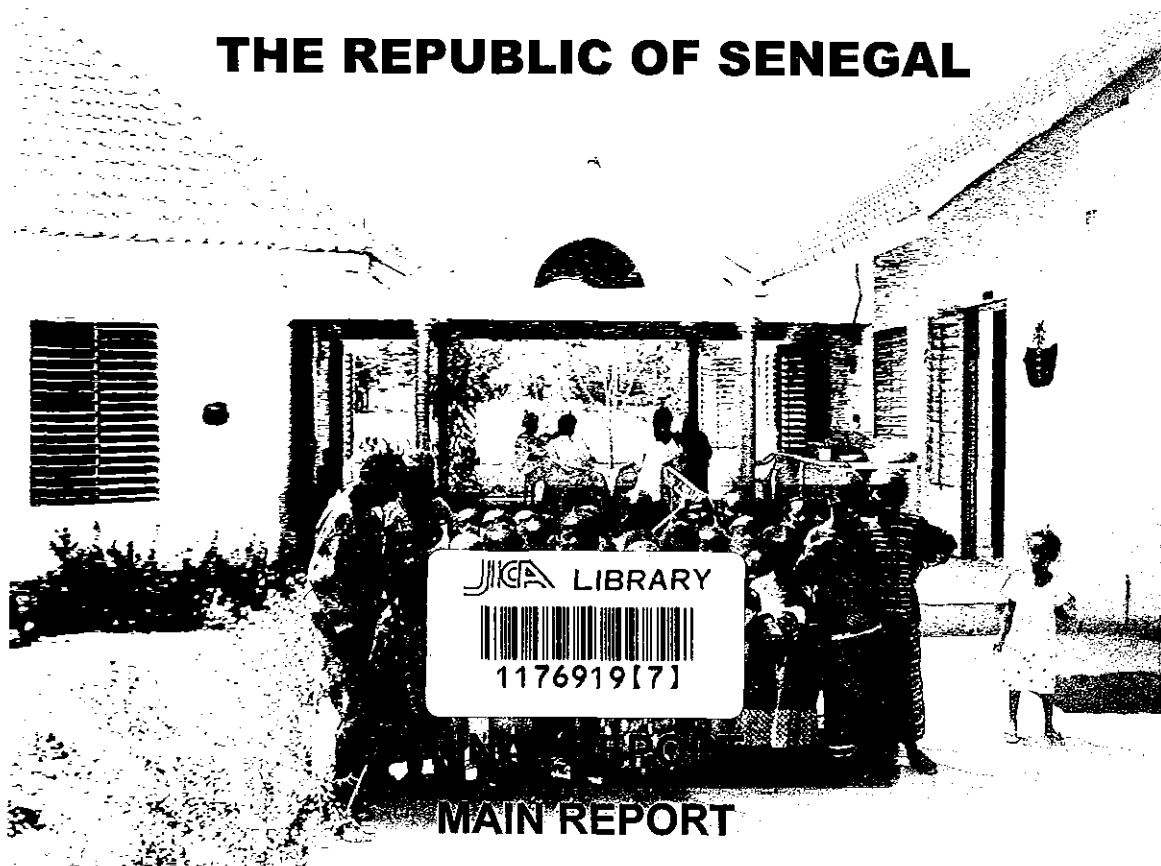


JAPAN INTERNATIONAL
COOPERATION AGENCY

NATIONAL AGENCY OF CASE
DES TOUT-PETITS (NACTP)
THE REPUBLIC OF SENEGAL

**THE STUDY
ON
THE IMPROVEMENT OF ENVIRONMENT
FOR EARLY CHILDHOOD
IN
THE REPUBLIC OF SENEGAL**



August 2004

KRI INTERNATIONAL CORP.

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THE REPUBLIC OF SENEGAL**

**THE STUDY
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THE IMPROVEMENT OF ENVIRONMENT
FOR EARLY CHILDHOOD
IN
THE REPUBLIC OF SENEGAL**

**FINAL REPORT
MAIN REPORT**

AUGUST 2004

KRI INTERNATIONAL CORP.

FINAL REPORT

SUMMARY REPORT

MAIN REPORT

SUPPORTING REPORT

DATA BOOK (MANUALS)



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PREFACE

In response to a request from the Government of the Republic of Senegal, the Government of Japan decided to conduct a study on the improvement of environment for early childhood and entrusted to the study to the Japan International Cooperation Agency (JICA).

JICA selected and dispatched a study team headed by Mr. Toshikazu Tai of KRI International Corp between December 2001 and August 2004.

The team held discussions with the officials concerned of the Government of the Republic of Senegal and conducted field surveys at the study area. Upon returning to Japan, the team conducted further studies and prepared this final report.

I hope that this report will contribute to the promotion of this project and to the enhancement of friendly relationship between our two countries.

Finally, I wish to express my sincere appreciation to the officials concerned of the Government of the Republic of Senegal for their close cooperation extended to the study.

August 2004

Kazuhisa MATSUOKA,
Vice-President
Japan International Cooperation Agency

August 2004

Mr Kazuhisa Matsuoka
Vice President
Japan International Cooperation Agency (JICA)
Tokyo, Japan

Dear Mr. Kazuhisa Matsuoka,

Letter of Transmittal

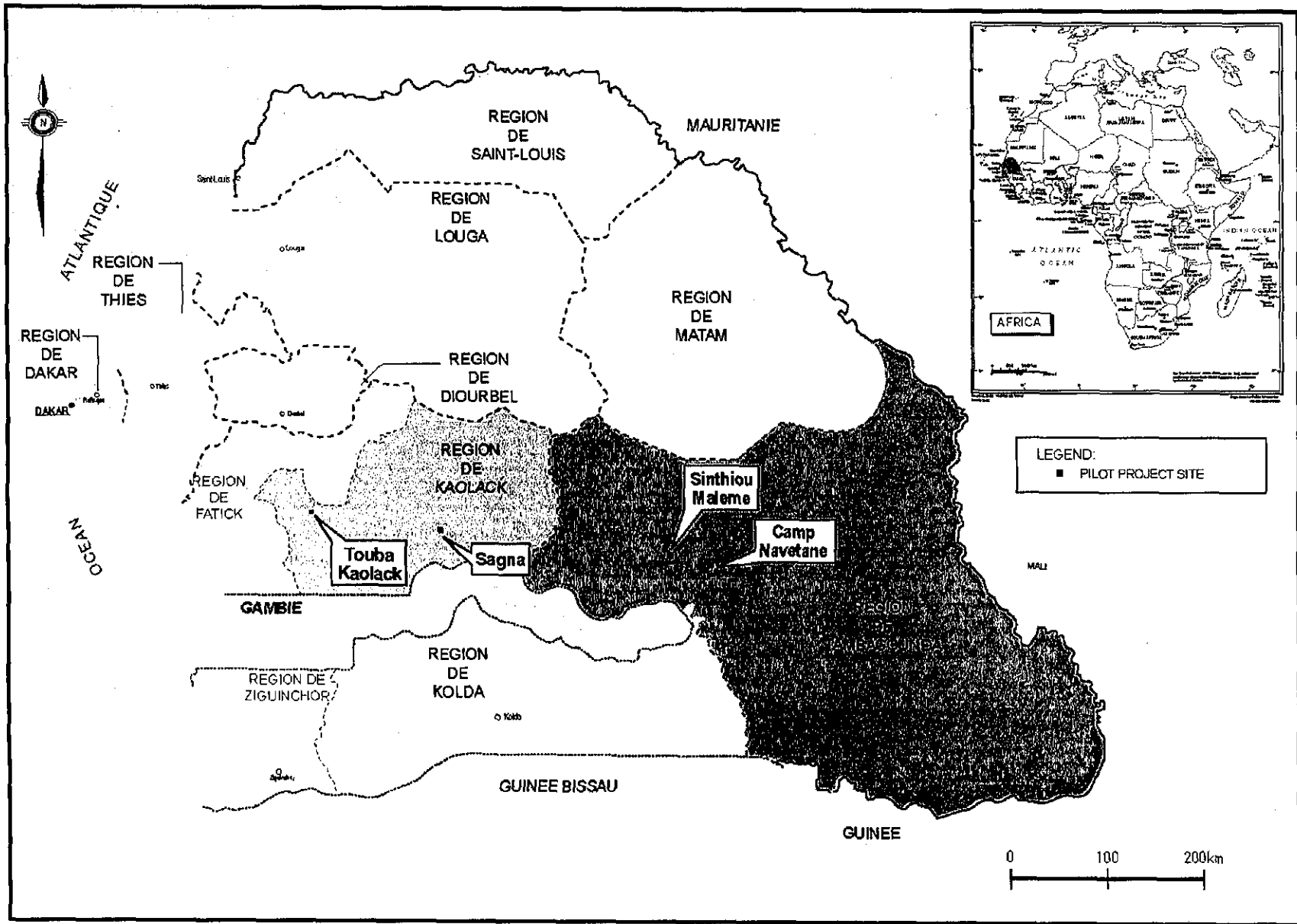
We are pleased to submit to you the *Final Report on “The Study on the Improvement of Environment for Early Childhood in the Republic of Senegal”*. Under the contract with your esteemed organization, the study was carried out for the 33-month period from December 2001 to August 2004.

The Study formulated “The Master Plan for Improvement of Environment for Early Childhood” through situation analysis on early childhood and the implementation of the Pilot-project Four (4) *Case des Tout-Petits* were constructed and operated in the Kaolack and Tambacounda regions to verify the relevance of the CTP and determine an appropriate operating framework for the Pilot-project. Based on the lessons learnt from the Pilot-project, the Master Plan was formulated to improve the environment for early childhood in the Kaolack and Tambacounda regions, and to contribute to the goals described in the National Policy for Integrated Early Childhood Development (NPIECD)

We wish to take this opportunity to express our sincere gratitude to JICA and the JICA Advisory Committee members. We also wish to express our deepest gratitude to the National Agency of *Case des Tout-Petits*, and concerned officers of related agencies for the courtesies and cooperation extended to the team during the course of the Study.

Very truly yours,

Toshikazu Tai
Team Leader



LOCATION MAP

PHOTOS OF THE PILOT PROJECTS (1)



Instructors
(Touba Kaolack)

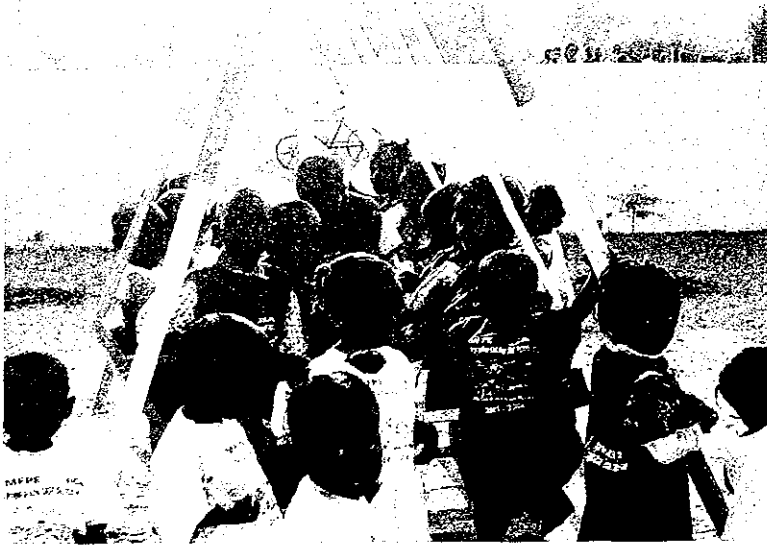


Children with the
Community People
(Sagna)



Classroom Activity
(Camp Navetane)

PHOTOS OF THE PILOT PROJECTS (2)



Children in the
Playground
(*Sinthiou Maleme*)



Micro-Projects
(*dyeing*)



Cine-bus
(the screen surrounded
by the audience)

THE STUDY ON THE IMPROVEMENT OF ENVIRONMENT FOR EARLY CHILDHOOD IN THE REPUBLIC OF SENEGAL

FINAL REPORT EXECUTIVE SUMMARY

1. Study Background

1.1 Background

The concept of the Case des Tout-Petits (CTP) was introduced by the President of Senegal making early childhood development one of the top national priorities. For promoting early childhood development through constructing and operating CTPs, a new ministry, the Ministry of Family and Early Childhood was created in 2001. The Study on the Improvement of Environment for Early Childhood (JICA Study) started in December 2001 responding to the request of the Government for promoting this policy further.

Four CTPs, two in Kaolack, and two in Tambacounda were constructed as the Pilot-project. Lessons and experience gained through the Pilot-project were incorporated in the Master Plan.

1.2 Objectives of the Study

The areas selected for the Study were Kaolack and Tambacounda regions in the Republic of Senegal.

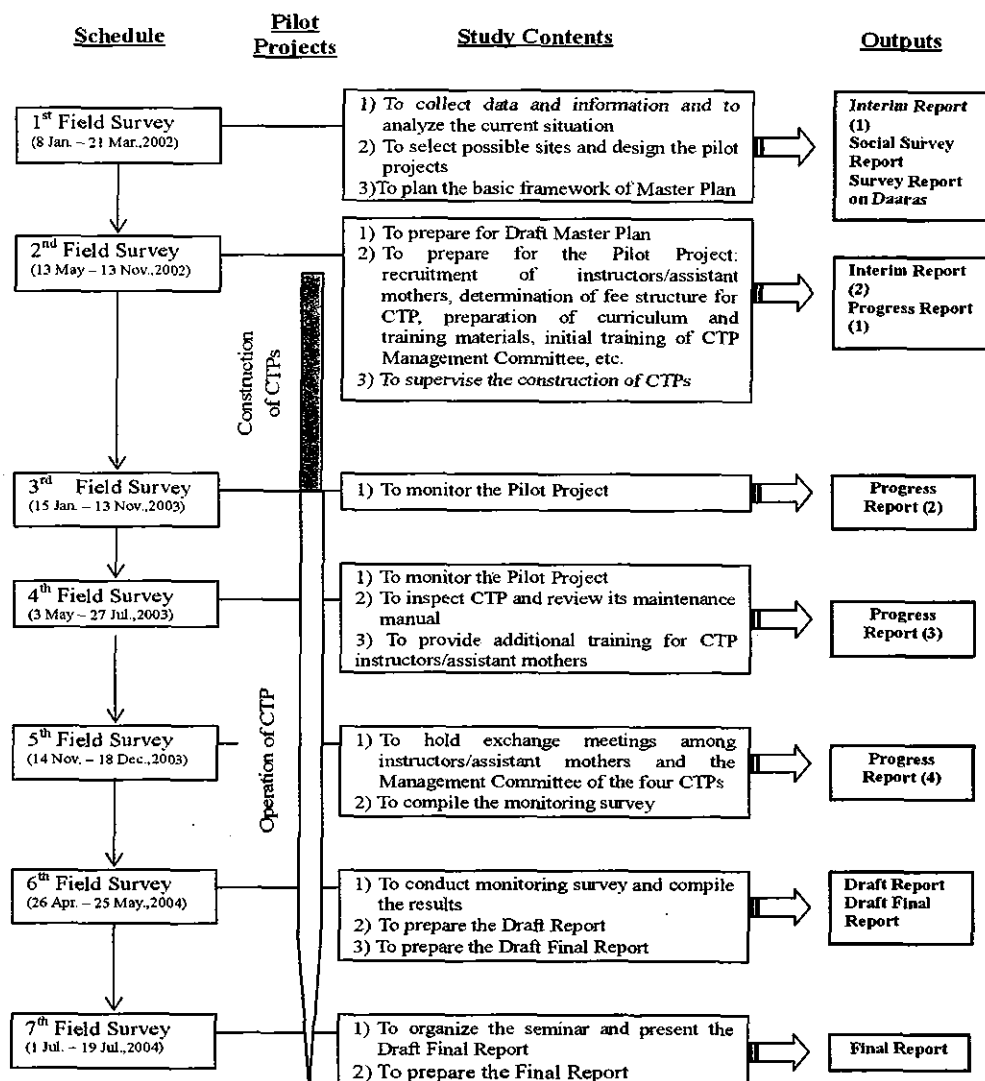
The objectives of the Study were:

- To formulate a Master Plan for the improvement of the environment for early childhood in the Kaolack and Tambacounda regions; and
- To conduct technology transfer on know-how for 1) the sustainable operation of the CTP and 2) the development of a plan to improve the Senegalese counterpart personnel through the Study.

