CHAPTER 5 LIVING ENVIRONMENT AND INFRASTRUCTURE

5.1 Living Environment for Children and Women

Livelihood improvement covers every aspect of living environment such as economic activities, health, education and welfare besides domestic duties. Major issues of living environment for children and women in Senegal are summarized below.

5.1.1 Brief Demographic Overview

Senegal has one of the world's largest proportions of children, with almost 54% of its population less than 18 years of age, i.e. 5.14 million of children out of 9.53 million inhabitants. This is mainly due to the combination of three factors: a very high fertility rate (5.4 children per woman), a significant drop in infant mortality rate over the last decades (although still very high at 68 deaths per 1,000 live births) and a low life expectancy at birth (53 years)¹.

Early childhood (0-6 years) is the largest group among children. It accounts for two million children, which represents almost 40% of total child population.

The slight prevalence of boys at birth is compensated by the lower infant mortality rate of girls as reflected in the table below.

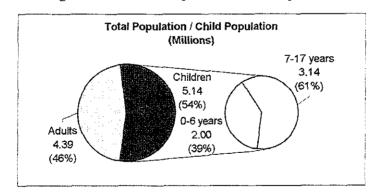


Figure 1.5.1 Total Population/Child Population

Source: JICA Study Team

UNICEF. The State of the World's Children 2001

Table 1.5.1 Distribution of Early Child Population by Age Segments and Sex

Age Segments	Boys	Girls	Total
00 – 03	583,815	569,866	1,153,681
03 – 06	418,372	423,046	841,445
Total	1,002,187	992,912	1,995,126

Source: Ministry of Family and Early childhood.

Document d'orientation stratégique (2ème vers.) December 2001

The share of children up to 14 years of age is greater in the rural areas (51.1%) than in the cities (42.3%), but this difference gradually disappears from 15 years upwards. This pattern suggests that birth rates are higher in the countryside and that the internal migration from rural to urban areas takes place at the adolescence. The phenomenon may be reinforced by the fact that poor urban parents often send their younger children to stay with their relatives in the countryside.

5.1.2 General Situation in Senegal

Though some parts of living environment such as education, health and children's right are mentioned in other chapters in detail, general situation in Senegal is reviewed from the standpoint of living environment below.

(1) Education

Article 28 of the CRC stipulates "(...) the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they [the State Parties] shall, in particular: (...) Make primary education compulsory and available free to all (...)".

Certainly, over the last decade, there has been a progressive improvement in primary school enrolment rates in Senegal (see graph²). Nevertheless, with an average rate of only 68.3% in 1999-2000, Senegal is still far from reaching the universal primary education target and clearly below the average primary school enrolment rate for Sub-Saharan Africa (75.0%)³.

DEPRE / MEN. Diagnostique de la pauvreté au Sénégal. Document de travail n°3. March 2001.

³ Senegal Poverty Reduction Strategy Paper (PRSP), n° 2. June 2001.

Gross Primary School Enrolment (%)

100.00
80.00
60.00
40.00
20.00
0.00
1990-91
1995-96
1999-00

Figure 1.5.2 Gross Primary School Enrolment

Source: JICA Study Team

Gross primary school enrolment rate of girls $(63.0\%)^4$ is 10.5 percentage points lower than that of boys (73.5%) as can be seen in the graph above. Notwithstanding, the progression for girls (15.5 percentage points) over the last decade has been more impressive than for boys (9.2 percentage points). At this pace, girls will reach boys' rate by 2017^5 . The improvement in the gross primary school enrolment rate of girls has been due to initiatives such as the Programme de Scolarisation des Filles $(SCOFI)^6$ and the Projet d'Appui aux Groupements de Promotion Féminine $(PAGPF)^7$

The educational situation is dimmer in rural areas, where primary school enrolment is practically half (38%) of that in the cities (70%). This means that in six regions of the country (among them, Kaolack and Tambacounda) less than 1 out of 2 children attend school, compared to 3 out of 4 in Dakar and Ziguinchor⁸.

Average school abandonment age is 12 years, i.e. at the end of the primary school cycle. But girls usually drop out earlier than boys, at 10 years of age. Main reasons given for school abandonment are "academic failure" and "need to work". Since 1996, children expelled from the formal education system may attend any of the 341 recently created non-formal community-based schools, whose greater flexibility allows them to combine study with some form of work.

Latest available figure for girls is 64.8% in 2001. République de Sénégal / UNICEF. Analyse de situation de l'enfant et de la femme au Sénégal 2000. June 2001.

Own calculation based on the evolution from 1990-91 to 1999-00.

⁶ Ended in 2000, it pursued girls' equal access to non-formal primary education.

In the framework of the *Plan d'Action National de la Femme II (1997-2001)*, launched by the Ministry of National Solidarity, it opened more than 150 kindergartens in five regions aiming to improve the economic status of women

Rep. of Senegal / UNICEF. Rapport de l'enquête sur les objectives de la fin de décennie. MICS II, 2000.

Gov. of Senegal. Consultation nationale préparatoire de la Conf. d'Oslo sur le travail des enfants. August 1997.

Poorer families also suffer the consequences of a regressive educational spending. Thus, the poorest 20% of the households, which account for 28% of all children aged 7 to 12 years, have only benefited from 17% of the expenditure, whereas the richest 20% of the households have benefited from an equivalent amount in spite of having fewer children¹⁰. Moreover, even if tuition is free at public schools, many families cannot afford related educational expenses (transport, school materials, uniforms, etc.)

(2) Health and nutrition

Article 24 of the CRC consecrates "(...) the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services (...)", with particular emphasis on diminishing infant and child mortality, developing preventive and primary health care, combating malnutrition, and ensuring appropriate pre-natal and post-natal health care for mothers. Furthermore, "State parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".

In spite of some undeniable efforts in the right direction such as the participation in a UNICEF - promoted programme for the acquisition of vaccines, the adhesion to the so-called Bamako Initiative¹¹, the banning of Female Genital Mutilation (FGM) practices, and the adoption of the National Health Development Plan (1998-2007), the health and nutritional situation of Senegalese children remains precarious and, in some aspects, has even deteriorated in recent years¹².

(3) Family

Article 9 of the CRC stipulates that "(...) a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child (...)". The child who is separated from one or both parents has the right "(...) to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests (...)"

Diagnostique de la pauvreté au Sénégal. Document de travail n°3. March 2001.

Approved in 1987 by the African Ministers of Health, its objective is to establish affordable health services and centres in rural and urban areas. However, the central budget provided is weighted only by population, and not by the average monetary income level of the population.

