory beneficiaries, beneficiaries of the PNBSF and other indigent, holders of the EOC). This rate represents an increase of 3 points compared to 2016 when it was 16%.

IN the framework of medical assistance policy, 4.862.187 cases have benefitted from the free health care service provided by the UHC program. These include:

- care provided to children under five years of age, with 96% beneficiary of health coverage, or 4,695,827 children.
- caesareans performed on 19,809 women;
- dialysis performed on 625 people including 73 through a partial subsidy in private structures; and,
- care provided to people aged 60 and over with 145,926 people.

All these free and subsidized initiatives have met their objective in terms of increase of care services consumption and improvement of health indicators (especially for childbirth and cesarean section).

The health situation is marked by improved performance in maternal and child health. Maternal mortality ratio decreased from 392 per 100,000 live births in 2010 to 315 deaths per 100,000 live births in 2015 (NASD, 2015).

The trend of infant-juvenile mortality between 1997 and 2016, shows a decline in mortality. Indeed, from 139 ‰ in 1997, the quotient decreased to 51 ‰ in 2016, a decrease of 63%. From 68 ‰ in 1997, the infant mortality rate dropped to 36 ‰ in 2016, an overall decrease of 47%. In this period, the level of child mortality decreased from 77 ‰ to 16 ‰, a reduction of 79%. Moreover, this decline occurred in both rural and urban areas. (NASD, 2016)

There was also an increase in the quality of care thanks to the possibility of intervening immediately (reduction of delays) and an increase of equity in healthcare provision since the provision no longer depends on its cost.

RECOMMENDATIONS & PROSPECTS

Financial access to quality health care remains difficult for a majority of Senegalese, especially for vulnerable groups. Solidarity mechanisms for access to health care for vulnerable groups have already been put in place, but they are still quantitatively weak.

In order to achieve the SDGs and give shape to the PSE, it is imperative to coordinate and strengthen existing solidarity mechanisms.

In the PSE, it is recognized that social protection contributes directly to economic growth. Senegal plans to join the Social Protection Floor Initiative (SPF) aimed at ensuring better access to essential services and social transfers for the poorest and most vulnerable, in line with the National Strategy for Social Protection (NSSP). From that perspective the Strategy promotes the protection of the rights of the disabled (who, with the equal opportunities card, benefit from free access to care in public institutions).

The last few years have been marked by an improvement in the health situation as evidenced by the trend of most of the indicators monitored by health programs. In view of the achievement of SDG3, initiatives are under way for the densification of the health map and the extension of health risk coverage. The sickness insurance coverage rate is gradually increasing with the enrollment of beneficiaries of family safety grants and persons with disabilities holding Equal Opportunity Cards. The extension of this enrollment to pre-school, primary, middle, high school and modern Koranic schools is underway.

The intensification of collaboration between the General Delegation for Social Protection and National Solidarity (DGPSN), the Agency for Universal Health Coverage (ACMU), the Emergency Program for Community Development (PUDC) and the General Directorate for Social Action (DGAS) should significantly improve health care provision for vulnerable people and thus contribute to their well-being through access to quality care and the reduction of their precariousness.

THE NATIONAL FAMILY SECURITY GRANTS PROGRAM (NFSGP)

OBJECTIVES OF THE PROGRAM

The NFSGP is a five-year program (2013-2017), which aims at reaching out to 300,000 vulnerable families by 2017. It is a conditional program subject to three main requirements: the enrollment and retention of children aged 6 to 12 at school; (ii) compliance with the immunization schedule for children aged 0 to 5; and (iii) civil registration. While these three requirements are for the moment more incentive than binding, the only obligation imposed on the beneficiaries is their attendance of the awareness raising sessions organized every three months by the social operator in order to encourage changes in the beneficiaries' behavior(FAO, 2016) .