1.3 Progress of the Study and Outputs

Seven field surveys have been conducted for the Study. The schedule, major contents, and outputs of these surveys are summarized below.

Figure 1 : Overall Study Flow



The reports listed on the right side of the above figure are the outputs made at each field survey. In addition to these reports, the Study produced the following manuals; Manual for Community Approach, Manual for CTP Sensitization, Manual for the Management Committee on Sensitization and CTP Operation, Manual for CTP Maintenance, Regulations of the CTP Management Committee, Micro-project Management Guide for the Use of Instructors in the Case des Tout-Petits, and five Training Guides for the CTP Instructors (Children's rights, Education, Sanitation, Nutrition, and Education for Disabled Children).

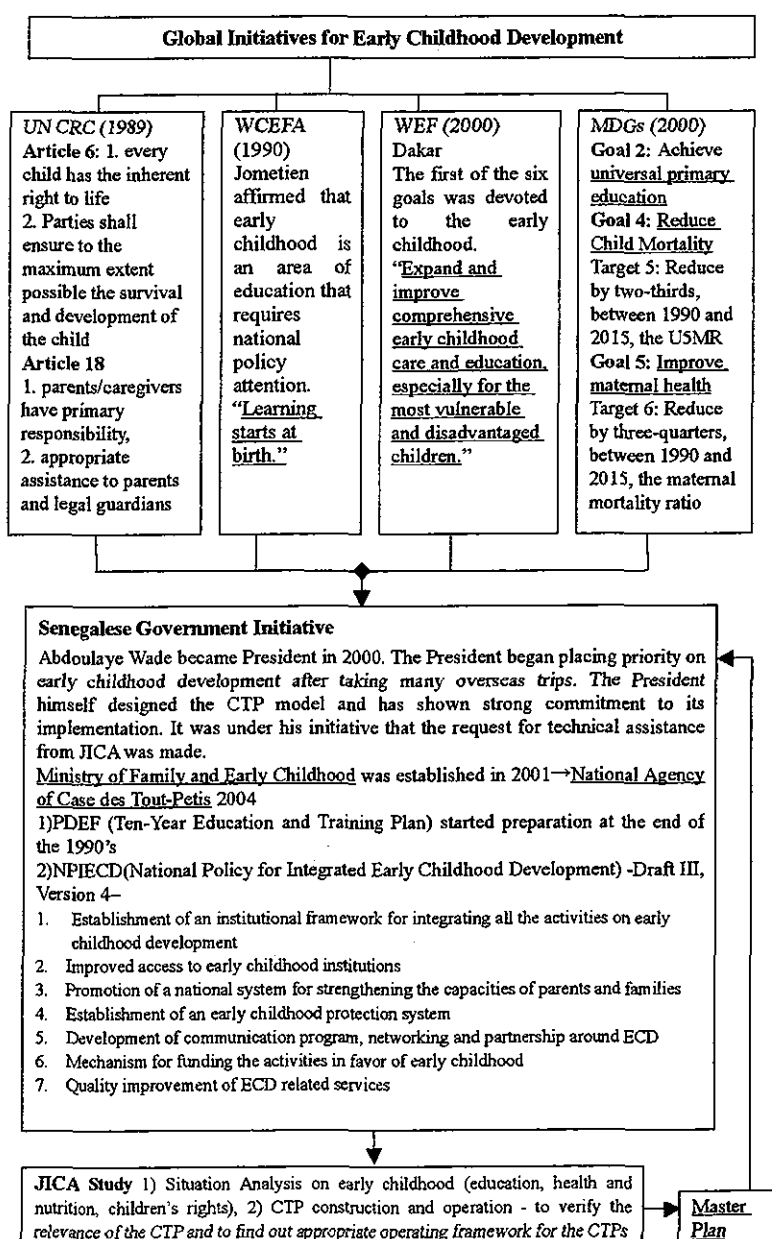
2. Early Childhood Development in Senegal

Many development partners, including UNICEF, UNESCO and the World Bank, have stepped up their programs on early childhood development since the 1990's. The United

Nations Convention on the Rights of the Child (1989), the World Conference on Education for All (1990), and the World Education Forum (2000) noted the importance of early childhood development.

The JICA study looks at both education and care functions of early childhood (0-6 years' old). The Study seeks to formulate a Master Plan for Early Childhood Development through situation analysis and the implementation of the Pilot Project. Thus, the Study supports the Senegalese government's initiative on ECD. The relationship among global initiatives, Senegalese initiatives, and the JICA Study is described below.

Figure 2: Global Initiative, Senegal Initiative, and JICA



2.1 Situation Analysis on Early Childhood

1) Early Childhood Education

Problems on early childhood education are identified from the viewpoints of Access, Quality, and Management. Constraints are discussed from the viewpoints of institution, organization, government resources, and social aspects.

Table 1 : Problems and Constraints of Early Childhood Education

Issues	Problems	Constraints
Access	Low Preschool Enrolment (Senegal 3.9% - 2003) (Kaolack 1.9% -2003) (Tambacounda 2.1% -2003)	Lack of awareness on ECE High costs compared to primary education
	Disparities in Preschool Education	Lack of facilities and teachers in rural area
Quality	Absence of standard programs	Lack of human resources in education administration Lack of budget (Central/Regional)
	Insufficient number of teachers	Lack of training facilities for teachers
Management	Poor coordination among government agencies	
	Weak planning ability/ Weak inspection/ weak local office	Insufficient capacity of MECCTP (NACTP) officials
	Lack of data base on ECE	Lack of human resources Lack of budget (Central/Regional)

Source: JICA Study Team

2) Health and Nutrition

Problems and constraints on health and nutrition are summarized in the following table.

Table 2: Problems and Constraints on Health and Nutrition

Issues	Problems	Constraints
Health Status of Mothers and Children	High IMR and U5MR (Senegal IMR70.1,U5MR 145.3) (Kaolack IMR85.0,U5MR 197.5) (Tambacounda IMR83.6,U5MR 181.9)	Low vaccination coverage Prevalence of disease and in appropriate treatment Insufficient Water and Sanitation System
	High MMR	In sufficient service for reproductive health Early pregnancy Limited access to FP services Poor quality of FP service
Nutritional Status of Mothers and Children	Malnutrition and Micronutrient Deficiencies	Poor socio-economic conditions Inappropriate feeding practice Prevalence of diseases and poor environment for children
Management	Limited Capacity of MECCTP (NACTP)	Lack of legislation Limited Human Resource and coordination at the central and local level
	Poor Coordination among Government Agencies Poor Coordination with MHP	Limited facilities Lack of human resources in MHP Lack of budget

Source: JICA Study Team

3) Children's Rights

The major problems and constraints on children's rights, including those to do with living environments are identified and presented in the following table.

Table 3: Problems and Constraints on Children's Right

Issues	Problems	Constraints
<p>Children</p> <p><i>(The issue above includes sub-issues of access, quality, and management.)</i></p>	<p>Low Birth Registration Rates (Senegal 60.9%, Kaolack 44.4%, Tambacounda 46.2%)</p> <p>Weak Family Ties</p> <p>Discrimination by ethnic group/language and gender</p> <p>Child Mistreatment</p> <p>Child Exploitation</p> <p>Children in Conflict with the Law</p>	<p>a) Legislation</p> <ul style="list-style-type: none"> - Incompatibility of related treaties - Unclear demarcation of responsibility - Irregular situation & repressive approach <p>b) Institution, Organization & Management</p> <ul style="list-style-type: none"> - Lack of institutional protection structures - Lack of specific programs for children at risk - Lack of coordination in the government and donors activities - Lack of a monitoring and evaluation system - Lack of a prevention & rehabilitation system <p>c) Resources</p> <ul style="list-style-type: none"> - Lack of data and research - Lack of qualified staff - Lack of infrastructures - Tight public fiscal situation <p>d) Social Aspects</p> <ul style="list-style-type: none"> - Lack of awareness - Prevalence of prejudices and supposed "cultural values"
<p>Mothers/Fathers</p>	<p>Hard Living Condition in Rural Areas</p> <p>Gender Disparity in Social Life</p>	<ul style="list-style-type: none"> - Constraints in household (poor understanding of husband, family, relatives) - Constraints in economic activities (limited income-generation opportunities) - Constraints in community (poor understanding of community stakeholders)

Source: JICA Study Team

3. CTP and Pilot Project Implementation

3.1 Concept and Objectives of CTP

Abdoulaye Wade has placed great importance on early childhood development since becoming the President of the Republic of Senegal in 2000. It was he who introduced the concept of the Case des Tout-Petits(CTP) and made early childhood development a top national priority. Soon after the President designed the CTP model, his government placed a request for technical assistance from the Government of Japan.

A few CTPs constructed by the Taiwanese Cooperation and other agencies were already in operation when the Study team started its first field work in Senegal. Most, however, were not operating well.

The Pilot Project was implemented with the following objectives:

- 1) To check the relevance of the CTP in the context of the Senegalese government initiatives for early childhood development;
- 2) To analyze and design the conditions for sustainable operation of the CTP; and
- 3) To draw lessons from the Pilot Project and incorporate the results into the Master Plan

The basic concepts of the CTP are briefly summarized below and presented in the Figure below.

1) Holistic Approach

A holistic approach towards early childhood development with combined focuses on education, healthcare and nutrition is to be taken. In the CTPs, healthcare and nutrition for mother and children are also important in preschool education.

2) Design for Safe Multi-purpose Buildings

The selected design consists of two buildings, a hexagonal building for classrooms and teachers' room, and a rectangle building for the multi-purpose/mothers room and sanitary facilities. The security of the children is well considered in the design of the entrance promenade and windows, while the sanitary facility is located separately from the classroom.

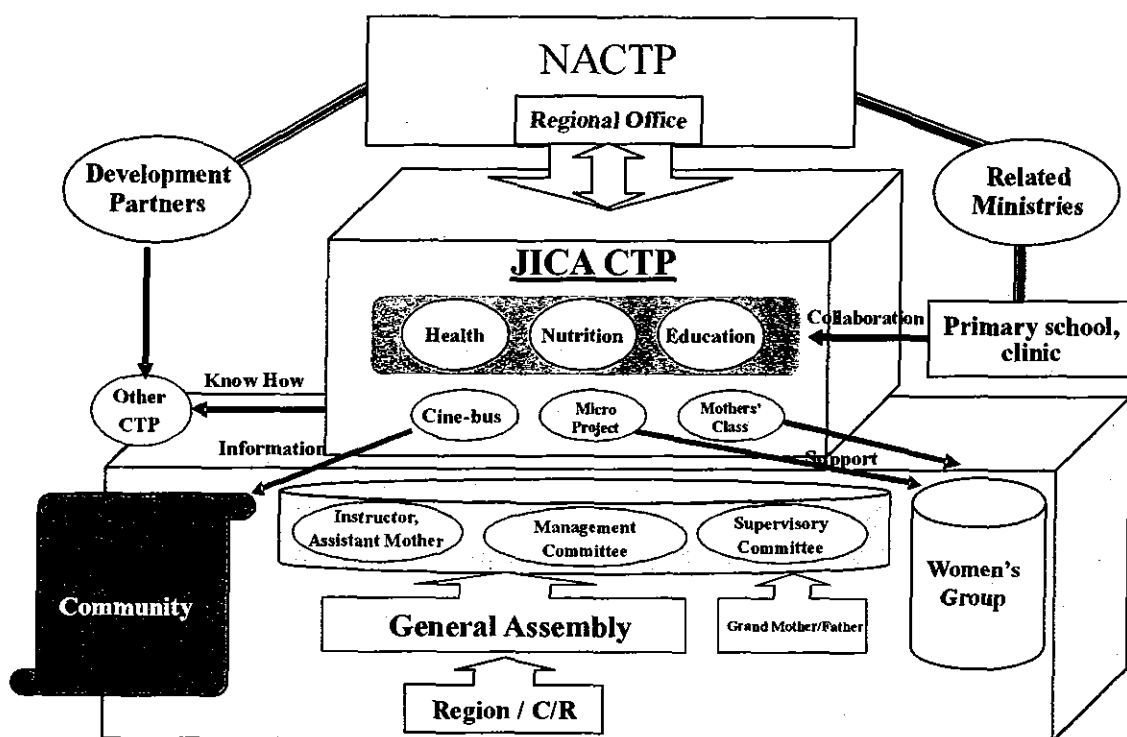
3) Intensive Community Participation

The CTP was to be implemented with the intensive participation of the community people from the planning, construction, and operation stages.

4) Self Sustainability through Cooperation of the Development Partners and Regional Offices

The financial sustainability of the CTP is mainly secured by entrance fees and monthly fees collected from the parents of the children. Revenue from the Micro-projects is a secondary source of income.