For instance, the coverage rate of the Enlarged Vaccination Programme (EVP) went down from 61% in 1996 to 52% in 1999. Only 42% of all children aged 12 to 23 months have received all recommended vaccinations (Diagnostique de la pauvreté au Sénégal. Document de travail n°3. March 2001).

Many Senegalese children cannot enjoy the right to live with their families. Parents who cannot secure their children's basic needs usually send them away either to stay with their relatives in the countryside or to study the Koran (boys only) in a daara at the expenses of a marabout; very often parents do not care anymore for their children. There are no reliable data concerning child abandonment, but many street children were either abandoned by their families or "forced to leave" due to systematic mistreatment or abuse. Data on infanticide is not available, but cases are regularly reported in the newspapers.

Children of divorced parents as well as abandoned, orphan¹³ and non-recognized children are among the most vulnerable children. For the last three categories of children, the law foresees alternative measures such as adoption, foster care, legal administration, etc., but the lack of adequate infrastructures, economic resources and specialized personnel, usually condemns them to social exclusion.

(4) Gender

Although there has been some progress –particularly in the field of education– after the Beijing Conference, gender discrimination is present in almost every aspect of Senegalese life, from literacy and school enrolment rates (particularly at the secondary and technical levels) to participation in public and political life.

Despite having ratified in 1985 the UN Convention on the Elimination of All Forms of Discrimination Against Women of 1979, some crucial family and economic rights are only granted to men such as the *patria potestas*¹⁴, inheritance and succession privileges, election of the marital status (polygamy or monogamy), and even of the place of residence. These discriminatory practices and regimes hinder women's chances for economic and social promotion.

Some ethnic groups –not the Wolof– continue to practice diverse forms of Female Genital Mutilation (FGM). In 1990, the prevalence of FGM among Senegalese women was 20%. In spite of having been officially banned¹⁵, the law is not properly enforced and "excision" continues to take place secretly, particularly in rural areas, with the purpose of "protecting" women from sexual "temptation"¹⁶. The average age at which it is practiced is 6 years, but in some groups such as the Toucouleur, the Peuhl and the Diola, it can take place as early as 2 or 3 years of age, and even earlier. FGM is not only

^{5.8%} of all Senegalese children are orphan of both parents. In addition, 3.0% are orphan of the father and 0.8% are orphan of the mother. MICS II, 2000.

The parental authority is an exclusive right of the father.

¹⁵ See Law 1999/05

For a comprehensive study on FGM in Senegal see Mottin Sylla, M-H. Excision au Sénégal. Enda, 1990

a dangerous health practice, but also a violation of the sexual freedom of women.

Another problem faced exclusively by women is early marriage. Over the last three decades, average marriage age for women has risen from 16.7 to 19.9 years, but it remains under 18 (17.7 years) in rural areas and reaches the lowest point in Tambacounda (15.8 years)¹⁷. The former figures are "averages", which means that many girls marry even younger. It is also interesting to note that the minimal legal age for girls to marry is 16 years. Forced marriage, in spite of being forbidden by many laws¹⁸, is not an unusual practice in Senegal.

Early marriage generally means early pregnancy. Indeed, a survey conducted in 1997 found that 22% of all Senegalese girls from 15 to 18 years were either mothers (18%) or carrying a baby for the first time (4%)¹⁹. Early pregnancy is a health risk for both the mother and the baby. Newborns from very young mothers are more likely to be premature, underweight or with birth defects. The risk of spontaneous abortion is also higher in very young mothers. A second study in 1999 proved that 30% of women users of the nutritional community centres were young mothers not married –most of them were living with their parents and suffered from social rejection²⁰.

Women also suffer from tougher and more humiliating treatment by those in charge of combating illegal activities, "(...) whereas girls may be accused and severely sanctioned for sexual provocation in the street, and -worse- been arrested and forcefully taken to a hospital for a sanitary «audit», boys are rarely molested for the same conduct, given the juridical bias in their favour (...)"²¹

(5) Child treatment

Article 19 of the CRC declares a State obligation "(...) to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child (...)".

In spite of some legal progresses such as the banning of physical punishment in schools ²² and the obligation of every citizen to report any suspicion of child mistreatment, violence against children –either physical or mental, neglect or abuse– is a daily reality in Senegal. Although the *Code de la Famille* recognizes the right of the

¹⁷ Rep. of Senegal / UNICEF. Analyse de la situation de l'enfant et de la femme au Sénégal 2000. June 2001

¹⁸ Among others by the Constitution and by the Code de la Famille

¹⁹ Ministry of Economy, Enquête Démographique et de Santé au Sénégal. 1997

²⁰ Ministry of the Family and Early Childhood. Document d'orientation stratégique. December 2001

²¹ Primature. Programme National de prise en charge des enfants en situation de risque. January 2000.

parents "to correct" their children according to their age, parents are unaware of the limits of this correction and many still consider physical punishment as an appropriate way to "educate" children. The underlying problem is that children are not seen as subjects of rights, but rather as property –and therefore any measure to correct them is legitimate.

There are no reliable statistics concerning child sexual abuse, given that this shameful phenomenon is generally kept in secret within the families. Notwithstanding, child sexual abuse cases are regularly reported in the newspapers—this seems to indicate that the real dimension of the problem is larger than many may think.

The fact that in Senegal children cannot initiate legal action against adults –and even less against their parents– makes them particularly vulnerable to child mistreatment and sexual abuse.

(6) Children in conflict

Article 20 of the CRC states that "A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (...)". Another relevant disposition is article 37, which states, "(...) no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age (...)". The CRC also stipulates that children deprived of liberty shall be treated with humanity, been separated from adults, will have the right to contact their relatives, and will be provided with legal and other appropriate assistance.

The percentage of Senegalese children who do not live with their parents increases with age. Thus, 4% are under 5 years of age, 8.6% from 5 to 9 years, and 14.1% from 10 to 14. Girls (10.6%) are more often deprived from their family environment than boys (8.6%)²³. Obviously, not all of them are deprived of liberty, not even "institutionalised". But very often those who are in official centres are in conflict with the law, the others being orphans, mentally disable or abandoned children.

Penal responsibility age in Senegal is established at 13 years. Latest data indicate an increase in the number of crimes committed by children, as reflected in the growing

²² See Decree 72/1165 of December 1972

Rep. of Senegal / UNICEF. Rapport de l'enquête sur les objectives de la fin de décennie, MICS II, 2000.

number of arrested children²⁴ as well as in the number of children in conflict with the law or in moral danger. See graph below.