Before the establishment of the NFSGP, the various public initiatives to combat poverty suffered from a low coverage of vulnerable populations, a lack of coordination mechanisms and institutional dispersal of the programs. This is what urged Senegal to take the option of subscribing to Universal Social Protection (USP) by providing people with essential health-care benefits and care, through Universal Health Coverage (UHC), by guaranteeing a minimum income for the poorest households through cash transfer programs (National Family Security Grants Program - NFSGP) and finally, through the Equal Opportunities Charter (ECC), the promotion and protection of the rights of people with disabilities.

The General Delegation for Social Protection and National Solidarity (GDSPNS), directly attached to the Cabinet of the President of the Republic of Senegal, is responsible, at the political and strategic level, for promoting and coordinating public protection policy in terms of social and national solidarity. It is within this framework that the NFSGP is implemented. The objective of the NFSGP, started in 2013, is to contribute to the reduction of vulnerability, to the restoration of the productive and educational capacities of households and finally to the creation of economic opportunities. The intervention of NFSGP aims at promoting the interruption of the intergenerational transmission of poverty, increasing the resilience of households and finally, contributing to the development of human capital in Senegal.

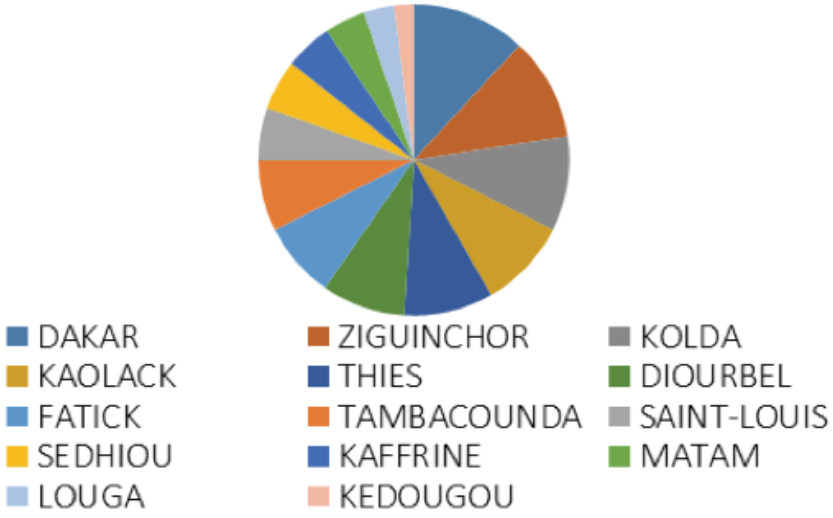
PROGRAM TARGETS

While the most vulnerable households with children aged 6-12 were the primary beneficiaries of the program at its inception, children aged 0-5 and persons aged 60 and over were subsequently enrolled in 2015. The State of Senegal has made the option, for the sake of equity, to allocate the NFSGP to all Senegalese in a vulnerable situation on the one hand, and on the other hand, to cover the entire national territory.

One of the innovations of the NFSGP is in the Unique National Register (UNR), a database for listing vulnerable households in Senegal, to enable them to have access to social safety net programs. In 2017, the UNR made it possible to pre-identify 464,548 poor households in Senegal, which enabled to enroll 316,941 beneficiaries in total (DGPSN, 2018). Currently, UNR is positioning itself as the national reference tool for sectoral and social safety net projects / programs in Senegal. The grooming of the RNU facilitated the enrollment of new beneficiaries, in order to allow the program to streamline the lists and avoid duplication.

The intervention mode of the program is based on a targeting process of multi-scale vulnerable rural and urban households included in the Unique National Register (UNR). Targeting combines three entries.

1. Geographic targeting based on 3 criteria: the incidence of poverty, the demographic weight and the population of 6-12 years / 0-5 years and 60 years and over. The NASD thus determines household quotas by region, department and commune.
2. Community targeting through Village Targeting and Monitoring Committees and District Targeting through District Targeting and Monitoring Committees to establish lists of the poorest households in the local community. From this work, a Communal Targeting Committee under the authority of the territorial administration distributes the quotas by village or by district.
3. Categorical targeting: carried out by the NASD and the DGPSN. It is based on a survey to classify households from the poorest to the least poor from households pre-identified by local committees.
4. The following table shows the distribution of program beneficiaries in 2016 across the 14 regions of Senegal (DGPSN, 2016).