Figure 3: Concept of JICA CTP

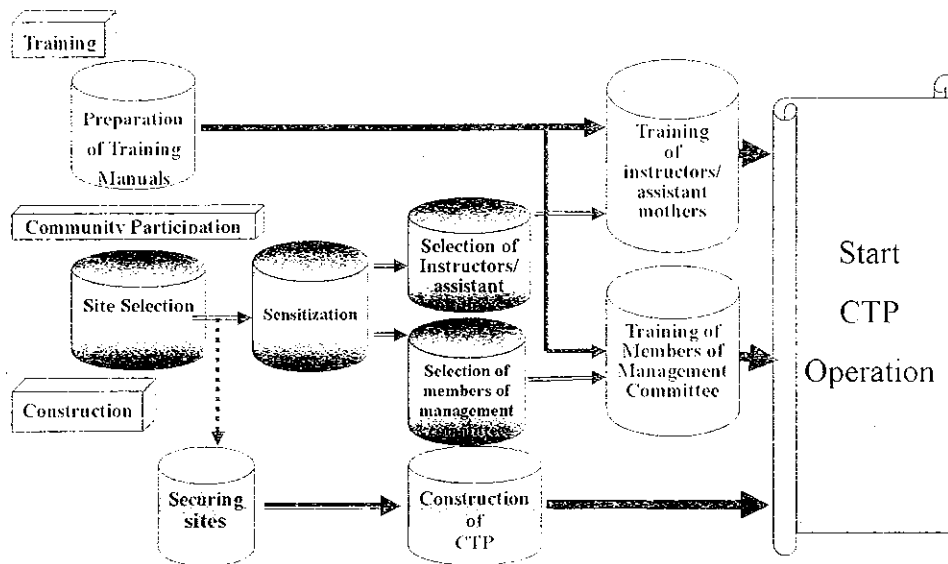


3.2 Design of the Pilot Project

Pilot project was implemented in the following manner.

- 1) Training
Prepared the training materials, and trained instructors and assistant mothers, and Management Committee members.
- 2) Community participation
The construction sites were selected with advice from the local authorities and the community. Sensitization workshops were organized for the local people. Instructors/assistant mothers, management committee members were selected from the near-by community.
- 3) Construction
CTPs were constructed by local contractors.

Figure 4: Flow of Pilot Project Implementation



3.3 Micro-projects and Cine-bus Operation

Along with programs targeting children (nutrition, health care, and education), Micro-project and a Cine-bus targeting community people were also implemented at each site.

3.4 Evaluation of the Pilot Project

After operating the CTPs for 14 months, evaluation of the Pilot Project was made by assessing the effects of the CTP. Direct effects and indirect effects were pointed out.

(1) Direct Effects

1) Effects on children

- Discipline enhancement
- Improvement of the healthcare and nutrition (health environment) of the children (as reflected by improved vaccination rates and increased knowledge on nutrition and healthcare)
- Enhanced awareness of children's rights (as reflected by increased birth certificate registration)

2) Effects on mothers/families

- Reduced childcare labor for mothers
- Increased knowledge of health care and nutrition
- Strengthened family ties

(2) Indirect Effects

- Enhanced community participation and ownership
- Functioning as a core of the community

(3) Overall Evaluation

Overall evaluation of the CTP was made as follows:

- 1) A holistic approach can be realized in the CTP, which is effective for ECD as a whole.
- 2) The applied model of the CTP can be a model for future development in terms of physical design and organizational/implementation structure.
- 3) The CTP operation is financially viable in the community

3.5 Lessons Learnt from the CTP Operation

Several lessons have been drawn from the pilot CTP operation. The major points are summarized.

Table 4: Lessons Learnt from the CTP Operation

Issues	Lessons Learnt
<p>1. Site Selection - The low level of the household income at Sagna adversely affected the sustainability of the CTP.</p>	<ul style="list-style-type: none"> - Presence of community leaders with active Cooperatives is one the most important factors for sustainable CTP operation. - A primary school and healthcare facilities must be located nearby the CTP . - Income levels of the community must be analyzed to determine the people’s capacity to pay.
<p>2. Sensitization and Community Appreciation - To make the people understand the importance of the CTP, the JICA Study Team referred to the experience in water management organization.</p>	<ul style="list-style-type: none"> - Sensitization and understanding of ECD and the CTPs are important for sustainable CTP operation.
<p>3. Social analysis - As the ethnicity is more diverse at Sinthiou Maleme, much care was taken in selecting the members of the Management Committee.</p>	<ul style="list-style-type: none"> - Due attention must be paid to ethnic groups, gender, age and other social factors such as (e.g., disability) when selecting the members of the Management Committee.
<p>4. Continuous Support from Government/Donors - Sintiou Malem received financial support from the rural community that enhanced the financial sustainability of the CTP.</p>	<ul style="list-style-type: none"> - Government monitoring is required for CTP operation. - Public relations is important in obtaining support from development partners.
<p>5. Micro-project - The flour mill introduced at Sagna produces regular income for the CTP. The other projects (sewing and dyeing) at the other three sites have not satisfied expectations.</p>	<p>The following issues shall be taken into account in implementing Micro-project</p> <ul style="list-style-type: none"> - Micro-project activity shall involve as many participants as possible from the community in order to keep the project transparent/ - Quick outputs including cash, are effective for maintaining the interest and motivation of the people. - Guidance is essential not only on production techniques, but marketing as well.
<p>6. Volunteers at CTP -Grandmothers and assistant CTP staff joined to take care of the 2-year old children at the CTP.</p>	<p>Support from volunteers (“grandmothers”) is useful in:</p> <ul style="list-style-type: none"> - Taking care of all of the children, especially when more than the allotted numbers of children are enrolled - Taking care of the 2-year old children in particular (2-year children were originally not supposed to attend the CTPs)
<p>7. Network with Neighboring Facilities - Collaboration with nearby facilities such as primary schools and health clinics promoted the holistic approach introduced by the CTP.</p>	<p>Networking with neighboring facilities include the following benefits:</p> <ul style="list-style-type: none"> - Elder brothers and sisters of nearby primary schools visit CTPs to communicate with their younger brothers and sisters - Primary school teachers provide CTP instructors with teaching materials - Doctors and nurses from nearby clinics provide advice on how to treat the children at the CTPs - The principals of primary schools and nurses are good candidates for management committee members - Clinic nurses provide advice on nutrition and vaccinations during the mother’s classes at the CTPs

4. Master Plan for Improvement of Environment for Early Childhood

4.1 Approach to the Master Plan and Basic Strategies

The main objectives of the Master Plan are to formulate plans for improving the environment for early childhood in the Kaolack and Tambacounda regions and to realize

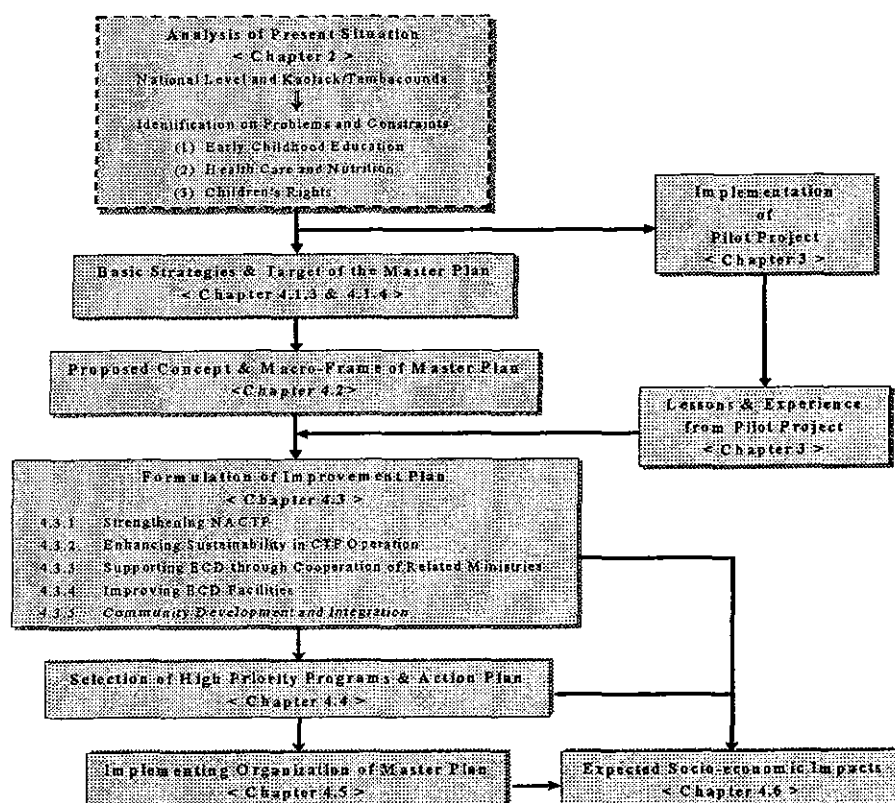
goals of the National Policy for Integrated Early Childhood Improvement (NPIECD) in accordance with global strategies for the ECD.

As its Pilot Project to attain these objectives, the Study has adopted the plan for CTP construction and operation advocated by the President of the Senegal and promoted by the NACTP. The results of the Pilot Project thus far obtained have clearly demonstrated the effectiveness with which the CTPs promote ECD using a holistic approach, and the positive impact this has had on the environment for early childhood. Thus, the improvement plans are focused mainly on the expansion of the CTPs for ECD in the two regions covered under the Master Plan.

The Master Plan also proposes plans for the improvement of organizational development, capacity building, and policy-making at the national level in due consideration of the following points:

- 1) The current problems and constraints in Kaolack and Tambacounda are quite similar to those in other regions, as mentioned in Chapter 2.
- 2) Improvement plans to solve the current problems and constraints in Kaolack and Tambacounda need to be formulated at the national level.

Figure 5 : Approach for Formulation of the Master Plan



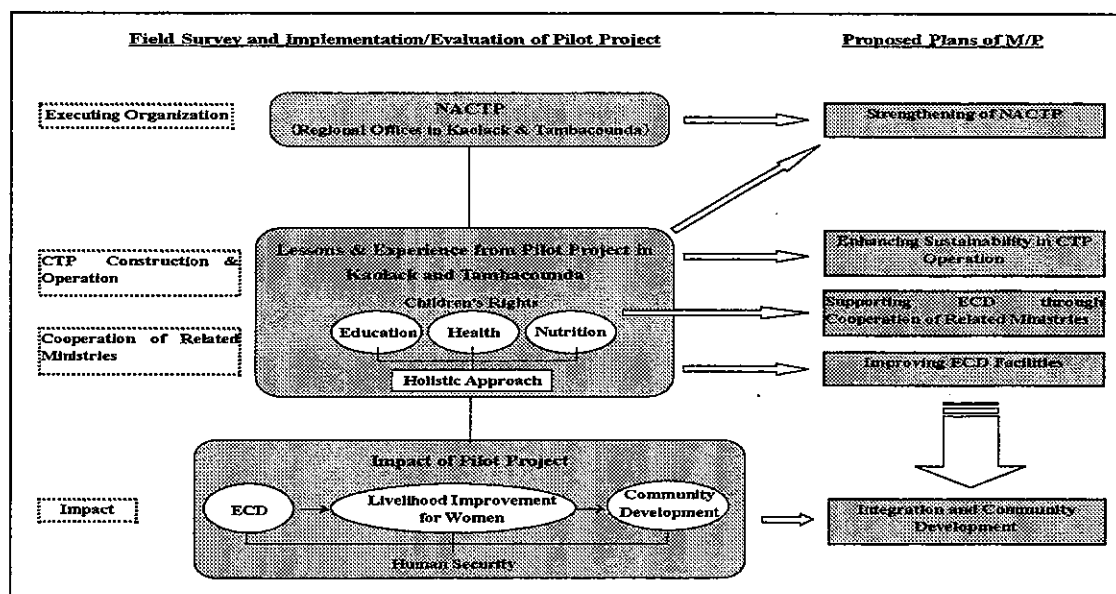
4.2 Concept and Framework of the Master Plan

The Master Plan for ECD, emphasizes the expansion of CTP under the NACTP. The plan was formulated in accordance with the following concepts on the basis of lessons

learned and experiences gained from the Pilot Project implemented in Kaolack and Tambacounda, as well as the results of the various evaluations performed in the course of the project.

The figure below presents the process of the implementation and evaluation of the Pilot Project, as well as proposed concepts of the Master Plan in the Study.

Figure 6: Concept of Master Plan



(1) Strengthening of the NACTP

Firstly, plans to strengthen the organizational development of the NACTP (the agency in charge of the construction and operation of the CTP, as well as the executing agency responsible for ECD in Senegal have been proposed based on a review of the NACTP's functions and jobs. In addition to the organizational development and capacity building of the NACTP, the formulation of a Executive Coordination Committee for ECD with a specific set of roles within the NACTP has been proposed.

(2) Enhancing Sustainability in CTP Operation

On the basis of lessons and experience in the Pilot Project, plans for enhancing sustainability in CTP operation are proposed. Several approaches toward the enhanced effectiveness of the community participation have also be proposed; namely, the raising of people's awareness, strengthening of the training system for CTP staff, the establishment of an evaluation and monitoring system, and standardization of CTP structures and management.

(3) Cooperation with Related Ministries for ECD

In addition to the NACTP initiative, cooperation with related ministries such as the MOE and MOH will be indispensable for promoting ECD with a holistic approach at the CTPs. Meanwhile, the related ministries have recommended ECD support through definite cooperation plans using the CTPs, including plans for the acceptance of birth registration, education for health and nutrition through mother's classes, vaccinations, and literacy education.

(4) Improving ECD Facilities

The ECD facilities are to be strengthened in order to improve the access and quality of ECD. The promotion of new construction and the activation of the existing CTPs have been proposed. An incentive plan for private kindergartens has also been proposed. In addition, the experience and lessons from the CTP construction and operation will be applied for dissemination to ECD facilities, including other CTPs, kindergartens, community huts, and daaras.

The basic concepts of the Master Plan consist of the four categories of improvement mentioned above. Note, however, that the proposed plans are expected to contribute to more than just ECD. The evaluation of the Pilot Project has suggested that the activities of mothers/women's groups for livelihood environment and community development will also benefit. The integration and community development will be further promoted through the application of a holistic approach.

4.3 High-Priority Programs

The target year of the Master Plan is set at the year 2015 in due consideration of the current status of ECD in Kaolack and Tambacounda. The high-priority programs in the Master Plan have been selected by applying the following criteria. In selecting the programs, individual projects proposed are integrated with others when consolidation is more efficient for the implementation.

- Criteria 1. Quick project for strengthening of the NACTP as an executing agency of ECD
- Criteria 2. Urgent project for sustainable operation of the CTPs
- Criteria 3. High demand project for ECD with support of related ministries
- Criteria 4. Project for the efficient expansion of CTP facilities

The following high-priority programs have been selected by applying the above criteria. The details are presented in Appendix.