Children in Conflict with the Law or in Moral Danger 6850 8000 6000 3686 Boys 3011 4000 **■**Girls 1732 1208250 2000 1987 1996 2000 1991

Figure 1.5.3 Children in Conflict with the Law or in Moral Danger

Source: Ministry of Justice.

State facilities for children deprived of liberty are insufficient and inadequate. Educational programmes are not always available, prisons' staffs are not prepared to deal with children, assistance is not systematically provided, and many children encounter difficulties to have contacts with their relatives. The Special Brigade in charge of minors, created in 1996, does not have its own premises –it is generally located in the existing Commissariats. In any case, the official strategy seems more repressive than preventive and very little is being done to reincorporate these children into community life.

5.1.3 Summary of Social Survey in Kaolack and Tambacounda

According to the social survey conducted during January-February 2002, social status or economic activities of the women and children in Kaolack and Tambacounda are summarized below.

(1) Marriage status and responsibility of home economy

Polygamy is common social phenomenon, particularly in rural Senegal. According to the results of the social survey, about 33% of the women belong to polygamy. In general, it is required for husband to take care of all the wives equally. However, actual situation sometimes different and the specific wife that her husband prefers may be given the highest priority. This priority affects status of their children reflecting that the

A study carried out in the Prison of Thiès from 1994 to 1998 revealed that most children were convicted for crimes related to family disputes.

children of the specific wife get more educational opportunities than others.

Regarding the home economy it is normally under the control of husband, while only 16% of households are under the control of wife in target areas of the social survey. Most of women, thus, have limited budget to improve living environment without husband's understanding.

(2) Work load for women and children

Rural women are in charge of various domestic duties. A typical example of their daily life is presented below. Rural women continue to work after wake-up up to going bed and do these works carrying children on their back or letting elder children taken care. Actually, rural women have no time to concentrate to taking care of children and some elder children also busy for helping mothers that cause lower enrolment in primary schools and high drop out rate.

In particular, fetching work of water is quite important for their daily life and is being conducted by mothers and children mainly several times a day from nearby wells. Other hard job for women is taking care of children (0-6 years old) under the responsibility of mothers, while only 28% of the husbands assist it. On the contrary, 73% of the mothers reported their children assist her domestic duties as a routine work.

Furthermore, rural mothers and children pointed out that one of the most time-consuming works is fetching firewood for their daily cooking and threshing millet and rice due to the short of milling places in rural life.

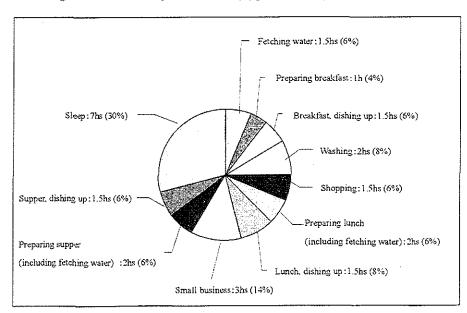


Figure 1.5.4 A Day of Mother (Typical Example in Rural Life)

Source: JICA Study Team

(3) Small business for women

According to the social survey, most of women have an interest in small business such as selling agricultural products and opening a small shop for getting additional cash income. Actually, this kind of small business contributes not only to increase household income, but also to promote women's empowerment. However, it is not easy for rural women to start a small business due to limited spare time and initial investment.

5.2 Basic Infrastructure for ECD

The local people still have limited opportunity to access the minimum basic infrastructure for basic human needs. In particular, facilities of water supply and hygiene/sanitation have a close relation with livelihood improvement related to early childhood development.

5.2.1 Water Supply

(1) Implication of water supply facility

JICA Study Team collected information on local water supply facilities and checks if the people had an access of safe water. The installation of water supply facilities is to be understood not only by the improvement of procurement of safe water but also by the reduction of women's working hours and burden.

The implication on availability of water supply is explained as follows:

- · Reducing labor/working hours of mother/girl
- Improving living environment for children
- Accordingly, leads to the following improvement;
- Having time to take children to a CTP
- Having much time to take care of children
- · Reallocating time for improving their income
- Increasing in school attendants for girls

(2) General situation in Senegal

Improving water supply is one of the main targets in the five-year socio-economic development plan. The main objectives are to support safe water procurement and to improve living environment. At present, water supply situation in rural area is relatively

worse than in urban area. Especially, hand pumps, which is low quality compared to deep well, have been installed on the well in the isolated area. The table below shows the existing deep wells and hand pumps in each region and the characteristics are summarized below.

Table 1.5.2 Present Situation of Rural Water Supply in Senegal

DESIGNATION	Diourbel	Fatick	Kaolack	Thiés	Louga	Kolda	Tamba	St-Louis	Ziguinchor	Total
Area (Km²)	4,460	8,380	15,690	6,690	29,200	21,420	59,770	44,280	7,225	197,115
Total Population	775,000	635,000	1,100,000	1,170,000	634,000	743,000	480,000	824,000	497,000	6,858,000
Rural Population	610,000	574,000	875,000	770,000	513,000	664,000	403,000	600,000	310,000	5,319,000
No. of Deep Well	71	76	129	60	157	66	128	165	34	886
No. of Hand Pump			145	225_	360		650	120		1,500
Production (m³/j)	8,520	9,880	24,572	10,500	44,880	4,950	20,680	34,740	1,836	160,558
Need (m³/j)	33,550	31,570	48,125	42,350	38,475	36,520	25,188	33,000	17,050	305,828
Cover Rate (%)	25	31	51	25	117	14	82	105	11	52

Source: Rapport d'Activites 2000: Ministry de l'Energie et de l'Hudraulique

Not : The data are only water supply facilities and hand pumps controlled by the Ministry, private wells and those

of NGOs are not included.

Characteristics of Rural Water Supply (deep wells and hand pumps)

- At the national level, existing rural water supply facilities satisfy 50% of needs
- Sufficiency differs a lot by region and needs are high in the inside regions
- Coverage is low in the regions with much rain, due to availability of other water sources such as dug wells
- Low sufficiency in coastal areas is due to the fact that the available groundwater is salty
- Some regions have wells equipped with hand pumps because of high groundwater level

(3) Kaolack Region

Table 1.5.2 shows that water supply condition in Kaolack has similar trend in the national average condition. The coverage rate of water supply is 51% in Kaolack, while 52% in the national average.

Water production and need per capita are 0.022 m³/j and 0.043 m³/j in Kaolack, while 0.023 m³/j and 0.044 m³/j in the national average, respectively. According to the results of the field survey, there are requests for deep well projects at 29 sites in 15 C/R out of 41 C/R in Kaolack. Besides, there are requests for hand pump at 30 sites in 12 C/R. The sites for the request are concentrated at the west area in this region because the west

area is difficult to get good quality water.