The NFSGP has systematized a specific targeting mode combining the three types mentioned above. It has also sought to enroll some vulnerable categories such as the populations of the villages of social redeployment[7] , the disabled, the elderly, children, mothers of families. Thus, in 2016, guidelines were given to the municipal targeting committees to increase the quotas for all social redeployment villages.

ACTIONS UNDERTAKEN & RESULTS ACHIEVED

In 2015, according to the World Bank's 2010-2015 Social Protection Expenditure Review, among the non-contributory social protection programs (social assistance, employment access and shock response), only 26.3 % of expenditures were based on an assessment of poverty, consumption, or the level of household food or nutrition insecurity. The level of poverty of the beneficiaries was not estimated until the establishment of the National Unique Register (NUR) and the National Family Security Grants Program (NFAGP) which uses a poverty approximation to identify its beneficiaries among households of the National Unique Register (NUR).

The Program has reached the target of 300,000 vulnerable families with requirements that are more incentive than binding: enrollment and retention of 6-12 years children at school; updating immunization cards for children aged 0-5 years; civil registration of the children, participation of beneficiaries in the recipients' forums. The main recipient of the grants is the mother who receives 25,000 CFA francs every 3 months for five years. In August 2016, there were 4 generations of beneficiaries.

According to a study conducted in 2016 by the FAO with the assistance of IRAM and IPAR, the family safety grants constitutes on average one-fifth of the income sources of the households met and represents for some beneficiary households the only source of income during the lean season. In a risky environment, particularly because of the uncertainty of agricultural activities and livestock farming, the grant is considered as a secure source of

[7] Villages created in the 1960s by the Senegalese State to implement a health care policy in favor of people with leprosy. These villages, numbering nine, today welcome a population of more than 10,000 inhabitants, made up of former patients and their families.

income on which beneficiaries rely to ensure household expenditures (FAO, 2016).
In addition to the family grants, the NFSGP has experimented other mechanisms such as the monetary transfers related to shock to better deal with unforeseen risks and disasters. As a result, 8,175 households in Kaffrine and Tambacounda received 619,875,000 CFA francs. We can also note the Yook Koom project which focuses on six productive support measures for beneficiaries of social safety nets: training, structuring in community savings and loan associations, training in technical and micro-entrepreneurial skills, and the granting of a productive subsidy.

Thus, the study also reveals that households benefiting from the grants have less recourse to negative strategies during the lean season or in response to specific shocks (illness, crop loss, etc.). As a result, households are less likely to adopt the strategy of reducing the number of meals during the lean season. Decapitalization and indebtedness to informal borrowers are less common strategies since the introduction of the grants.

RECOMMENDATIONS & PROSPECTS

Despite all these efforts and progress, there are still socio-economic and territorial vulnerabilities that need to be addressed specifically in order to reduce inequalities. Specifically:

- Geographic targeting has been inconsistent because poverty maps are confined to the department area. In other words, targeting takes place without taking into account the socio-economic differences between the different municipalities and within the same municipality (between districts or villages). This explains the fact that some territories face difficulties in fulfilling their quota because of the poor presence of extremely poor households (UNR Process Evaluation, 2015).

- Community targeting does not guarantee the selection of the most vulnerable households with regards to the composition of the committees and the lack of training of the members, which does not always allow them to master the criteria of vulnerability. Indeed, the village and neighborhood committees are for the most part made up of people from the local elite around the village chief / district delegate, the imam, the women's leader. Associations of young people, disabled people, minority social groups, displaced persons or people in extreme vulnerability are not very present in these decision-making bodies. In addition, pre-identification of targets is not subject to a Community validation exercise.