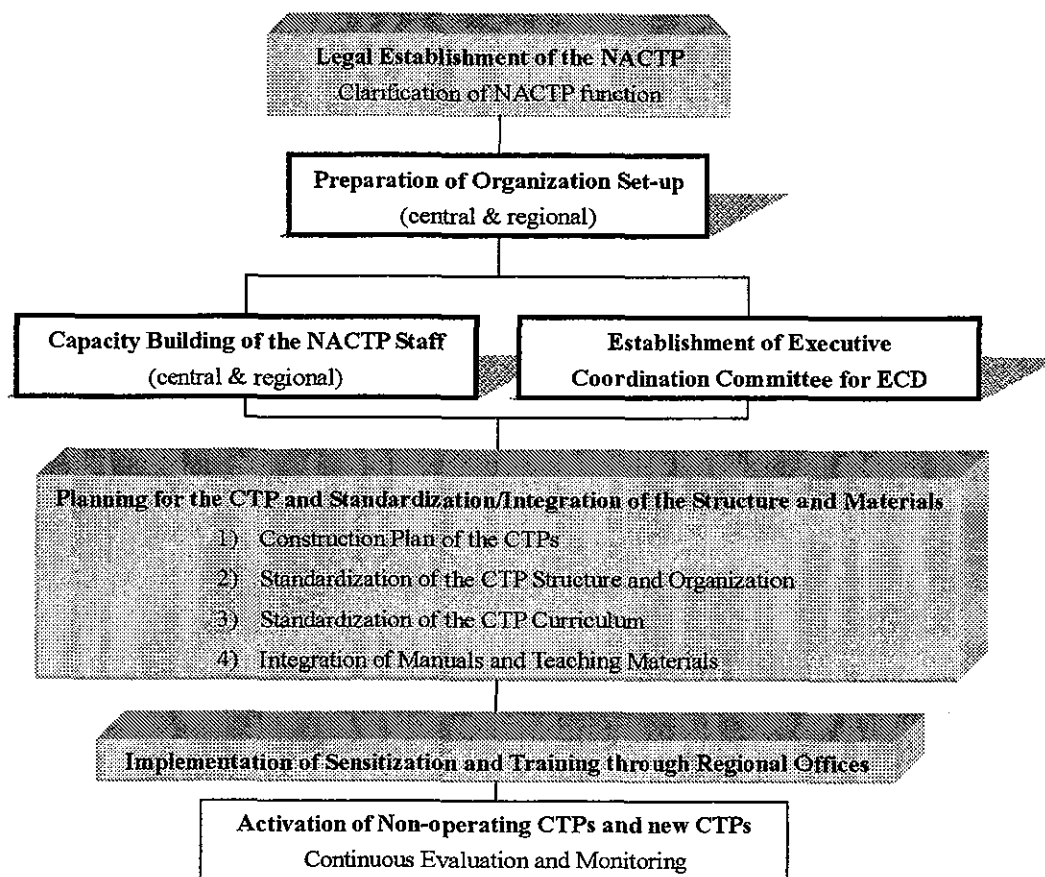
- 1) Strengthening of Organization and Capacity Building of the NACTP

- 2) Standardization/Integration of CTP Curriculum and Instruction Manuals
- 3) Community Sensitization and Training of CTP Staff
- 4) Support Activities for ECD using CTPs
- 5) Activation and Promotion Plan for CTPs

4.4 Action Plan for NACTP

The actions to be undertaken mainly by the NACTP are summarized in the following figure.

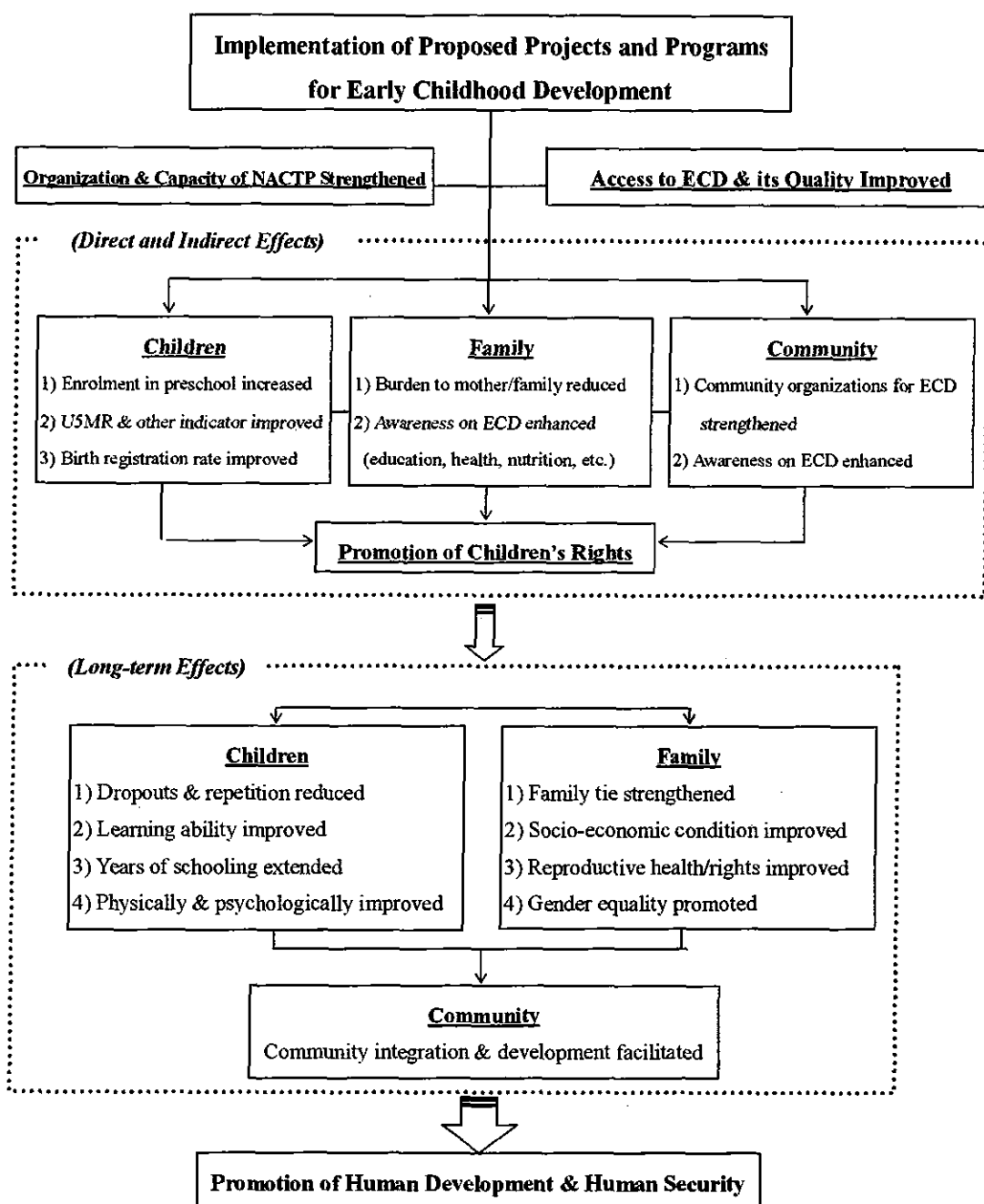
Figure 7: Actions to be undertaken by the NACTP



4.5 Expected Socioeconomic Impacts

In addition to benefiting ECD, the proposed projects and programs will have various socioeconomic impacts on the local people and communities in Kaolack and Tambacounda. Figure 8 summarizes the specific impacts expected.

Figure 8: Socio-economic Impacts of the Proposed Improvement Plans



5 Recommendations

In order to successfully promote ECD through the implementation of the proposed projects/programs, the Study Team recommends that the NACTP make the following preparations and arrangements in close collaboration with the related ministries/agencies and international development partners.

- 1) **Establish a National Policy on ECD and Clarify the Function of the NACTP**
 First, Senegal is to establish its national policy on ECD. Next, the responsibilities of the related ministries and agencies are to be defined. The functions and responsibilities of the NACTP are also to be clarified in relation to the related ministries.
- 2) **Increase the ECD Budget**
 The allocated budget for ECD now accounts for less than 1% of the total education budget. This is to be increased to 5-10% of the budget allocated for primary schools.
- 3) **Improve Coordination among the Related Ministries/Agencies and Development Partners**
 In view of the limited communication among the different sub-sectors, a newly established Executive Coordination Committee is to urgently encourage the improvement of the related ministries/agencies in ECD and coordinate their roles. In addition to integrating and coordinating the development plans, the committee is to coordinate the assistance from international development partners when necessary.
- 4) **Strengthen the Organization of the NACTP**
 Once the NACTP is established as a legal entity, the central and regional organizational structures presented in the Action Plan are also to be established. In addition to establishing its organization at the central level (setting up six departments), the NACTP urgently needs to strengthen its regional offices, the main sites through which its services are extended. Each regional office of the NACTP is to be regularly monitored by a minimum of two inspectors responsible for overseeing sensitization, training of CTP staff and monitoring/evaluation in collaboration with regional coordinators and inspectors of preschool education.
- 5) **Extend the CTP as a Model of the Holistic Approach toward ECD**
 The Pilot Project proved the effectiveness of the CTPs for ECD through a holistic approach. The development plan for the CTPs is to be formulated by integrating all of the related plans prepared by the related ministries/agencies. An activation program for the existing CTPs is also to be prepared and incorporated within the CTP development plan. For implementation, the experiences and lessons gained in the Pilot Project are to be used as much as possible.
- 6) **Strengthen the Sensitization and Training Functions of the NACTP**
 The CTPs are operated by instructors/assistant mothers and M/Cs selected by the people in the communities. As such the sensitization of the communities and the

training of the CTP staff form the very foundation of CTP management. The current organization and functions of the NACTP are still insufficient to accommodate the expected future extension. The staff is to be strengthened both in number and in quality particularly at the regional level.

7) Establish a Training Facility for CTP staff

To meet the increased demand for training instructors/assistant mothers and M/Cs in the near future, a training school is to be established at the central level. This school will function as the center of CTP training responsible for the training and retraining of the CTP staff and regional staff of the NACTP.

8) Strengthening Supporting Systems for the CTPs

The support systems for the sustainable extension of the CTPs are to be further strengthened. As experienced in the Pilot Project, the NACTP provides important support by introducing monitoring and evaluation systems once the CTPs are put into operation. The organization of a federation of CTPs will provide effective forums for the exchange of experiences and information among the CTPs and eventually enhance the sustainability of operations. Another important support for the CTPs will be coordination with the regional/rural communities and international development partners/NGOs in arranging supplemental assistance in cash or in kind to the CTPs.

**THE STUDY
ON
THE IMPROVEMENT OF ENVIRONMENT
FOR
EARLY CHILDHOOD
IN
THE REPUBLIC OF SENEGAL
MAIN REPORT**

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Abbreviations and Acronyms

ADEA	Association for the Development of Education in Africa
ADPES	Association pour une Dynamique de Progres Economique et Social
AEMO	Action Educative en Milieu Ouvert
AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infections
ASC	Agents Sanitaire Communautaires
BASIC	Basic Support for Institutionalizing Child Survival
BCG	Bacillus Calmette-Guérin Vaccine
CADASTRE	Cadastral office
CBO	Community Based Organization
CCF	Christian Children Fund
CEDAW	Conventions on the Elimination of All Forms of Discrimination against Women
CLM	Cellule Nationale de Lutte contre la Malnutrition
C/R	Communauté Rurale (Rural Community)
CRC	Convention on the Rights of the Children
CSEC	Commercial Sexual Exploitation of Children
CTNS	Cellule Technique Nutrition-Santé
CTP	Case des Tout-Petits
DFA	Dakar Framework for Action
DPT	Diphtheria, Pertussis and Tetanus Vaccine
ECC	Executive Coordination Committee
ECCE	Early Childhood Care and Education
ECCECD	Executive Coordination Committee for Early Childhood Development
ECD	Early Childhood Development
ECEC	Early Childhood Education and Care
ECE	Early Childhood Education
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes
EGM.BTV	Enterprise Generale De Mellugrie Batiments-TP-Vidange
EMIS	Education Management Information System
ENDA-TM	Environnement, Développement et Action dans le Tiers Monde
ESIS	Enquête Sénégalaise sur les Indicateurs de Santé

FDEA	Femme, Developpement et Entreprises en Afrique
FGM	Female Genital Mutilation
FP	Family Planning
GMFC	Global Movement for Children
GOJ	Government of Japan
GOS	Government of Senegal
HIV	Human Immunodeficiency Virus
IBRD	International Bank for Reconstruction and Development
IDD	Iodine Deficiency Disorders
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPEC	International Program for the Eradication of Child Labor
JICA	Japan International Cooperation Agency
LBW	Low Birth Weight
MAC	Maison d' Arrêt et de Correction (Detention and Correction House)
M/C	Management Committees
MCEL	Ministry of Civil Service, Employment and Labor
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MEF	Ministry of Economy and Finances
MFSDNS	Ministry of Family, Social Development and National Solidarity
MHP	Ministry of Health and Prevention
M/M	Minutes of the Meeting
MMR	Maternal Mortality Rate
MOE	Ministry of Education
MOEF	Ministry of Economy and Finance
MOH	Ministry of Health
MOJ	Ministry of Justice
MPHHC	Ministry of Public Heritage, Habitation and Construction
MPPHS	Ministry of Prevention, Public Hygiene and Sanitation
NACTP	National Agency of Case des Tout-Petits (NACTP is the counterpart agency at the end of the Study. The Study started with MFEC(Ministry of Family and Early Childhood), which was taken over by MPECTP(Ministry of Preschool Education and CTP), then MECCTP(Ministry of Early Childhood and CTP).)
NGO	Non-Governmental Organization

NPIECD	National Policy for Integrated Early Childhood Development
OECD	Organization for Economic Co-operation and Development
OPV	Oral Polio Vaccine
ORT	Oral Dehydration Therapy
OVI	Objectively Verifiable Indicator
PDEF	Ten-Year Education and Training Plan
PDIS	Programme de Développement Intégré de la Santé et de l'Action Sociale
PEM	Protein-Energy Malnutrition
PHC	Primary Health Care
PNDS	Plan National de Développement Sanitaire et Social
PRDE	Educational Development Plan for Region
PRSP	Poverty Reduction Strategy Paper
PTTS	Preschool Teachers Training School
S/C	Supervisory Committees
SIP	Sector Investment Program
SOV	Source of Verification
SPP	Service Provision Points
STDs	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TCI	Technical Committee for Implementing ECD Programs and Projects
TFR	Total Fertility Rate
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
URBANISME	Regional office of Ministry of Town Planning and Territory Development
USAID	U.S. Agency for International Development
U5MR	Under 5 Mortality Rate
WCEFA	World Conference on Education for All
WEF	World Education Forum
WFP	World Food Program
WHO	World Health Organization

Unit

m	meter
km	kilometer
km ²	square kilometer
ha	hectare
kg	kilogram
%	percentage

Currency Unit

FCFA	Franc(s) de la Communauté Financière d'Afrique, West African Currency
US\$	US Dollar