One of the major problems of the water is high salty in Kaolack. It causes the slow development of water supply in Kaolack.

(4) Tambacounda Region

Water supply condition in Tambacounda is quite prepared compared with the national average as shown in the Table 1.5.2. The coverage rate of water supply is 82% in Tambacounda, which is very high in Senegal.

Water production and need per capita are 0.043 m³/j and 0.052 m³/j in Kaolack, while 0.023 m³/j and 0.044 m³/j in the national average, respectively. According to the results of the field survey, there are requests for deep well projects at 22 sites in 11 C/R out of

of traditional latrine is as high as 35.0%. The traditional latrines are common both in Sagna and Sinthiou Maleme, with the coverage of 85% and 95% respectively. Apparently the toilet coverage in these areas, even it is the traditional one, is higher than regional average, though they are used properly or not unknown.

Besides, the proportions of the children who have acquired the habits to use the toilet themselves before they reach three years of age is very low; 12% in Sagna and 18-20% in Touba Kaolack, Camp Navetane and Sinthiou Maleme, respectively.

Areas Regions Urban Rural Kaolack Tambacounda Flush toilet with the 0.2 0.1 0.5 18.2 sewage system* Flush toilet with 25.8 77.0% 2.1 12.5% 6,9 2.7 20.1% 11.2% septic tank* Ventilated pit latrine 33.0 10.2 13.1 8.0 with septic tank* Traditional latrine 15.8 39.6 38.6 47.3 Public latrine 0.2 0.1 0.2 0.5 Chamber pot 0.1 0.3 0 0.2 No toilet / nature 39.6 2.8 44.8 40.6 Missing 4.8 2.6 1.6 0.5

100

100

100

Table 1.5.3 Distributions of the Households by the Type of Toilet in Senegal (%)

* Adequate facilities Source: MICS II 2000

Total

(2) Wastage management

100

Appropriate wastage management is also important to secure the hygienic environments. In urban areas, the use of sewage system is gradually expanded (21.1% in 2000), though there are many households who throw away in the field (53.1%). For the disposal of household trash people leave their garbage either at the fixed spots nearby their houses, which the companies (public or private) collect regularly (46.9%), or come to the garbage disposal spots directly (22.5%) in the urban areas. On the other hand the majority throw away the water wastage in the field (88.7%) and the household trash at the dump (61.7%) in rural areas. In this study, regardless of the sites, it is found that more than 85% of the households throw away the water wastage in the field.

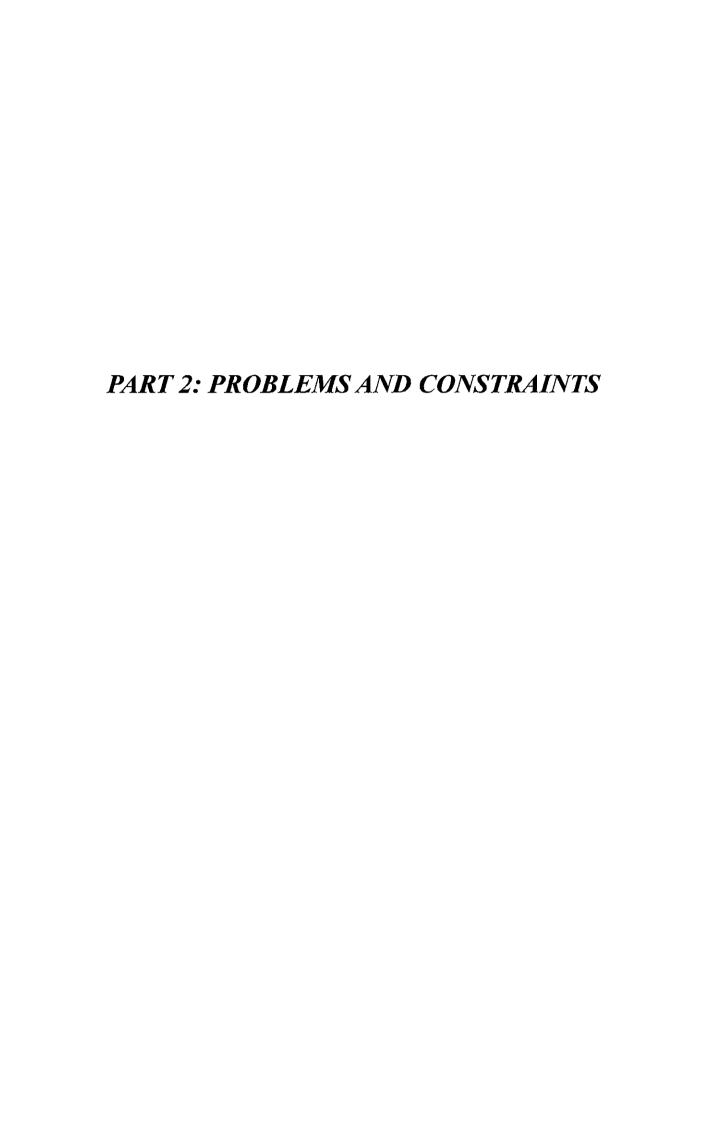
As for the household trash, in Touba Kaolack, only 15% of households have an access to the garbage collection services and 80.0% of them throw away at the dump here and there, like those in Sagna (81.7%). In Tambacounda, the availability of the collection services in Camp Navetane is relatively better (36.7%) than in Touba Kaolack, though littering is also rather common (53.3%), as is the case in Sinthiou Maleme (76.7%).

Table 1.5.4 Distributions of the Households by Type of Trash Disposal Spots in Senegal

(%)

	Are	as	Regions		
	Urban	Rural	Kaolack	Tambacounda	
Collection by public/private companies	46.9	2.1	7,5	1.6	
At the garbage spot	22.5	2.3	7.7	4.6	
Littering	17.7	61,5	48.7	73.7	
Burning	6.7	17.3	18.1	9.2	
Burying	1.0	2.3	1.8	3.0	
Other	5.2	14.5	16.2	10.8	
Total	100	100	100	100	

Source: MICS II 2000



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

FINAL REPORT

PART 2: PROBLEMS AND CONSTRAINTS

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CHAPTER 1 PROBLEMS AND CONSTRAINTS SURROUNDING EARLY CHILDHOOD EDUCATION

1.1 Problems Identified

JICA Study Team identified the following problems and constraints regarding early childhood education through the field works and discussions with the concerned officials.