- Disabled people holding cards of equal opportunities are automatically enrolled by the NFSGP based on surveys conducted by the Social Action Directorate. This standardization is problematic because all holders of this card (set up to promote access to health care, employment for people with disabilities) are not necessarily vulnerable.

- One of the problems with the NFSGP is the type of entry used. Indeed, the point of entry of the NFSGP is the household and not the social category. In such a framework, standardization risks leaving out the most vulnerable social groups within communities and within households.

- The choice to favor a national coverage (strategy of meshing the national territory at the basis of a policy of territorial spin-offs) instead of a strategy of territorial concentration seems to have the effect of diluting the effects of the program in building the resilience capacities of poor households. This is an option to implement the NFSGP in all the regions of Senegal to the detriment of a more focused approach centered on the territories with the most vulnerability or with a concentration of the most vulnerable social categories.

Efforts are being made by the NFSGP to correct some of the inconsistencies and better address the needs of vulnerable people. It would appear, however, that a specific target strategy (disabled, elderly, children, mothers...) would be more appropriate. The targeted territorial approach is also increasingly tested. Indeed, the Emergency and Food Security Program EFSP) in relation with JICA[8] , has enabled to target some areas with acute food insecurity in the Podor and Matam regions where grants are awarded for selected households.

[8] Japan International Cooperation Agency

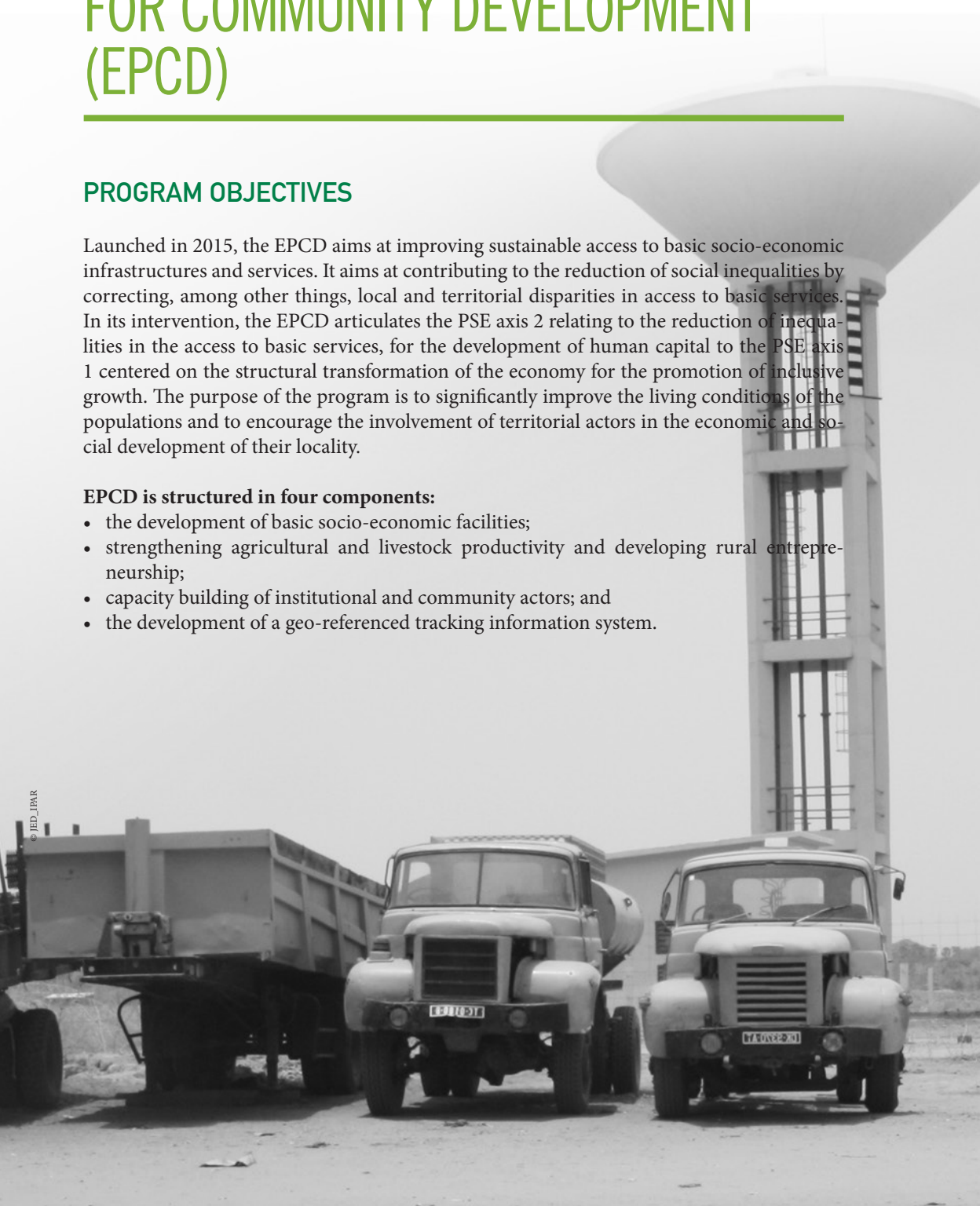
THE EMERGENCY PROGRAM FOR COMMUNITY DEVELOPMENT (EPCD)