Glossary

TERMINOLOGY	GENERALLY ACCEPTED MEANING
CTP Terminology	
Instructor (Animateur Polyvalent)	Teaching staff at CTP, also in charge of the Mother's class, recruited from the near-by community. Instructors must have at least junior high school education.
Assistant Mother	Assistant Teaching staff at CTP, also in charge of the Mother's class, recruited from the near-by community. Assistant Mothers must be holders of primary school diplomas.
Cine-bus	A land-cruiser with cinema screening equipment procured by the JICA Senegal Office. The cine-bus visited the CTP once a month.
Daara	A school-like place where the Koran is taught.
Marabout	Islamic leader
Talibés	Children studying the Koran at Daara. Some children board at Daara while some commute to Daara. Talibés are not necessarily street beggars.
Exchange Meeting	Meeting among the CTP staff
Supervisory Committee	Advisory committee on CTP operation. The members usually consist of a village chief, primary school teachers, nurses and leaders of women's groups. The committee deals with problems that the Management Committee cannot solve; for example, no collected tuition. The members are volunteers.
General Assembly	Annual meeting on the management of the CTP. The activity report and following year's plan are discussed. Members of Supervisory Committee and the Management Committee are elected by the General Assembly.
Management Committee	A six-member committee responsible for collecting tuition, accounting and managing activities of the CTP on a voluntary-basis.
Global Strategy-related Terminology	
Dakar Framework for Action (DFA)	DFA was agreed at the World Education Forum held in Dakar in 2000.
Education for All (EFA)	A declaration adopted at the World Conference on Education for All at Jomtien in Thailand in 1990
Early Childhood Development (ECD)	Comprehensive approach to policies and programs for children from birth to eight years of age to safeguard the rights of children to develop cognitively, emotionally, socially and physically.
Early Childhood Education (ECE)	Educational activity provided prior to primary school education. The Ministry of Education is responsible in the case of Senegal.
Early Childhood Education and Care (ECEC)	The childcare function added to ECE. UNESCO uses this terminology.
Infant Mortality Rate	The infant mortality rate is the ratio of infants who die before reaching one year of age, per 1,000 live births in a given year.
Under 5 Mortality Rate	The under five mortality rate is the probability that a new born will die before reaching age 5.
Millennium Development Goals (MDGs)	Based on the DAC New Development Strategy, the MDGs were agreed upon at the UN General Assembly (Millennium Summit) in

	2000. The goals by 2015 include (1) to eradicate of extreme poverty and hunger, (2) to achieve universal primary education (3) to promote gender equality and empower women (4) to reduce child mortality (5) to improve maternal health (6) to combat HIV/AIDS malaria and other diseases (7) to ensure environmental sustainability and (8) to develop a global partnership for development.
Health related Terminology	
Agents Sanitaire Communaires (ASC)	An ASC is a community health worker chosen by the community and trained to work for the Case de Sante.
Poste de Sante	Poste de Sante is a health infrastructure located in the Communauté Rurale. It belongs to the health district supervised by the <i>chief doctor and can provide the basic treatment.</i>
Case de Sante	Case de Sante is smaller and less capable than Poste de Sante. The minor treatment is provided by an ASC.
Others	
Decentralization in Senegal	After the adoption of the new legislation on decentralization in 1996, the Senegalese government made serious efforts to realize the autonomy of local governments especially in rural areas and to provide the financial means to enable the local governments to carry out their economic roles.
Major ethnic group in Senegal	Wolof 43.3%, Pular 23.8%, Serer 14.7%, Jola 3.7%, Mandinka 3% Wolof is the major ethnic group in Kaolack, while ethnicity is more diverse in the South-East region, where Tambacounda is situated. (Mandinka and Pular are the two largest ethnic groups in the Southeast region.)
Major women's groups in Senegal	The women's groups have been famous for their vitality and certainty in Senegal, especially those in the field of income generation such as the mutual and retailer's associations. There are <i>several active groups in Kaolack and Tambacounda.</i>
Traditional birth attendant (matrone)	A traditional birth attendant (TBA) is a birth attendant who traditionally assists delivery at community level.

Source: JICA Study, JICA, UNICEF, WORLD BANK

CHAPTER 1 INTRODUCTION

1.1 Study Background

The Government of the Republic of Senegal (GOS) embarked on the implementation of the holistic approach by constructing necessary facilities, including Case des Tout-Petits (CTP), for the improvement of the socio-economic as well as physical environment of early childhood and promoting this sector. The GOS thus requested the Government of Japan (GOJ) to conduct the Study on the Improvement of Environment for Early Childhood in the Republic of Senegal in accordance with the relevant laws and regulations in force in Japan.

In response to the request, the GOJ decided to conduct the Study, and the Japan International Cooperation Agency (JICA), the official agency responsible for the implementation of the technical cooperation programs of the GOJ, has been commissioned to undertake the Study in cooperation with the Senegalese authorities concerned. A Preparatory Study Team was dispatched from JICA during the period of 28 July to 12 August, 2001 to discuss the Scope of Work for the Study. The Preparatory Study Team carried out the field survey on the Study area and held series of discussions with Senegalese officials. On the basis of this Preparatory Study, a Minutes of the Meeting(M/M) was prepared for specifying of the Scope of Work was prepared and agreed upon among the Ministry of Family and Early Childhood(MFEC), the Ministry of Economy and Finance and the Preparatory Study Team on 9 August 2001.

In the M/M, the MFEC agreed to act as the counterpart agency on the side of GOS as well as the coordinating body in relation with other governmental and non-governmental organizations working towards the smooth implementation of the Study. It was also agreed that a Steering Committee would be established for the efficient implementation of the Study. The Committee was to be chaired by the Director of the Cabinet of the MFEC and consist of directors of the Cabinet and senior officials of the Ministries and other agencies concerned.

For the implementation of the Study, the JICA entrusted this work to KRI International Corporation and assigned the JICA Study Team to conduct the Study.

1.2 Objectives of the Study

The areas selected for the Study were the Kaolack and Tambacounda regions in the Republic of Senegal.

The objectives of the Study were:

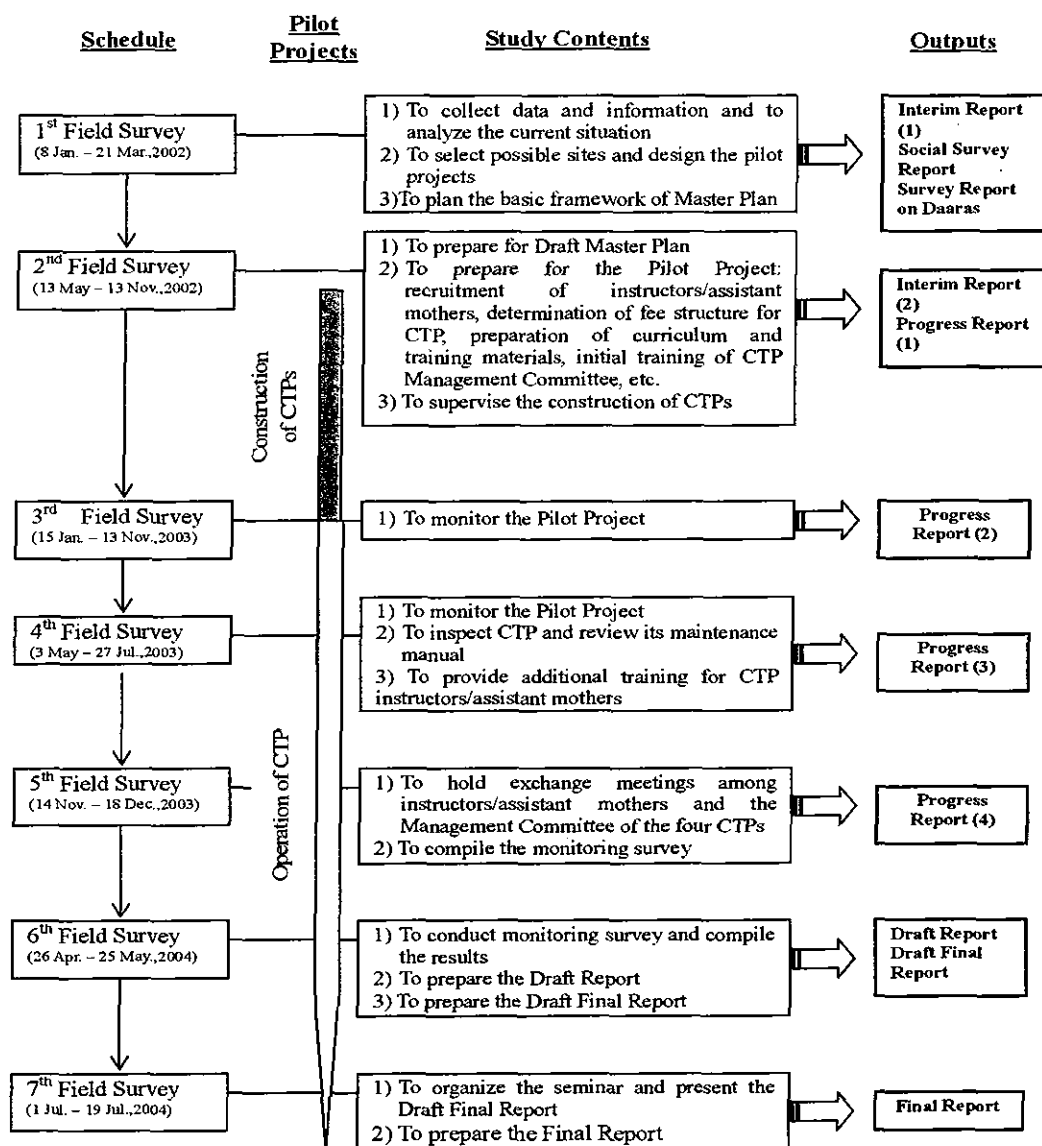
- To formulate a Master Plan for the improvement of the environment for early childhood in the Kaolack and Tambacounda regions; and
- To conduct technology transfer on know-how for 1) the sustainable operation of the CTP and 2) the development of a plan to improve the Senegalese counterpart personnel through the Study.

1.3 Progress of the Study and Outputs

Following the preparatory works in Japan, the field surveys for the Study commenced from January 8, 2002. A few weeks later, on January 22, 2002, the initial explanation of the Inception Report was presented in Dakar to an audience of the Steering Committee members, representatives of the MFEC and the related government ministries/agencies as well as guests from international organizations and non-governmental organizations on 22 January 2002. Similar seminars were held in Kaolack and Tambacounda during January-February 2002.

In total, seven field surveys have been conducted for the Study. The schedule, major contents and the outputs of these surveys are summarized in Figure 1.1.

Figure 1.1 Overall Study Flow



The reports listed on the right side of the above Figure are the outputs made at each field survey. In addition to these reports, the Study produced the following manuals; Manual for Community Approach, Manual for CTP Sensitization, Manual for the Management Committee on Sensitization and CTP Operation, Manual for CTP Maintenance, Regulations of the CTP Management Committee, Micro-Project Management Guide for the Use of Instructors in the Case des Tout-Petits and 5 Training Guides for the CTP Instructors (Children's rights, Education, Sanitation, Nutrition and Education for Disabled Children).

1.4 Organization of the Study

The Steering Committee has been established for the efficient implementation of the Study. The Committee was chaired by the Director of the Cabinet of the MFEC and consisted of directors and senior officials from ministries/agencies and local governments in Senegal. A list of the Steering Committee members is as follows:

- 1) Ministry of Family and Early Childhood
- 2) Ministry of Economy and Finance
- 3) Ministry of Education
- 4) Ministry of Health and Prevention
- 5) Ministry of Mines, Energy, and Hydraulics
- 6) Ministry of Civil Service, Employment, and Labor
- 7) Ministry of Interior in Charge of Local Communities
- 8) Ministry of Social Development and National Solidarity
- 9) Ministry of Youth, Environment, and Public Hygiene
- 10) Ministry of Technical Education, Vocational Training, Literacy, and National Language
- 11) Ministry of Culture, Tourism and Leisure
- 12) Governor's Office of Kaolack Region
- 13) Governor's Office of Tambacounda Region

The Study was conducted by the JICA Study Team in close cooperation with the counterpart personnel from the MFEC (now NACTP). The Study Team presented progress and results of the Study at the presentation seminars and workshops. Comments and suggestions made during these sessions have been reflected in the reports. A list of counterpart personnel and members of the JICA Study Team is attached as Appendix 1.

The JICA Advisory Committee, a committee established at the JICA Headquarters in Tokyo to supervise the outputs of the Study, checked the results and progress of the Study from time to time. The members of the JICA Advisory Committee are as follows:

- Ms. Yumiko TANAKA: Chief of the JICA Advisory Committee, Senior Advisor on Gender and Development, Institute for International Cooperation, JICA
- Ms. Mitsuko KAMINAGA: Expert on Education, Ministry of Education, Culture, Sports, Science and Technology.

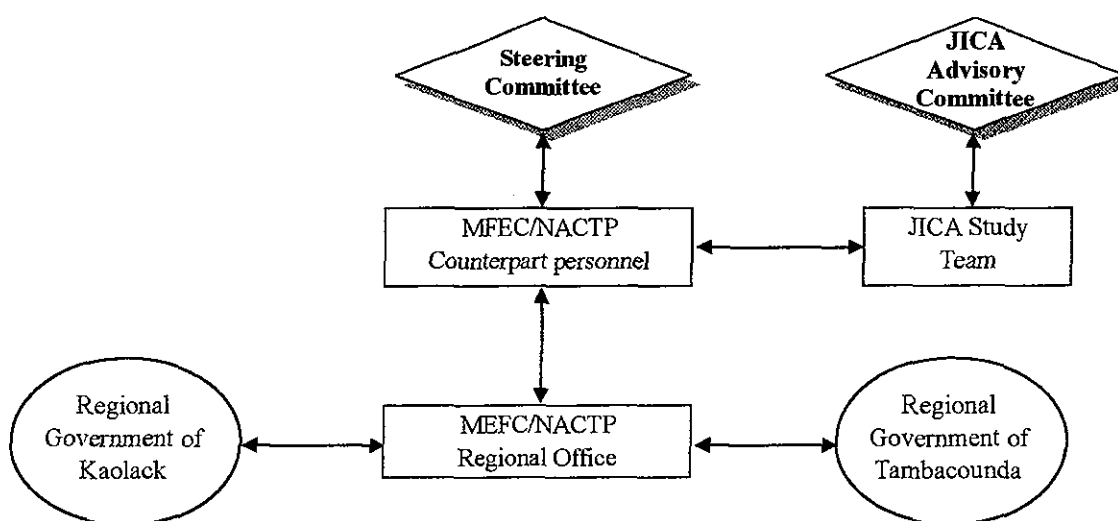
Mr. Toshio MURATA: Senior Advisor on Child Welfare, Institute for International Cooperation, JICA (until March 2003)

Dr. Hiroko HARA: Professor, Faculty of Liberal Arts, University of the Air (until March 2002)

The Study was also assisted by regional offices and the regional governments of Kaolack and Tambacounda.

The overall implementing organization for the Study is summarized in Figure 1.2.