(1) Low Preschool Enrolment Rate

Preschool enrolment ratio is low. At the national level, it is 3.9% in 2003¹, while 1.9% (2003) in Kaolack region and 2.1% (2003)² in Tambacounda. The low rate of preschool enrolment is due to various factors including awareness of parents on early childhood education and availability of facilities. Throughout the country, there are only 394 preschools, half of which are located in Dakar. Particularly Kaolack region has the low enrolment of preschool education as well as low enrolment of primary education (44.3%, while 68.3% at the national level).

(2) Disparities in Preschool Education

Disparities in preschool education exist at all levels that cause iniquity and failure to comply with equal opportunities for all children regardless to their background and their social status. There are disparities of the school distribution between urban and rural areas. In Kaolack, for instance, all preschools (17) are concentrated in urban centers, and no preschool in the rural area. In Tambacounda, only 2 out of the 12 schools are located in the villages. Disparities are also identified between public and private schools. In both regions, the private sector is more developed than public one. 20 out of the 29 preschool facilities in both regions are run by private sector. In Kaolack and Tambacounda, kindergartens (private sector) respectively represent 76% and 58% of existing schools.

(3) Higher Financial Burden Compared to Primary School

Preschool education is expensive. It costs twice more than primary education. The unit cost per student is FCFA 90,000 in preschool and FCFA 40,000 in primary school. Because of this high cost, parents have to pay entrance fees and expensive monthly contributions for their children to attend preschool. Another reason for this high cost is

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

² Plan Regional de Developpement de l'Education 2004-2007 (PREF) of Kaolack and Tanbacounda

that the preschool education is being conducted by private sector, which is characterized by high tuition and monthly fees.

(4) Competition with Daara

Senegal has a big *daaras* network, though not easily quantifiable by lack of reliable statistical data. Considering the low rate of preschool enrolment - particularly in Kaolack - it seems that many children attend *daaras*. Education provided by those schools (Daaras) is religious, based on Koran precepts. Coping with the cultural environment of the population, *daaras* are strongly competing with preschool and primary school. Such phenomenon is highly observed in Kaolack region where the number of *daaras* is estimated at more than 500 units. The low enrolment rate (preschool and primary school) of that region seems to be related to the existence of large number of *daaras*.

Despite the interest of the population, living conditions of the *talibés* have remained same for decades. Most of the time, classes are held under the sky, children's health situation is endangered by exposure to harsh weather. In addition, *daaras* do not get any support from outside. Thus, boarding children go begging for survival.

(5) Absence of Standard Programs

In terms of program development, Senegal had different experiments: programs of the 80's with experimental schools and the recent one of 1999 with program record book (LHP). Due to technical and operational reasons, those experiment that integrated preschool and elementary education have been suspended. The strategic pause observed after the 1999 programs was due to the following insufficiencies; i) absence of a methodological guide, textbooks and teaching aid adapted to competence based admission ii) discrepancy of the training system between trainers, supervisors, headmasters, teachers and youth workers, due to the absence of a specific training plan. As a result, the teaching programs are left to teachers' discretion who tries to develop activities matching different classes. Furthermore, no educational experiment on curriculum development has been made integrating holistic approach (education, health, and nutrition). Teaching material used in the schools are costly, insufficient and inappropriate. It is generally imported and sometimes poorly copes with the concerns and the needs of the children.

(6) Lack of Awareness on Early Childhood Education

Preschool education is not well recognized among parents particularly in rural areas. Due to lack of awareness on its importance, its impact and preparation for the smooth access to elementary education are not appreciated. Preschool education is regarded

merely as a day care center that offers playing activities rather than educational activities. Lack of seriousness and professionalism observed in some private facilities also reinforce this opinion. Many preschools are illegally established by non qualified promoters.

1.2 **Constraints**

(1) Institutional Constraints

1) No orientation law for preschool education

There exists an Orientation Law for Education and Training defining the comprehensive education system in Senegal signed in 1991. Many changes have been made for ECE, such as holistic approach, CTP and community participation since then. Those new initiatives require specific orientation law for ECE clarifying different types of preschools.

Lack of Integrated Organization for Promoting Early Childhood Development There are institutional dysfunctions in promoting Early Childhood Education among the concerned ministries, e.g. Ministry of Education, MECCTP (NACTP), Ministry of Family, Social Development and National Solidarity, and Ministry of Health. It leads to delay in decision-making and implementation of projects. In addition, several development partners have extended their assistance on Early Childhood. Their assistance has not been well-coordinated by the ministries concerned. Absence of concerted actions is an obstacle in improving efficiency of service provision.

3) Lack of Decree on MECCTP (NACTP)

There is no decree specifying the roles and functions of the MECCTP (NACTP). The absence of the decree leads to the constraints described in this section.

(2) Management

1) Absence of local office

The MECCTP (NACTP) does not have regional and departmental offices to ensure both follow up and implementation of the sector policies at the local level. All the activities are conducted from the central level. Absence of local representative is one of the constraints for involving the community in Early Childhood Education, and effective planning, training, sensitization and

monitoring. In view of decentralization policy of the government, enhancement of local office is important.

2) Insufficient Capacity of MECCTP (NACTP) Officials

Due to the insufficient capacity of MECCTP (NACTP) officials, the following important functions related to CTP planning, implementation and monitoring are not sufficiently made to date.

Insufficient Planning Capacity

The MECCTP (NACTP) staff does not have much experience in planning CTP construction throughout Senegal. Planning based on coordination with other related government agencies and development partners is also required.

Insufficient Sensitization / Social Mobilization

Implementation and operation of CTP requires community participation. As mentioned above, absence of MECCTP (NACTP) local representation makes it difficult to promote participation of planning in CTP. Intensive or continuous sensitization is required for community participation.

Weak inspection and monitoring

Inspectors of preschool are very few in number (e.g. 2 inspectors each in Kaolack and Tambacounda). They have little logistic means and premises. Only 26 out of the 51 inspectors are involved in field operation as the regional and department inspectorates. Such situation is harmful for supervision, sustainable operation of CTP, the monitoring, and the continuous training of the teachers.

Insufficient Training Extended for CTP staff

Training of instructors and assistant mothers has not been provided sufficiently. Well-trained CTP will contribute to improve its reputation. It will also contribute to improve awareness on CTP of the community.

3) Lack of database

Accurate statistical data on status early childhood education is not available. MECCTP (NACTP) operation is very weak because of the lack of human resources and equipment. Statistics will be a basis for effective policy making, implementation, and evaluation. There is no Education Management Information System (EMIS) for preschool education. In particular, data on CTP is not sufficiently available.