PROGRAM OBJECTIVES

Launched in 2015, the EPCD aims at improving sustainable access to basic socio-economic infrastructures and services. It aims at contributing to the reduction of social inequalities by correcting, among other things, local and territorial disparities in access to basic services. In its intervention, the EPCD articulates the PSE axis 2 relating to the reduction of inequalities in the access to basic services, for the development of human capital to the PSE axis 1 centered on the structural transformation of the economy for the promotion of inclusive growth. The purpose of the program is to significantly improve the living conditions of the populations and to encourage the involvement of territorial actors in the economic and social development of their locality.

EPCD is structured in four components:

- the development of basic socio-economic facilities;
- strengthening agricultural and livestock productivity and developing rural entrepreneurship;
- capacity building of institutional and community actors; and
- the development of a geo-referenced tracking information system.



The program focused mainly on the following activities:

- Social engineering to bring people to appropriate the vision and organizational model of cooperative societies with popular shareholding, support for formalization and capacity building;
- The subsidy of initial structuring investments to set up perimeters and collection centers (milk) or packaging of horticultural crops.

In fact, medium and long-term financing are difficult to access because of several factors: (i) the perception of a high risk of agro -pastoral activities, especially in an area highly subject to fluctuations in food prices and often far from decision-making centers; climate change, (ii) the unavailability of long-term deposits, (iii) the weak capacity of DFIs to design appropriate long-term innovative financial products, and to effectively evaluate companies with a strong economic potential.

PROGRAM TARGETS

The Program specifically targets women and youth through grassroots community organizations, producer associations; Project Owners, Poor Households, Community Based Organizations, Neighborhood Councils, Village Development Committees, Inter-village Development Committees, Disabled People Associations and PLHIV.

It is about supporting women as well as young people carrying economic initiatives with an impact on the development of their land, the creation of jobs and inclusive growth in the management of selected promising sectors. On the other hand, the program aims at encouraging and assisting small and medium-sized enterprises in the whole process of management of the sector as well as rural individual, family and community enterprises.

At the beginning of its identification phase, isolated rural areas devoid of basic social infrastructures and structuring investments for the development of economic potential were prioritized. Thus, the EPCD targets the most disadvantaged villages of Louga, St Louis, Matam, Fatick, Diourbel, Kaolack, Kaffrine, Tambacounda and Thies regions (9 of the 14 regions in Senegal).