Figure 1.2 Organization of the Study



1.5 Structure of Main Report

This report consists of five chapters: Chapter 1 Introduction; Chapter 2 Overview of Early Childhood Development in Senegal, Chapter 3 CTP and Pilot Project Implementation; Chapter 4 Master Plan for Improvement of Environment for Early Childhood; Chapter 5 Conclusions and Recommendations.

Following this introductory chapter, Chapter 2 discusses the global initiatives on early childhood, the Senegalese government initiatives, and the programs run by development partners in Senegal. Next, the chapter reviews the current situation of early childhood in Senegal (pre-school education, health and nutrition, and the children's rights) and discusses the ways in which the JICA Study on early childhood development (this study) intersects with global initiatives and the Senegalese government's initiative.

Chapter 3 presents the concept and flow of the Pilot Project implementation. It begins

by defining the CTP concept and then discusses the implementation process. The results of monitoring and the Impact Survey of the Pilot Project are summarized with the evaluation of the effects of the Pilot Project. Lessons learnt from the pilot project implementation were incorporated in the Master Plan.

Chapter 4 proposes the Master Plan for the improvement of the environment for early childhood. The first section of Chapter 4 introduces the objectives and approach to the Master Plan, the second section presents the proposed concept and framework of the Master Plan and the third and subsequent sections introduce the plans for strengthening the NACTP, enhancing sustainability in CTP operation, supporting the ECD through cooperation of related ministries, and improving the ECD facilities and promoting community development. Next, the chapter describes the selection of high-priority programs for early implementation of ECD and the formulation of the stage-wise development plan. An Action Plan for the NACTP and an implementing organization for the proposed projects/programs are also introduced. Finally, the socio-economic impacts of the proposed Master Plan are assessed by evaluating direct impacts, indirect impacts, and long term effects.

Chapter 5 presents the conclusions of the Study and proposes recommendations for the further improvement of the environment for early childhood in the Republic of Senegal.

CHAPTER 2 OVERVIEW OF EARLY CHILDHOOD DEVELOPMENT IN SENEGAL

This Chapter discusses the global initiatives on early childhood, the Senegalese government initiatives, and the programs run by development partners in Senegal. Next, the chapter reviews the current situation of early childhood in Kaolack and Tambacounda (pre-school education, health and nutrition, and the children's rights) and discusses the ways in which the JICA Study on early childhood development (this study) intersects with global initiatives and the Senegalese government's initiative.

2.1 Early Childhood Development Initiatives

2.1.1 The Global Initiative

Many development partners, including UNICEF, UNESCO and the World Bank have stepped up their programs on early childhood development since the 1990's. The United Nations Convention on the Rights of the Child (1989), the World Conference on Education for All (1990), and the World Education Forum (2000) noted the importance of early childhood development. The following summarizes major issues agreed upon in those and other meetings.

(1) 1989 UN Convention on the Rights of the Child (CRC)

The United Nations Convention on the Rights of the Child was organized in 1989. There are 54 articles on the rights of children. The following two articles¹ provide the basis of intervention in early childhood.

Article 6:

1. *States Parties recognize that every child has the inherent right to life.*
2. *States Parties shall ensure to the maximum extent possible the survival and development of the child.*

Article 18:

1. *States parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.*
2. *For the purpose of guaranteeing and promoting the rights set forth in the present*

¹ The United Nations Convention on the Rights of the Child (1989), UNICEF website

Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities, and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Several other articles, in addition to the two quoted above, are directly related to early childhood development. The most directly related are;

Article 7 - birth registration

Article 24 - health and nutrition of children, infant and child mortality, pre-natal and post-natal health care for mothers,

Article 28 - the right to education

Article 29 - education of the child shall be directed to the development of the child's personality, mental and physical ability, the development of respect for human rights, and the development of respect for the child's parents

Article 30 - the right to use his or her own language

Article 31- the right to cultural, recreational and leisure activity

The Republic of Senegal ratified the CRC in 1990.

(2) World Conference on Education for All (WCEFA) - 1990

In gathering at Jomtien, Thailand in March 1990, the international education community adopted the World Declaration on Education for All (known as the Jomtien Declaration or WCEFA). Article 5 of the Declaration noted that *learning begins at birth*. It affirmed that early childhood is an area of education that requires national policy attention. The Senegalese government was one of the immediate signatories of the declaration.

(3) World Education Forum (WEF) held in Dakar - 2000

The education community gathered again in Dakar for the 10th anniversary of the Jomtien Declaration. The Dakar Framework for Action (DFA) was endorsed. The first of the six goals was devoted to early childhood: "expand and improve comprehensive early childhood care and education, especially for the most vulnerable and

disadvantaged children”². The goal was stated without a quantitative target or fixed period³. The governments were urged, however, to extend access, improve quality, and ensure equity in early childhood development.

(4) Millennium Development Goals and Targets -2000

The United Nations Millennium Summit (2000) adopted the Millennium Declaration and Millennium Development Goals (MDGs). Out of 8 goals to be achieved by 2015, three were related to early childhood development either directly or indirectly. The three goals and their targets are shown below.

Goal 2: Achieve universal primary education Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.⁴

Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Goal 5: Improve maternal health Target 6: Reduce by two-thirds, between 1990 and 2015, the maternal mortality rate

2.1.2 Senegalese Government Initiative

(1) Government Initiative

Abdoulaye Wade became President in 2000. The President began placing priority on early childhood development after taking many overseas trips. The President himself designed the CTP model and has shown strong commitment to its implementation. It was under his initiative that the request for the technical assistance from JICA was made.

The Ministry of Family and Early Childhood was established in 2001. After several ministerial reshuffles, the National Agency of Case des Tout-Petits (NACTP) was established in 2004. The Presidential Decree on the NACTP was issued on June 2, 2004. The NACTP is an agency under the jurisdiction of The Presidency. It is expected to have more autonomy in terms of ECD intervention planning and implementation. The NACTP is currently preparing the National Policy for Integrated Early Childhood Development (NPIECD). The fourth version is now available⁵. Its major orientation is

² The Dakar Framework for Action, Education for All: Meeting our Collective Commitments (2000) from UNESCO

³ Out of 6 goals, target year is set as 2015 for the goals (ii) access to free and compulsory education, (iv) adult literacy, and (v) elimination of gender disparities

⁴ Completion of primary schooling can be considered as “outcome” of ECD intervention

⁵ Document de Politique Nationale de Développement Intègre de la Petite Enfance au Sénégal (National Policy for

described as follows.

1. Establishment of an institutional framework for integrating all the activities on early childhood development
2. Improved access to early childhood institutions
3. Promotion of a national system for strengthening the capacities of parents and families
4. Establishment of an early childhood protection system
5. Development of a communication program, networking and partnership around ECD
6. Mechanism for funding the activities in favor of early childhood
7. Quality improvement of ECD-related services

(2) Development Partners' ECD Programs in Senegal

1) UNICEF

UNICEF has been assisting early childhood in the following three areas. First, UNICEF supports the government in formulating the above-mentioned National Policy for Integrated Early Childhood Development (NPIECD). Second, UNICEF supports training of CTP instructors and assistant mothers. In addition to the CTP program, UNICEF has been involved in parental education (*Renforcement de la capacite de famille*). Its objective is to guarantee the knowledge, attitudes, and practices of parents and communities in early childhood survival, development and protection. UNICEF has been collaborating well with the JICA Study Team.

2) UNESCO

UNESCO assisted the construction of three CTPs in Yade, Poppinguine Serere, and Poppinguine Escale in Thies. The UNESCO has also been involved in the preparation of the NPIECD.

3) The World Bank

The World Bank has been assisting the early childhood sector by providing training to academic inspectors and regional coordinators. The training

includes study tours (together with Luxembourg) and the development of training modules.

4) The World Food Program (WFP)

In accordance with the country program, the WFP has been providing flour (to make snacks) to the CTPs in the five regions of Dakar, Kaolack, Fatick, Tambacounda, and Kolda. JICA's four CTPs were included among the beneficiaries. Each child receives 20 grams of sugar and 100grams of mixed cereal powder, the equivalent of 484 kcal, every day.

5) USAID

USAID is implementing a project called "Basic Support for Institutionalizing Child Survival (BASIC)." The BASIC project seeks to improve the planning and management of effective and sustainable actions for the survival of children. The intervention includes increased use of oral dehydration therapy (ORT), appropriate care for Acute Respiratory Infections (ARI), and exclusive maternal breast feeding. Some of those issues are similar to the topics of mother's class of the JICA CTPs. The project covers the six regions of Louga, Kaolack, Fatick, Dakar, Thies and Ziguinchor.

6) Taiwanese Cooperation

Taiwan supports ECD in Senegal through the construction of CTPs. Their assistance on CTP construction started before the JICA project.⁶

7) NGOs

PLAN International has been supporting the ECD sector in partnership with local communities. They call their program the "Programme de Creation de Centres d'evenil pour petite enfance – Creation of an awakening centre for early childhood". The organization now operates three Awakening Centres for Early Childhood.

Christian Children Fund (CCF)'s intervention applies education, health, nutrition, and micro-finance projects. They implement their program in six regions. Social workers from the organization train mothers to support their families and children.

In addition to the above development partners, the French Local Community – Mante la Jolie-Arras has constructed two CTPs.

⁶ As of March 2004, there are 17 CTP in Kaolack and 14 CTP in Tambacounda, including those CTP under construction. Majority of those CTP were funded by Taiwan.

2.1.3 Definition of ECD and the JICA Study

The development partners use the term “Early Childhood Development (ECD)” more commonly “than preschool.” Box 2.1 presents the terminology related to early childhood used by the UNICEF, UNESCO, OECD and the World Bank.

The JICA study (“The Study on the Improvement of Environment for Early Childhood”) looks at both education and care functions for early childhood (0-6 years’ old). The Study seeks to formulate a Master Plan for the Early Childhood Development through situation analysis and the implementation of the Pilot Project. Thus, the Study supports the Senegalese government’s initiative on ECD. Figure 2.1 below outlines the relationship among global initiatives, Senegalese initiatives, and the JICA Study.

Box 2.1 Development Partners' Initiatives on Early Childhood

As described below, the development partners use the term "Early childhood development (and care)" more commonly than "preschool education." The following organizations use "early childhood care and education" (UNESCO), "early childhood education and care" (OECD) and "early childhood development" (UNICEF and World Bank).

UNICEF

UNICEF uses the term "Early Childhood Development (ECD)." The ECD is defined as a comprehensive approach to policies and programs for children from birth to eight years of age, their parents, and caregivers (THE STATE OF THE WORLD'S CHILDREN 2001 -UNICEF). UNICEF intervention on early childhood has been from the viewpoint of children's rights.

UNESCO

UNESCO uses the term "Early Childhood Care and (initial) Education (ECCE)." (Policy Briefs on Early Childhood Series, UNESCO)

UNESCO has noted the importance of family and community as targets for ECCE. UNESCO seems to place education as the starting point for early childhood intervention.

OECD

The OECD carried out a comparative study on early childhood "Starting Strong: Early Childhood Education and Care" (2001), OECD. The study pointed out a series of issues. Including a clear vision of early childhood and the establishment of a cooperation system among selected ministries and other ministerial bodies. Judging from the word order in the term "Early Childhood Education and Care," education may receive higher priority than care.

The World Bank

The World Bank also uses the term "Early Childhood Development." The Bank has noted five rationales¹ for intervening in early childhood: 1) scientific support (intelligence, personality, and social behaviour), 2) socioeconomic impact, 3) social equity, 4) program efficacy (ECD intervention improves other social sector including education sector's efficiency), 5) intersecting needs of women and children.

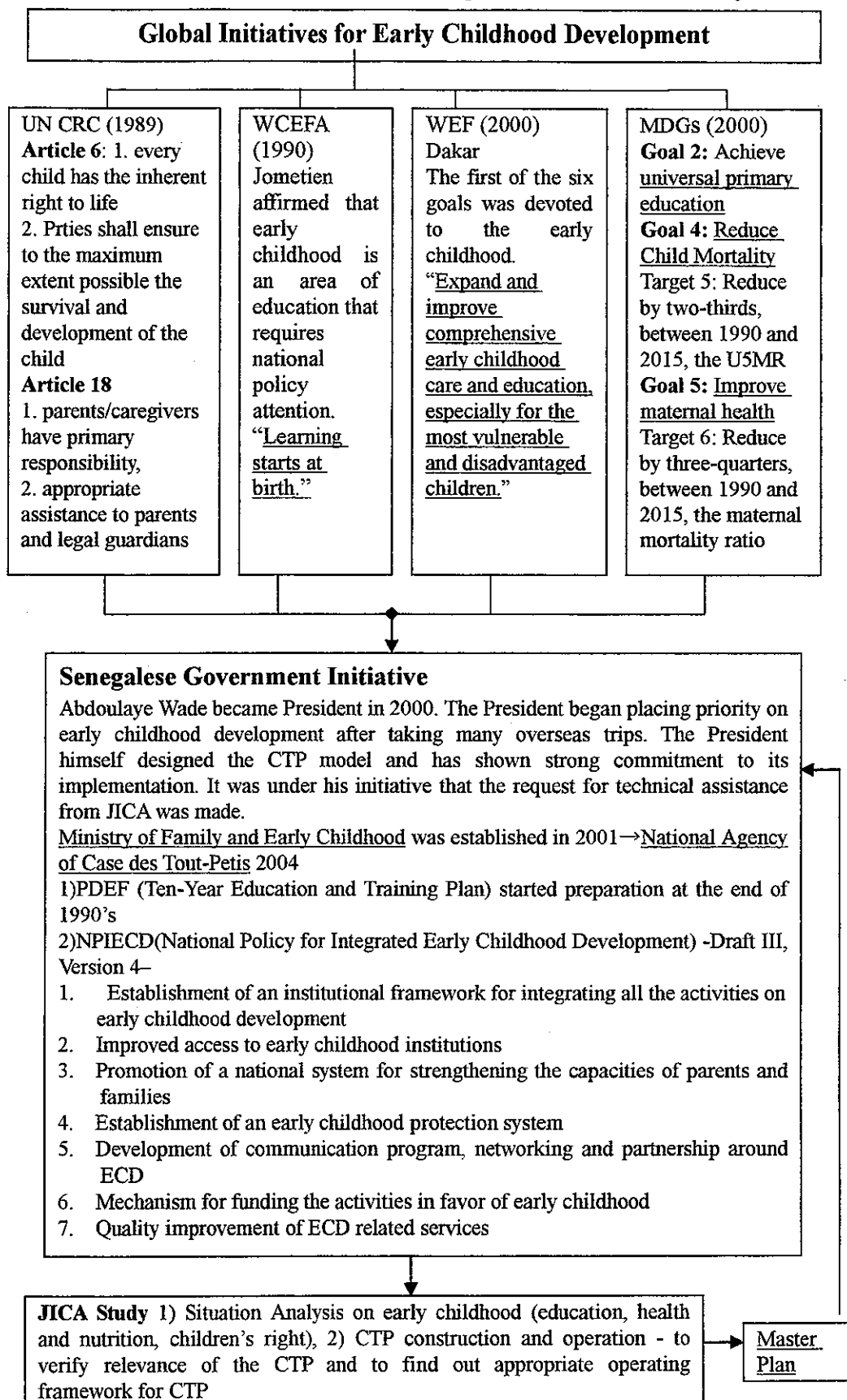
In summary, UNICEF and the World Bank use the term "ECD", UNESCO uses "ECCE", and the OECD uses "ECEC."