(3) Resources

The Regional authorities (Kaolack and Tambacounda) are not able to cope with the high social demand induced by the migrations, combined with the natural population growth. In those regions, budget has remained static for years. The central government did not take any action to cope with the needs of the regions as far as preschool education is concerned.

2) Lack of human resources

1) Limited budget allocation

Regarding the human resources in MECCTP (now "NACTP"), the central level is understaffed (26 staff as of March 2004), and the staff lack planning and managerial skills. In general, the staff at the central level is mainly teachers and home economics teachers who are not suitable for administration, planning, and management assignments.

Regarding teachers in schools, the existing number of teachers is barely enough to cover the need, but in the mid term, the sector might face some acute shortage of teachers. Most of the teachers trained in the PTTS go to primary school (90% of graduates from PTTS) instead of going to preschools.

3) Lack of facilities for preschool

There are 17 preschools in Kaolack and 12 in Tambacounda. Particularly, available public preschools are quite limited, which are about 40% of the total preschool facilities. The limited access to preschools is considered as one of the reasons for the low enrolment ratio in the two regions.

(4) Social Aspects

Nearly one half of the population of Senegal (male and female) is illiterate. The rate of illiteracy was 48.9% in 1999. Illiteracy more affects females than males, and rural populations are more affected as compared to urban populations. Illiteracy mainly affects women whereas as shown in the JICA Study there is a close correlation between the education level of the parents and children attendance of preschool. In households where parents are illiterate or have very low school level, few children attend preschool. This is because people are not aware of the value of preschool, namely the contribution it could make for the cognitive, psycho-physical, and social development of children.

Problems and constraints are summarized in the following table.

Table 2.1.1 Summary of Problems and Constraints on Early Childhood Education

Issues	Problems	Constraints
Access	Low Preschool Enrolment	Lack of awareness on ECE
	(Senegal 3.9% - 2003) (Kaolack 1.9% -2003) (Tambacounda 2.1% -2003)	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	Insufficient capacity of MECCTP (NACTP)
	inspection/ weak local office Lack of Data base on ECE	officials Lack of human resources
	Lack of Data base of ECE	Lack of human resources Lack of Budget (Central/Regional)

Source: ЛСА Study Team

CHAPTER 2 HEALTH CARE AND NUTRITION

Regarding health and nutrition related to ECD, there are several problems and constraints identified. These problems are caused by various factors related to living environment, access to health services. However, underneath the problems, the constraints derived from social aspects affect health and nutritional status of mothers and children significantly, since these issues are closely related to the socio-cultural and socio-economic conditions of the family, such as living standard, knowledge, attitude and practice in daily life of the people. In this section, firstly the problems are described and then, the constraints which cause these problems are analyzed.

Table 2.2.1 Summary of Problems and Constraints on Health and Education

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) High MMR	 Low vaccination coverage Prevalence of disease and in appropriate treatment Insufficient Water and Sanitation System 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) Poor Coordination among	 Lack of legislation Limited Human Resource and coordination at the central and local level Limited facilities
	Government Agencies Poor Coordination with MHP	Lack of human resources in MHPLack of budget

2.1 Problems

(1) High Infant Mortality Rate and High Under 5 Mortality Rate

Overall unsatisfactory health environment in two regions is exposing children in alarming situation; Infant Mortality Rate (IMR) is 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 berths). The Under 5 Mortality Rate (U5MR) in these regions is 181.9 in Tambacounda and 197.5 in Kaolack per 1,000 births, while the national average is 145.3. These data clearly show the environment for children is below national average.

(2) High Maternal Mortality Rate

Maternal Mortality Rate (MMR) is as high as 560 per 100,000 live births nationwide and it cannot be denied that problems concerning pregnancy and delivery are threatening child and maternal health. In the *Document de Politique Nationale de Development Integre de la Petite Enfance au Senegal* (Draft II) in 2003, it is referred from L'EDS II in 1993 that MMR in Tambacounda is 1,200 per 100,000 live births, while the national rate was estimated as 510 at that time.

(3) Malnutrition and Micronutrient Deficiencies

1) 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, while the national average is 18%. Kaolack also has the highest prevalence of wasting among under 5 children; 14%, while the national average is 8%. Mothers are so busy for household chores that they cannot devote enough time for children's foods care especially in rural area. These are also the results of chronic food production problem: the food security is not stable especially in rural area and during rainy season (hivernage).

2) Micronutrient deficiencies

The Iodine Deficiency Disorders (IDD) including goiter is widely observed among children and women in rural area, although the consumption rate of iodized salt has been increasing in recent years. Vitamin A is essential to protect children from infections and immune system damage. Percentage of children aged 6-59 months receiving vitamin A supplementation in Kaolack and Tambacounda are 71% and 75%, respectively, lower than the national average (81%). For the pregnant women, iron is extremely important since iron deficiency anemia, resulting in maternal mortality caused by hemorrhage and sepsis at the time of delivery. Yet, little data is available regarding actual intake of iron among pregnant women.

(4) Limited Institutional Capacity of MECCTP (now NACTP)

ECD is a sector which needs holistic approach to tackle the various areas surrounding CTPs. In these areas, health and nutrition are recognized important and MECCTP established a technical unit for nutrition and health (La Cellule Technique Nutrition-Santé). It was responsible for the monitoring of the health and nutrition components of the ECD programs implemented by the MECCTP. The focused areas include food security, prevention of micro-nutrition deficiency, and promotion of

breast-feeding based on the community activities. The tasks will be transferred to the new NACCP. However, since MECCTP has limited number of personnel and operation at local level, it is impossible to support at the local level. It is also noticed that its description of the task is yet to be done and it is anticipated the roles in terms of health and nutrition services would be clarified.

(5) Poor Coordination among Government Agencies

In terms of health and nutrition, the Ministry of Health and Prevention (MHP) has been and is playing a major role for health and nutrition development to date. Given the nature of activities, the MECCTP does not take overall responsibility for health and nutrition issues but should closely coordinate with the Ministry of Health and Prevention. However, the coordination between MHP and MECCTP is not as smooth as it should be. This is seen both at the central and local level. The letters between MECCTP and MHP for coordination were officially signed; however, the concrete action for coordination did not occur since any action was taken after these letters. Therefore, it has been difficult to develop a systematic collaboration at the local level without any instruction from central level. For example, it was very difficult to use the facilities of health centers or health posts, although monitoring children's growth needs to be practiced closely with local health service such as health posts and health centers. It is also noticed that there are some collaboration at the local level time to time; however, they are based on more individual contacts, rather than the institutional coordination.