The most cultivated crops grown in these areas are groundnuts, millet, maize and cowpea. Groundnuts are grown by 32% of target households, maize is grown on average by 11% of households, millet occupies 30% of households and cowpeas 9.7%. In addition, some households also grow vegetables, tubers and trees. For this reason, the EPCD has chosen to support the following five (05) value chains:

- Milk relying on hydraulic infrastructures with water availability for livestock and fodder crops;
- Horticultural products around boreholes and processing units in these areas that are electrified as well;
- Honey and cashew nuts in the southern zone as high added value and job-providing crops;

- Peanut oil relying on distributed oil press equipment;
- Local cereals relying on the husking and stone-milling equipment distributed.

The promotion of these value chains must have a significant impact on economic development and rural entrepreneurship in the areas of intervention. These value chains thus benefit from the support of the EPCD, mostly in the realization of infrastructures (boreholes, tracks, processing equipment, electrification).
At the institutional level, the Program supports the capacity building of decentralized state structures, local elected representatives and the private sector.

ACTIONS UNDERTAKEN & RESULTS ACHIEVED

To address the aforementioned infrastructure deficits, the EPCD has set up 127 drinking water supply systems, 90 of which have multi-village systems and 37 boreholes equipped with pumps. This enabled 304,000 people living in 658 villages to have access to water for their domestic needs and their livestock. These achievements in the field of access to drinking water have led to the creation of 1,608 temporary jobs.

Electrification works are underway in 299 villages. For solar electrification, 51 photovoltaic power plants with a total power of 114 KWC are functional. Thus, 52,000 people in 7,614 villages have access to electricity. These achievements have resulted in the creation of 526 temporary jobs.

A total length of 496.66 km is open to traffic including 394 km of tracks received. The mobility of nearly 408,000 inhabitants in 634 villages has improved. This work has resulted in the creation of 1,070 temporary jobs.

3,401 post-harvest and processing equipment has been delivered and is operational in 1,652 villages. The commissioning and management of this equipment generated 1,281 temporary jobs and 1,922 «sustainable jobs» for young people and women.

Recruitment of temporary staff was carried out at the level of the infrastructure and equipment installation sites in order to provide the local population with the financial benefits of the EPCD and also to introduce young people to new jobs (plumbing, masonry and installation of solar panels).

To this package of services offered to the poor and long left behind populations by public policies, the state added various support services through their services and other programs implemented in the agricultural sector (import control, input subsidies) and livestock (vaccination and genetic improvement). Thus, the conditions are now met to boost the local economy in an integrated value chain approach.

The EPCD has supported the populations in setting up cooperative societies called «Rural Agricultural Society» (RAS) according to the OHADA regulations. A total of 123 companies were created on the basis of popular shareholding. Each member buys a share of 10,000 CFA francs. Many people can partner to buy a share. This provision was made by the general

assembly of members to allow each person to participate; The RAS were created by the populations of the villages served by the water supply networks of each borehole. The village housing the drilling site has been selected as the headquarters of the RAS. The total amount mobilized by the RAS exceeded 60.000.000 FCFA in 2017.This amount is constantly increasing with the enrollment of new members who were reluctant to join at the start.

Each RAS manages 1 perimeter of 5 ha installed near a borehole. A total of 123 perimeters have been set up in different areas in the country for horticultural and fodder production. To this end, EPCD supported the establishment of perimeter fences. They provided part of the production inputs (seeds, organic fertilizer) for the start of the production campaigns. Irrigation networks were offered to RAS by companies that have executed the hydraulic markets (borehole, water tower and irrigation network) as part of their corporate social responsibility. Young agricultural technicians who graduated from training schools were recruited by the RAS to provide the technical and organizational supervision of the Perimeter's development activities.

Moreover, the EMCD initiated a process for the establishment of 3 cooperative societies to build milk collection centers in Linguère department in the forest and pastoral zone. The villages of Tessekere, Gasane and Barkedji were chosen by RAS shareholders to house the collection centers. This choice is explained by the importance of dairy cattle in these localities.

The effects of the intervention are significant and can be measured at different levels: the community and the national level.