The World Bank and UNICEF place importance on the role of community and parents/caregivers. However as briefly described above, UNICEF's starting point is the children's rights, while UNESCO intervention seems to be made in the framework of education.

Japan

In Japan, kindergarten has been responsible for the pre-school education of children over 3 years' old, while nursery school has been responsible for the care of children from 0 to 6 years. However, the education and care functions are now being integrated through the collaborative operation of kindergartens and nursery schools in order to 1) support child rearing 2) to promote the holistic (physical, cognitive and social) development of children, and 3) to utilize early childhood resources/institutions efficiently.

Figure 2.1 Global Initiative, Senegal Initiative and JICA Study



2.2 Current Situation of Preschool Education, Health, and Nutrition in Kaolack and Tambacounda

The children in early childhood(0-6 years) represents 26% of the population of Senegal. The total number in this age group was estimated at 2 million in 2000. Out of 2 million, 850,000 are preschool (3-6 years) age.

Children of seven years old are supposed to go to school in Senegal. Enrolment in primary school, a priority sub-sector, has increased substantially during the last decade. Gross enrolment in Senegal rose from 58.5% in the 1990/1991 school year to 68.3% in 1999/2000. However, there is a big difference in the level of enrolment rate by region. Dakar has the highest enrolment in 1999/2000, at 86.3%. Tambacounda has a high enrolment rate of 76.3% (1999/2000), while Kaolack's rate is a mere 44.3% (1999/2000).

There are three types of early childhood institutions, kindergartens (*jardins d'enfants*), nursery schools (*ecoles maternelle*), and day nurseries (*garderiers*).

Kindergartens (*jardins d'enfants*) are run by the private sector. Thus, the registration and monthly fees are high. Personnel responsible for children's care must have professional diplomas.

Nursery schools (*ecoles maternelle*) have been constructed and managed by the government, by regional authorities and by the private sector. Most of instructors are either junior or senior high school graduates. They are given appropriate training at specialized schools. The parents of pupils are requested to pay fees for supporting personnel including security guards.

Day nurseries (*garderiers*) have been taking care of children, but no educational activities have been provided. Staff at the day nurseries are not required to have academic qualifications. Day nurseries are mostly in poor conditions when judged by measures such as the pupil-class ratio or pupil-toilet ratio. In addition to traditional day nurseries, community huts (*case communautaire*) have been organized in rural areas. These community huts have been mostly constructed and managed by the communities, sometimes with the support of NGOs. The functions of the community huts appear similar to those of the CTPs. However, most of the huts have been constructed with temporary structures. The quality and content of the programs offered vary.

More than half of preschool institutions are located in Dakar. In spite of this regional disparity in the location of preschool institutions, the enrolment in preschool institutions

grew steady at an annual growth rate of 10.4% from 1995 to 2000. The preschool enrolment rate was 3.9% in 2003, versus 1.9% in Kaolack and 2.1% in Tambacounda.

As described below, the problems related to ECD are not limited to poor access to preschools. Problems with nutrition and other matters related to the health of children and mothers are prevalent. Qualified health workers (*Agents Sanitaires Communitaires*) and health huts (*case de sante*) alone cannot solve these problems. A holistic approach seems to play an important role in ECD.

2.2.1 Problems and Constraints on Early Childhood Education

Problems on early childhood education are identified in terms of Access, Quality, and Management. Constraints are discussed from the viewpoints of institution, organization, government resources, and social aspects.

(1) Problems Related to Access

In spite of the government's efforts to promote integrated early childhood development, the preschool enrolment ratio is still only 3.9% in Senegal (2003)⁷. The low rate of preschool enrolment suggests that preschool education is still a prerogative of urban elite families. There are only 394 preschools throughout the country, half of which are concentrated in Dakar. There are disparities in school distribution between urban and rural areas.

Preschool institutions are poorly developed in the Kaolack region. The region has only 17 kindergartens and day nurseries. Out of these 4 are public schools and 13 are private (kindergartens and day nurseries). There are also 18 CTPs, including those under construction as of March 2004.

Tambacounda has 12 kindergartens and day nurseries (2001), but only two of them are located in rural areas. Similar to Kaolack, the Regional Educational Development Plan for Tambacounda (2004-2007) emphasized the construction of CTPs. As of March 2004 there were 20 CTPs, some operating and some not.

⁷ Lettre de Politique Generale Pour Le Secteur de L'Education et de la Formation – General Policy Document for Education and Training Sector (April 2004)

(2) Problems Related to Quality

1) Absence of Standard Programs

Curricula, teaching materials, and playing kits are not well developed for preschools. Teaching programs are left to teachers' discretion. In some cases, imported teaching materials are used. Those materials do not necessarily cater to the needs of children and do not prepare them for primary school education.

The ECD institutions in regions are rather passive about teaching materials. In some cases, notebooks, learning materials, and personal computers have been provided by the development partners without any consistent policy.

2) Too Many Children / Too Few Qualified Teachers in Some Preschools

Some of the existing CTPs have too many children (e.g., 126 children). Overall, the teacher-pupil ratio is 1:60. This condition hampers quality and highlights the high social demand for more CTPs. In some cases, untrained teachers have been assigned to some of the CTPs in order to meet the needs of their communities.

The number of teachers is limited in both Kaolack and Tambacounda. The deployment of academic inspectors is proposed under the Kaolack region's educational development plan (PRDE-Kaolack). The regional plan in Tambacounda (PRDE-Tambacounda), calls for the in-service training of teachers to improve quality of ECD.

(3) Management

1) Insufficient Sensitization / Social Mobilization

The implementation and operation of a CTP requires community participation. As mentioned above, absence of NACTP local representation makes it difficult to promote the participation of communities in CTP planning.

2) Weak Inspection and Monitoring

There are very few persons inspecting the preschools, and those that are have limited logistic resources and premises. This situation is detrimental to the supervision, monitoring, and continuous training of the teachers.

Regional coordinators are responsible for ECD in both Kaolack and Tambacounda. Their administrative and logistic resources such as computers and vehicles are limited.

3) Lack of Database on Early Childhood

Statistical data on early childhood is not available. Statistics will be a basis for effective policymaking, policy implementation, and policy evaluation. There is no Education Management Information System (EMIS) for preschool education.

The NACTP has started preparing a data base of CTPs. Considering the NACTP's operating capacity as of July 2004, further effort is required.

2.2.2 Constraints on Early Childhood Education

(1) Institutional Constraints

1) No legislation for early childhood education

Holistic approaches, CTPs, community participation and other new initiatives since the end of 1990's require specific legislation for ECE clarifying different types of preschools.

2) Function of the NACTP is not clearly defined

There is no clear demarcation of roles and functions stipulated for the organizations concerned with early childhood education such as the MOE, NACTP, and MOH. The absence of concerted actions impedes efforts to improve the efficiency with which services are provided.

The Presidential Decree was issued on June 2, 2004. Responsibility over construction of the CTPs is yet to be defined. Organizational set-up is yet to be made as well.

(2) Organizational Constraints

1) Absence of local offices

The NACTP has no regional and departmental offices to ensure policy implementation. The absence of local representatives is one of the constraints for community participation and effective planning and monitoring. In spite of the efforts of the regional coordinators to provide various supports for the ECD sector, their resources are limited. Academic Inspectors (L'Inspection d'Académie) are in charge of management, promotion, and control of the educational system of both public and private sectors from preschool to secondary education in the Region. There are also Departmental Educational Inspectors (IDE), that look at education from preschool to secondary in the

region. Although both Academic Inspectors and Departmental Educational Inspectors report to the Ministry of Education, there is little coordination between the Ministry of Education and the NACTP in terms of the policy implementation.

2) Insufficient planning capacity of NACTP officials

Due to the insufficient capacities of the NACTP officials, important functions related to CTP planning, implementation, and monitoring are not sufficiently established.

(3) Constraints in Government Resources

1) Limited budget allocation

The regional authorities are unable to cope with the high social demand for early childhood facilities. The central government has not been able to cater to the needs of the regions as far as preschool education is concerned.

Due to the ministerial reorganization made in April 2004, budget allocation for the NACTP was not confirmed as of July 2004.

2) Lack of human resources

The NACTP is understaffed⁸. According to the Director-General, the 28 to be assigned to the NACTP lack planning and managerial skills.

(4) Social and Other Constraints

1) Lack of awareness on early childhood education

Preschool education is not well recognized among parents, particularly in rural areas. Due to this lack of awareness, few parents appreciate the need for pre-school education as a preparation for elementary education. The preschools are regarded merely as day care centers. Lack of seriousness and professionalism observed in some private facilities also reinforce this opinion.

2) Many Daaras are located in Kaolack

Kaolack has a huge network of Daara. Many parents send their children to the Daara, more familiar institutions with a longer history than preschools.

⁸ According to the Director-General, 28 staffs are to be assigned to the NACTP. However, there were nine staffs including the Director-General and the Deputy Director-General actually working.

The programs provided at the Daaras are religious, based on Koran precepts. Despite the interest of the parents, the living conditions of the *talibés* are poor. The classes are held under the open sky, a practice that puts the children at risk when the weather turns harsh.

3) Higher financial burden compared to primary school

Several factors make preschool education more expensive, for example, the required teacher-pupil ratio and the need for playing kits certain. Because of higher costs and fewer public subsidies, parents have to pay entrance fees and expensive monthly contributions.

The following table summarizes problems and constraints of early childhood education.

Table 2.1 Problems and Constraints of Early Childhood Education

Issues	Problems	Constraints
Access	Low Preschool Enrolment (Senegal 3.9% - 2003) (Kaolack 1.9% -2003) (Tambacounda 2.1% -2003)	Lack of awareness on ECE High costs compared to primary education Daara network
	Disparities in Preschool Education	Lack of facilities and teachers in rural areas
Quality	Absence of standard programs	Lack of human resources in education administration Lack of budget (Central/Regional)
	Insufficient number of teachers	Lack of training facilities for teachers
Management	Poor coordination among government agencies	
	Weak planning ability/ Weak inspection/ weak local office	Insufficient capacity of MECCTP (NACTP) officials
	Lack of data base on ECE	Lack of human resources Lack of budget (Central/Regional)

Source: JICA Study Team

2.2.3 Problems and Constraints on Health and Nutrition

Several problems and constraints regarding health and nutrition related to ECD, are identified. Most of the problems are caused by factors related to the living environment and access to health services. However, underneath the problems, constraints derived from social aspects significantly affect the health and nutritional status of mothers and children. These issues are closely related to the socio-cultural and socio-economic conditions of the family, including the living standard, knowledge, attitudes, and practices in daily life.

(1) Problems Related to the Health Status of Mothers and Children

1) High Infant Mortality and High Under-5 Mortality

The Infant Mortality Rate (IMR) was as high as 85 in Kaolack and 83.6 in Tambacounda per 1,000 births in 2002, much higher than the national average (70.1 per 1,000 births). Similarly, the Under-five Mortality Rate (U5MR) was 197.5 in Kaolack and 181.9 in Tambacounda per 1,000 births, while the national average was 145.3. The U5MRs of these two regions were even higher than the average U5MR of Sub-Saharan Africa (173 per 1,000 live births in 1999)⁹.

2) High Maternal Mortality Rate

The Maternal Mortality Rate (MMR) is as high as 560 per 100,000 live births nationwide. It cannot be denied that problems concerning pregnancy and delivery are threatening child and maternal health.

(2) Problems Related to the Nutrition Status of Mothers and Children

1) Malnutrition and Micronutrient Deficiencies

Malnutrition

Malnutrition is prevalent among under 5 children: stunting 19%; underweight 18%; wasting 8% nationwide. Kaolack and Tambacounda have the highest prevalence of underweight among under 5 children: 25% and 24 %, respectively, versus the national average of 18%. Kaolack also has the highest prevalence of wasting among under 5 children: 14% versus the national average of 8%.

Micronutrient deficiencies

Iodine Deficiency Disorders (IDDs) and disorders due to the deficiencies of Vitamin A and iron are recognized in Senegal and target regions: goiter and other *IDDs* are widely observed in rural areas and the percentages of children aged 6-59 months receiving vitamin A supplementation in Kaolack and Tambacounda are lower than the national average.

⁹ The State of the World's Children 2001, UNICEF (2001)

(3) Problems Related to Management

1) Limited Institutional Capacity of NACTP

The NACTP plans to establish a technical unit for nutrition and health. The unit will be responsible for monitoring the health and nutrition components of the ECD programs implemented by the NACTP. However, the current shortage of personnel and operations at the local level make it impossible to support CTP personnel effectively.

2) Poor Coordination among Government Agencies

The Ministry of Health and Prevention (now the MOH and MPPHS) plays a major role in health and nutrition. In health and nutrition issues surrounding ECD, the NACTP should closely coordinate with the MHP. However, the present coordination with the MHP is far from smooth at both the central and local levels. There are some collaborations at the local level from time to time, but most are based on individual contacts rather than the institutional coordination.

2.2.4 Constraints on Health and Nutrition

(1) Poor Health Status of Mothers and Children

1) Low vaccination coverage

Kaolack and Tambacounda have the lowest vaccination coverage rates in the country: BCG 74% and 77%; OPV 31% and 28%; DPT3 33% and 39%; and measles 30% and 34%, respectively. The low tetanus (TT) vaccination rate is also affecting the mortality of infants.

2) Prevalence of diseases and inappropriate treatment

Diarrhea and malaria are prevalent through the year in both regions. Mosquito nets are used only among 9% of households in the rural area.

3) Insufficient water and sanitation system

The access to potable water in Kaolack is 51%. Diarrhea is clearly more frequent among households without access to water. The access rates to sanitary systems to treat excreta in Kaolack and Tambacounda are 20% and 11%, respectively, far below the national average (56%).

4) Insufficient services for reproductive health

The percentages of women in Kaolack and Tambacounda receiving prenatal care and having deliveries with qualified health personnel are below the national average. The Percentage of women who take vitamin A supplementation after delivering their children in Kaolack and Tambacounda are lower than the national average.

5) Low coverage and poor quality of Family Planning (FP)

The contraceptive use among women at reproductive age is low as 6% in both Kaolack and Tambacounda (the national average is 9%).

Problems with the quality of service hamper efforts even among women practicing FP: lack of equipment and materials, absence of supervisory personnel in the field, etc.

6) Limited health service at the community level

Agents Sanitaires Communautaires (ASC), trained and qualified health workers at the rural level, are limited in both number and capacities. Most of the health huts (*case de santé*) at the rural level are not functioning well. The number of *poste de santé* is also insufficient.