2.2 Constraints

Underneath the problems identified, there are certain constraints related to each issue. In addition, the socio-economic and socio-cultural issues also lay fundamental problems on overall improvement in health and nutritional status of mothers and children.

(1) Health Status of Mothers and Children

1) Low vaccination coverage

Both Kaolack and Tambacounda are showing the national lowest vaccination coverage rates: BCG; 74% and 77%, OPV; 31% and 28%, DPT3; 33% and 39%, and measles; 30% and 34%, respectively. In addition, the coverage ratio deteriorated between 1990 and 2000, although the rate is showing a sign of improvement since early 2002. Not only for children but pregnant women's tetanus (TT) vaccination rate is also affecting the infant mortality: only 63% of

women in Kaolack and 59% in Tambacounda are receiving this injection while the national average is 75%.

2) Prevalence of diseases and inappropriate treatment

In both regions, as the most frequent disease, diarrhea and malaria are prevalent through the year. Both Kaolack (33%) and Tambacounda (35%) are the most prevalent areas suffering from diarrhea among children under 5 (national average is 26%). Likewise, there are only 21% in Kaolack and 26% in Tambacounda children under 5 who received adequate treatment for malaria. Mosquito net is used among only 9% of households in rural area. The endemic diseases such as Onchocerciasis and Guinea Worm are also widely observed in the region.

Insufficient water and sanitation system

The access to potable water in Kaolack is 51%. It is clear that diarrhea is more frequent among households without access to water (29% vs. 25% with access to potable water). The access rate to a sanitary system to treat excreta in Kaolack and Tambacounda is 20% and 11%, respectively, far below the national average (56%).

4) Insufficient services for reproductive health

Only 68% of women in Kaolack and 67% in Tambacounda received prenatal care by qualified health personnel, below the national average (81%). In addition, there are only 34% of women in Kaolack and 26% of Tambacounda, who had delivery with qualified health personnel, below the national average (60%). The delivery at home is still common in Tambacounda (71%), while the national average is 50%. Percentage of women who had vitamin A supplementation after their birth delivery in Kaolack and Tambacounda were 25% and 19%, respectively, lower than the national average (30%).

5) Low coverage of Family Planning (FP)

The Total Fertility Rate (TFR) is as high as 5.7 in the country, resulting in not only rapid population growth (2.7% annually) but physical and mental exhaustion of mothers. TFR is 6.5 and 7.1 in Kaolack and Tambacounda, respectively, higher than the national average (5.7).

In Senegal, the contraceptive use among women at reproductive age is as low as 6% in both Kaolack and Tambacounda (national average is 9%). People do not have access to information on FP and contraceptives especially in geographically isolated villages. Consequently, the importance of birth spacing

is not sufficiently recognized, resulting in higher infant mortality among children born within 24 months after the precedent delivery. The available data show that a child with a large number of sibling is faced a higher risk for survival. Presently, there is a lack of integration between general health system and maternal and infant health, i.e. health posts or health huts, in which contraceptive are not included under Bamako Initiative management.

6) Poor quality of Family Planning (FP)

Even among women practicing FP, there exists a problem of service quality. FP Service Provision Points (SPP) has difficulties in lack of equipment and materials (frequent out-of-stock of contraceptives). It is pointed out that absence of supervision of personnel in the field affects service quality. In addition, service providers are not sufficiently explaining the advantages and disadvantages of contraceptive to users nor presenting alternative methods. Often, service providers do not respect basic hygiene rules. Under these circumstances, service recipients' satisfaction and service continuity are not being assured.

7) Early pregnancy

Early pregnancy is prevalent resulting in aggravation of maternal health. Both IMR and Under-5 Mortality Rate (U5MR) are more frequently observed among young mothers aged under 20 years (IMR; 94, U5MR; 176) than mothers aged over 20 years (IMR; 66, U5MR; 141). Behind the early pregnancy and early marriage, the poverty of the household lays as one of reasons as well as socio-cultural belief.

8) Limited health service at community level

At the rural level, trained and qualified heath worker, called Agents Sanitaires Communautaires (ASC) is not only limited in number, but also in capacity. The people's expectation toward ASC is sometimes excessive, although the ASC can not always make a proper diagnosis. In the meantime, there are a number of health hut (case de santé) at rural level, most of which are not functioning well. The number of poste de santé is insufficient, hence the limited access to the medical care, especially in rural area.

(2) Nutritional Status of Mothers and Children

1) Poor socio-economic conditions

It is well known that stunting, an indicator for Malnutrition of children, is closely associated with the household socio-economic status. This indicator in

Tambacounda presents a high rate as 23.8%, while the national rate is 19%. The Poverty Indicator by region and sex¹ reveals that this region has 92.3% of poor population, which is high compared to the national average 74.9%. In Kaolack, the poverty population totals 88.3%, although stunning is 19.3% and almost same as national figure. In this survey, the population recognizes the food security as well as health issue as one of the most prioritized issues in Tambacounda, while only health is highly prioritized area in Kaolack.

2) Inappropriate feeding practice

In Senegal, breastfeeding is widely practiced. However, the practice remains inappropriate in terms of duration, manner how it is provided to new-born babies and so on. Furthermore, in JICA's projects sites, it was observed that inappropriate baby food practice such as feeding millet porridge for babies before 4 months. These inadequate practices are often caused by lack of knowledge by mothers, which should be improved through better access to public health service including reproductive health service.

3) Prevalence of diseases and poor environment for children

One of the indicators for malnutrition is Wasting – acute malnutrition (low weight for hight). In Kaolack and Tambacounda, the figures present 14% and 11.5% respectively. These figures are high compared with the national average 8.3%, which implies that children are exposed to poor living conditions, such as access to safe water, access to health service, and household socio-economic conditions and so on.

(3) Management

1) Lack of legislation

As mentioned above, although a unit will be established within the Agency, many aspects are unclear at this moment. Especially, the role played at the central level and how it should be coordinated at the local level will be the key for the better monitoring and supervisory at the local level. 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 MECCTP has, 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 regarding the health

¹ Enquete sur la perception de la pauvrete au Senegal, 2001

related issues. This could be solved through the close relationship with MHP or with health related workers at the local level. In addition, in strengthening capacity of the unit there must be a systematic coordination with MHP at the central level. For example, the programs for the Integrated Management of Childhood Illness (IMCI) are underway in the MHP, and it is worth examining the possibility to transfer some of its components into the activity of MECCTP (NACTP).