A. COMMUNITY LEVEL

As soon as they received the hydraulic works, the communities felt a clear improvement of their living conditions. Water that was a major concern is available and accessible in many locations.

- The long queues of herds that came to drink have disappeared from the boreholes surroundings. The animals can drink daily.
- Perimeters of an average size of 5 ha have been developed for the RAS to start their production of fodder and vegetables.
- Young people from the village (20 per perimeter) have found monthly paid work. A total of 2460 young people are permanently working in the EPCD intervention area.
- The availability of quality fodder in the dry season is now part of the realities of the terroirs.
- The sale of fresh fodder to farmers is gradually being put in place

With the advent of electricity in the village, initiatives for income-generating activities and securing people and goods are emerging:

- Women are involved in local ice cream, water bags and sour milk trade, to the great satisfaction of the population.
- Craftsmen (welders, tailors, vulcanizers) set up shops and offer affordable and accessible services;

- Places of worship, primary schools and streets are lit up all night;

In the EPCD intervention areas, job creation and income generation are being provided to ensure household food and nutrition security. This situation favors endogenous development based on support for the empowerment of the population, the development of entrepreneurship and the development of local resources.

The advent of the perimeter and of the borehole has created conditions of consultation between the populations for the management of the production facilities. A democratic culture sets in with debates on infrastructures' governance. Progressively, women and youth are involved in the management of community affairs.

B. NATIONAL LEVEL

The achievements of the EPCD in favor of those left behind in public policies have created favorable conditions for settling populations in their terroir. The opening up of the terroirs has become a reality. It is possible to move from one location to another to sell and buy goods, solve administrative problems, evacuate patients and pregnant women in better conditions.

RECOMMENDATIONS & PROSPECTS

EPCD has contributed to the creation of an environment conducive to inclusive and sustained growth because it offers opportunities for economic and social development to all people living in the program's intervention zones.

These have started economic initiatives to enhance the potential (water, electricity, track) in a perspective of improving their living conditions by fixing young people in their terroir. With the advent of structuring investments in previously neglected areas, it is expected that the rural exodus and transhumance of traditional livestock farmers will be gradually decreasing.

Building on the achievements of this program, Burundi and Ghana have sent ministerial delegations to inquire about the achievements of EPCD and its implementation strategy. Also, the modeling of the intervention that articulates the results with the SDGs has strongly interested donors. Thus, the IDB, ADB, Saudi Fund and the EU have shown interest in supporting EPCD.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

The initiatives and programs implemented are key elements of the policy of extension of social security to the most vulnerable sections of the populations. Significant achievements have been noted in the management of these social categories and should be strengthened to achieve the Sustainable Development Goals.

The Platform of Civil Society Organizations for Monitoring Sustainable Development Goals (PCSMSDG) in Senegal has formulated a number of recommendations. (PCSMSDG, 2018)[9]. With specific regard to the social protection system, it recommends:

- **To rationalize the relevant state structures for social protection and harmonize interventions** different actors' interventions as well diversify the strategies for mobilizing additional resources for the financing of dedicated programs;

- I**ncrease the resources allocated to family grants in order to re-evaluate the amounts** and put in place an interactive and flexible national social safety net system, underpinned by a periodic review of the NSSP. This will also provide a framework for the coordination and harmonization of the interventions with a harmonized targeting system based on a single Recipient Register strengthened by a local coordination mechanism;

- **Improve the mobilization of domestic funding** to ensure the sustainability of social programs and projects. This calls for creativity and a reconsideration of the current models of development and funding of public action for the reduction of inequalities of all kinds;

- **Establish a more participatory monitoring and evaluation system providing the opportunity** for civil society to contribute and ensure its watchdog role **in defense of the rights of the most vulnerable, in order to monitor commitments, measure impacts, and thus implement the necessary reforms to achieve social policy objectives aimed at reducing inequalities to achieve a social protection system covering all the most vulnerable sections of any kind;**

[9] IPAR is a founding member of CSPSDGM

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