(2) Poor Nutritional Status of Mothers and Children

1) Poor socio-economic conditions and environment

The prevalence of malnutrition in the two regions is closely associated with the household socio-economic status. The Poverty Indicator by region and sex¹⁰ reveals that 92.3% and 88.3% of the population in Tambacounda and Kaolack are poor, respectively (the national average is 74.9%). Besides the poor socioeconomic status of the families, living conditions such as hygiene, access to health services, and access to information all influence the nutritional status of mothers and children,

2) Inappropriate feeding practice

Breastfeeding is widely practiced in Senegal. However, the practice remains inappropriate in terms of the duration and the manner in which it is provided to newborns.

¹⁰ Enquete sur la perception de la pauvreté au Senegal, 2001

(3) Insufficient Management

1) Jurisdiction over health and nutrition is not clearly defined

Although a unit for health and nutrition will be established within the NACTP, many aspects are unclear at this moment. The roles to be played by the Agency and the unit with regard to children's health and nutrition must be defined and clarified.

2) Limited human resource and coordination at the central and local level

One of the constraints the NACTP is now facing, in health and nutrition, is the limited human resource. The technical unit exists only at the central level and there is no continuous support to each CTP at the local level.

(4) Weak Coordination with MHP (now MOH and MPPHS)

The health sector is the most progressive sector in Senegal in terms of coordination among government and donors. Still, there has been some difficulty in coordinating between the NACTP and MHP. Efforts have been impeded by limitations on the MHP side and certain constraints identified on the NACTP side. Limited facilities, lack of human resources, and lack of budget in the MHP are the main constraints in practice, at the local level.

(5) Social Constraints

1) Literacy and awareness of women

Child and maternal health is closely related to the educational background of the mothers. The female literacy rates in Kaolack and Tambacounda are 14% and 22%, respectively, much lower than the national average (29%). In strengthening the provision of information and opportunities to women, the various methodologies and services targeting women clearly must be integrated.

2) Socio-cultural issues

There are many social constraints in terms of people's attitude toward child and maternal health. The people reject some recommendations from health services on cultural grounds, for example, recommendations to do with delivery of baby, contraceptive use. Questions on women and girls are often taboo, particularly with regard to female genital mutilation (FGM).

The following table summarizes problems and constraints on health and nutrition.

Table 2.2 Problems and Constraints on Health and Nutrition

Issues	Problems	Constraints
Health Status of Mothers and Children	High IMR and U5MR (Senegal IMR70.1,U5MR 145.3) (Kaolack IMR85.0,U5MR 197.5) (Tambacounda IMR83.6,U5MR 181.9)	- Low vaccination coverage - Prevalence of disease and inappropriate treatment - Insufficient Water and Sanitation System
	High MMR	- In sufficient service for reproductive health - Early pregnancy - Limited access to FP services - Poor quality of FP service
Nutritional Status of Mothers and Children	Malnutrition and Micronutrient Deficiencies	- Poor socio-economic conditions - Inappropriate feeding practices - Prevalence of diseases and poor environment for children
Management	Limited Capacity of MECCTP (NACTP)	- Lack of legislation - Limited Human Resources and coordination at the central and local level
	Poor Coordination among Government Agencies Poor Coordination with MHP	- Limited facilities - Lack of human resources in MHP - Lack of budget

Source: JICA Study Team

2.2.5 Problems and Constraints on Children's Rights

The major problems and constraints on children's rights, including those to do with living environments are identified as follows.

(1) Major Problems for Children

1) Low Birth Registration Rate

Birth registration is a basic right of every child. In Senegal, 40% of all children under 6 year of age are not registered. The problem is greater in the countryside (53.6%) than in urban areas (25.0%). The lowest registration rates are observed in Kaolack (44.4%) and Tambacounda 46.2% (National average is 60.9%).

2) Weak Family Ties

Children from poor families are often sent away. About 4% (some 11,000 children as of 2000) of children who do not live with their parents are under 5 years old and 8.6% are between 5 and 9.

3) Discrimination

- Ethno-linguistic discrimination
Though the language taught in preschool should be the main language spoken in the area, minority languages are rarely used.
- Discrimination against disabled children
More than 60,000 disabled children cannot benefit from any public services.
- Gender discrimination
Gender discrimination is present in almost every aspect of daily life. The situation is dimmer in the countryside, where some “traditional practices” (such as FGM and early marriage) continue to violate the most basic women’s rights. In Tambacounda, the average marriage age for girls is 15.8 years, below the minimum legal age to marry in Senegal. Child mothers (15-18 years) account for 20.6% of all mothers in Kaolack and 25.3% in Tambacounda (the national average is 21.0%).

4) Child Mistreatment

Violence against children is a daily reality. Parents reserve the right to “correct” their children through various means based on their age. Most parents are unaware of the limits of this correction and many still consider physical punishment as an appropriate way to “educate” children.

5) Child Exploitation

- Child labor
More than a third (37.6%) of children from 5 to 14 years are working. Rural areas have a much higher percentage of working children than the urban areas (43% vs.27%). Kaolack has one of the highest child labor rates in the groundnut industry and domestic work.
- Commercial sexual exploitation
Although statistics are not fully reliable, it can be estimated that at least 20% of all prostituted women in Senegal are underage.

2.2.6 Major Problems for Mothers

Insufficient childcare stems from the following problems associated with the mother.

	Main Issues
Household	Long working hours and hard workload for domestic duties Inefficient and unhealthy housing environment (including kitchens) Limited decision-making for home economy and family affairs Insufficient education due to early marriage and early pregnancy
Economic activities	Hard agricultural work Lack of income-earning opportunities Insufficient access to saving and credit Limited marketing for agricultural & cottage industry products
Community	Limited access to village resources Limited access to decision-making inside the community Lack of community awareness on women's needs and values

2.2.7 Constraints Identified

(1) Legislation

1) Incompatibility of related treaties

There is still abundant children-related national legislation in force that is incompatible with the CRC¹¹. This legislation must be amended and harmonization with global initiative.

2) Unclear demarcation of responsibility

There is no demarcation of responsibility for children's rights among the Ministries concerned.

(2) Institution, Organization, and Management

1) Lack of institutional protection structures

There is no a specialized official institution for receiving and treating children-related complaints. Responsibility on children-at-risk issues is excessively fragmented among the different ministries/donors with programs or responsibilities on these matters.

2) Lack of specific programs for children at risk

There are many children-related programs but few are paying attention to children at risk.

3) Lack of monitoring and evaluation system

There are no effective systems for monitoring and evaluating programs and actions targeting children at risk, or for systematizing the experiences gained.

¹¹ However, "Code de l'Enfance" is yet to be enacted in Senegal as of July 2004.

(3) Resources

1) Lack of data and research

There is no reliable updated data on most groups of children at risk, particularly on street children, *talibés*, child workers and mistreated children.

2) Lack of qualified staff

There are no sufficient human resources in the NACTP currently devoted to children's issues at the different levels of administration.

3) Lack of infrastructures

Public infrastructures and other social facilities for children are clearly insufficient, largely concentrated in urban areas, and in most cases inadequate.

4) Tight public financial situation

The economic hardship and the imposition of a strict budgetary discipline have prevented the much-needed increase in allocations for social expenditure.

(4) Social Aspects

1) Lack of awareness on children's rights

The extended unawareness of children's rights is one of the fundamental constraints that have to be lifted in order to solve children-related problems.

2) Prevalence of prejudices and supposed "cultural values"

Ignorance, misconceptions, and extremist interpretations of customs and traditions are rampant.

3) Limited women's participation and access to resources

Rural women have limited opportunity to receive trainings for livelihood improvement due to overwork (productive and domestic) and gender biases.

Problems and constraints on children's right are summarized and presented below.

Table 2.3 Problems and Constraints on Children's Right

Issues	Problems	Constraints
Children <i>(The issue above includes sub-issues of access, quality, and management.)</i>	Low Birth Registration Rates (Senegal 60.9%, Kaolack 44.4%, Tambacounda 46.2%) Weak Family Ties Discrimination by ethnic group/language and gender Child Mistreatment Child Exploitation Children in Conflict with the Law	a) Legislation - Incompatibility of related treaties - Unclear demarcation of responsibility - Irregular situation & repressive approach b) Institution, Organization & Management - Lack of institutional protection structures - Lack of specific programs for children at risk - Lack of coordination in the government and donors activities - Lack of a monitoring and evaluation system - Lack of a prevention & rehabilitation system c) Resources - Lack of data and research - Lack of qualified staff - Lack of infrastructures - Tight public fiscal situation d) Social Aspects - Lack of awareness - Prevalence of prejudices and supposed "cultural values"
Mothers/Fathers	Hard Living Condition in Rural Areas Gender Disparity in Social Life	- Constraints in household (poor understanding of husband, family, relatives) - Constraints in economic activities (limited income-generation opportunities) - Constraints in community (poor understanding of community stakeholders)

Source: JICA Study Team

2.3 CTP and ECD Institutions

2.3.1 Current Situation

As described in 2.1.2 "Senegalese Government Initiative," the President of Senegal supported the concept of the Case des Tout-Petits (CTP) rather than fragmented service provision by other institutions. The President placed early childhood development as one of the top national priorities. The Ministry of Family and Early Childhood was created in 2001 for promoting an integrated approach towards early childhood development by constructing and operating CTPs. Priority was assigned to rural and poor areas because the kindergartens of Senegal at that time catered to the needs of urban and rich clusters of the society.

The CTP concept focused on three sub-sectors (Education, Health and Nutrition), based on the idea of assisting children develop their physical and intellectual abilities. Another important CTP concept was community participation including the participation of instructors (*animateurs*) and assistant mothers recruited in the community (who belong to the same community as children). Support is provided through learning activities,

games, and play. The CTP is designed as a place for implementing a holistic approach to early childhood development as well as a centre for information-sharing and training for parents. The CTP target is defined children aged from 0 to 6 years (NPIECD).

Prior to JICA's program, the Taiwanese cooperation constructed several CTPs. However their intervention was limited to financial assistance. Likewise, UNESCO constructed three CTPs in Yade, Poppinguine Serere and Poppinguine Escale in the Thies Region.

2.3.2 Comparison of ECD Institutions

As of July 2004, there are 173 fully constructed CTPs operating in Senegal. In addition, some CTPs have started operation without waiting for their facilities to be completed. This highlights the strong social demand for early childhood institutions.

As reviewed in 2.2 "Current Situation of Education, Health and Nutrition, and Children's Rights in Kaolack and Tambacounda", there are several early childhood institutions, namely kindergartens, nursery schools, day nurseries and CTPs. The JICA Study conducted a comparative study of early childhood institutions as shown on the following page (Table 2.4 Comparison of Early Childhood Institutions in Senegal). It should be noted that some early childhood institutions tend to take a holistic approach, e.g. nursery schools have also come to offer educational activities. However, it seems that the CTPs are appropriate as early childhood development institutions in terms of better access and sustainability of operation. One of the important functions of ECD is to improve early childhood care and education for the vulnerable children. The CTPs located in rural areas contribute to improved access. Similarly, it will be crucial to apply a participation approach insofar as possible. Just as the preamble of the NPIECD acknowledges¹² people of goodwill and the government alone cannot solve all the tasks related to ECD. The CTPs – organizations operated with community initiatives (i.e. voluntary management committees, and locally hired instructors)- are thus sustainable.

The Department of Preschool Education of the Ministry of Education (MOE) also reviewed the various alternatives for improving access and quality of preschool education. It identified the following alternatives: 1) construction of community huts, 2) preschool education using primary school blocks, 3) education for mothers, and 4)

¹² p4, the NPIECD DRAFT III – version 4 (2004), the NACTP

construction of case des tout-petits. Through its review as a national administrative body responsible for preschool education, the MOE now supports the CTP concept¹³.

¹³ According to the Department of Preschool Education within the Ministry of Education, the government has decided not to construct new nursery schools. (Interviewed in May 2004 by the JICA Study Team)

Table 2.4 Early Childhood Institutions in Senegal

	Mission	Design	Construction	Operation	Fee Structure	Beneficiaries	Notes
CTP (including CTP constructed by the JICA Pilot-project)	Contribute to Early Childhood Development through an integrated approach of education, health and nutrition Prepare for Primary school education	Considered for Security, Sanitation, Mothers' room separated from classroom	Government	Community (management committee)	Operation costs recovered from users (registration and monthly fees) (1000-2500FCFA)	0 to 6 years old children in rural area, 2 years old children also accepted Mothers Community	Community participation is essential. Contribute to improved access
Kindergarten - <i>Jardins d'enfants</i>		Well equipped (with classroom and play room)	Private sector	Private sector	All costs recovered from users (registration and monthly fees) (20,000FCFA or more)	3 to 6 years old children in urban area Mothers	Located in urban area. Access is limited
Nursery School - <i>écoles maternelle</i>	Care for children	Relatively Well-equipped	Government /Private Sector	Government /Private Sector	Parents pay for security guards and duty personnel	3 to 6 years old children	
Day Nursery - <i>garderies</i>	Care for children	Varies	Community	Community	Costs recovered from users	0 to 6 years old children	
Community Hut - <i>case communautaire</i>	Similar to CTP with lower quality	Poorly-equipped	Community	Community (management committee)	Costs recovered from users 500-1000FCFA	2 to 6 years old children in rural areas	Constructed in temporary structure. NGO and other development partners provide assistance.
Daaras	Koran teaching	Various types (some Daaras are like primary schools, in others, children are taught outdoors)	Private	Private	Free	3 years old and above	

2.4 Towards JICA Master Plan on Early Childhood Development

The relationship among the global initiative, the Senegal government initiative, and the JICA Master Plan is summarized below. The Senegalese government is well aware of the global initiative on early childhood¹⁴. The government has been promoting the CTPs as the appropriate instrument for promoting the ECD. The JICA Study took its first steps by conducting a *situation analysis concerning early childhood, education, health and nutrition, and children's rights*. The Pilot Project was implemented with a view to verify the CTPs' appropriateness as an instrument for ECD through the pilot project. Next, the Study Team attempted to present appropriate means of operation for the CTPs. Four CTPs in Kaolack and Tambacounda were constructed and operated to achieve the above two objectives. The lessons drawn from the Pilot Project are described in Chapter 3.

The Master Plan was formulated to support the Senegal government initiatives upon the situation analysis and the pilot project implementation. The Master Plan includes four types of the ECD programs: 1) Plan for strengthening the NACTP, 2) Plan for Enhancing the Sustainability of CTP operations, 3) Plan for Supporting ECD through Cooperation with Related Ministries, and 4) Plan for Improving ECD Facilities. The interactions among the global initiatives, Senegal government initiatives and JICA Study are described in the following Figure 2.2.

¹⁴ The Preamble of the NPIECD noted that Senegal ratified all the international conventions and other instruments on early childhood

Figure 2.2 Senegal Government Initiatives and the JICA Study