(4) Coordination with MHP

The health sector is the most progressive field in Senegal in terms of coordination regarding investment among government and donors. Sector Investment Program (SIP) is prepared and national development program called PNDS (*Plan National de Développement Sanitaire et Social*) is underway based on SIP. Still, there are some projects beyond the PNDS and the government is not necessarily grasping all the programs and projects in an integrated manner. Likewise, as the health and nutrition is extending over more than two ministries, there is a lack of coordination among ministries, e.g. programs and projects concerning Family Planning are implemented by the MHP as well as MECCTP.

Limited facilities

Government has a policy to provide health service facility to the population based on the WHO standard, while its actual coverage in 1999 was one health post as the basic level for 11,500 people (WHO standard is for 10,000). Even in existing health posts their equipment and facility are often obsolete. As the number of health service facility is absolutely lacking, people tend to rely heavily on medicine without consultation nor subscription especially in rural villages. As mentioned earlier, ASC can not necessarily make a proper diagnosis, the effects of medicine sold by ASC is not assured.

2) Lack of human resources

National Level

First of all, the number of doctors and nurses are absolutely lacking nationwide: medical doctor and nurse per 100,000 inhabitants is 7 and 35 respectively. There is also an absolute lack of health personnel in para-medical area; birth attendant, PHC specialist and technicians. Developed in 1997, the government's National Training Plan is underway, and it is expected this lack of personnel will be eased to some degrees in years to come.

The disparity of health personnel between urban and rural area is apparent, too, but at this stage, there is no quota system to receive student/trainee from geographically difficult areas such as Tambacounda to medical schools. In addition, there are no incentives for health staff that is dispatched and working in a remote area.

<u>Regional Level</u>

At the regional level, regional training plan has not yet been developed to date and there is no monitoring and evaluation system for training at the regional level. The retraining of nurses (at health posts) is being organized on ad hoc basis.

Rural Level

Various donors and NGOs are doing their own service supply and training at rural level. Training of rural health staff (ASC) is done on add hoc basis and after the training, monitoring nor follow-up works are not being implemented sufficiently. These ASCs might need more information and knowledge regarding health and nutrition after he/she starts to play the role of health worker, but there is no progressive training and re-training courses.

Community Health Management Committees are properly functioning in some places while others not. There is an overall lack of mechanism to assist ASC, too.

3) Lack of budget

The share of health sector in government total budget has been kept around 8% during the last decade. This share is not very low, but as the population growth rate is relatively high (2.7% annually), the development of health facility and personnel are not catching up with it. In some areas of health, e.g. FP, the government is examining the possibility to collaborate with the private sector in terms of products distribution and logistics.

It should be noted that although the public investment in health per capita in Tambacounda in 1999 was FCFA 1,505, much higher than in Dakar (FCFA 738), the region's health infrastructure is far from favorable.

(5) Social Aspects

1) Literacy and awareness of women

It is clearly shown by the surveys that there is a close relation between child and maternal health and mothers' educational background. Vaccination coverage rate is higher among children whose mothers have a certain educational attainment. Not only vaccination rate but many other indicators, e.g. Low Birth Weight (LBW) incidence, FP practices, fertility, and children's nutritional status are all strongly connected to mothers' educational attainments. In reality, 63% of women at reproductive age in Senegal have no educational background at present, and female literacy rate in Kaolack and Tambacounda is 14% and 22%, respectively, much lower than the national average (29%). Still, there is a positive prospects; the female literacy rate is higher as the age groups becomes younger: 25% for age 35-44, 31% for age 25-34; 42% for age 15-24.

This indicates that it is undoubtedly important to improve in access to and quality of health services, but in parallel with these, provided female education and literacy promoted, children and mothers' health status would be ameliorated to a certain level. Likewise, in strengthening awareness raising toward women, it is required to integrate the awareness raising methodology targeting illiterate women.

2) Socio-cultural issues

There exist a number of constraints surrounding child and maternal health as described above. It should be noted, however, that many data are indicating that there is not much apparent gender gap: e.g. 30.5% of boys and 29.1% of girls were receiving recommended treatment for diarrhea on national average; vitamin A supplementation: 80% for boys and 81% for girls on the national average. Still, there are many social considerations to be taken in mind in terms of people's attitude toward child and maternal health. For example, among certain ethnic groups, there is a kind of taboo regarding delivery: in Tambacounda, in some areas pregnant women must stay at home instead of going to health facility in the time of delivery. In this sense, many efforts must be taken to realize a safe delivery in women in a socio-culturally accepted manner. Likewise, although it is becoming more socially accepted to ask about contraceptive use even toward husbands or males in rural villages, it is still difficult to assess or making question about women and girls' health, especially, regarding FGM.

CHAPTER 3 CHILDREN'S RIGHTS

3.1 Problems Identified

Major problems related to children's rights are identified as follows.

3.1.1 Major Problems on Children

(1) Low Birth Registration Rates

Birth registration has a direct influence on the protection of the rights of the child. Without a birth certificate, a child's legal existence has not been established, making the child more vulnerable to exploitation and abuse. Besides, birth registration helps children to prove their identity, protecting them in case of abandonment by their families and entitling them to claim pensions, inheritances or other rights they may have. In addition, the systematic birth registration of children allows the Government to make correct estimations of the child population as well as of the population in general. This statistical data are necessary to allocate budgetary resources for children-related needs.

In Senegal, 40% of all under 6-year-old children are not registered. The problem is greater in the countryside (53.6%) than in urban areas (25.0%). Tambacounda and Kaolack have the lowest birth registration rates of the country (46.2% and 44.4% respectively), mostly because the "unawareness of the obligation" (16.8% in Kaolack and 11.8% in Tambacounda) and "the long distance to the closest registration office" (21.7% in Tambacounda and 8.8% in Kaolack)

(2) No Family Ties

Children from poor families that cannot satisfy their basic needs are often sent away. About 4% of children who do not live with their parents are under 5 years old, 8.6% are between 5 to 9, and 14% are between 10 to 14. Girls are more often deprived from their families (10.6%) than boys (8.6%). Almost 80% of the households in Tambacounda and 70% in Kaolack are unaware of the child's right to have "a family, a name and a nationality". Regarding the specific situation of street children and *talibés*, the first category accounts for over 360,000 children (from 6 to 14 years of age), while the second category largely exceeds 400,000 children; the phenomenon of the mendicant *talibés* is particularly important in Kaolack. The majority of both street children and *talibés* has no access to adequate social services, suffer from discrimination, and are often exploited, being extremely vulnerable to different forms of child abuse.

(3) Discrimination

1) Ethno-linguistic discrimination

French is the official language of Senegal. The Constitution also recognises six national languages (Wolof, Sereer, Diola, Malinké, Soninké and Pular), the most widely spoken being Wolof. In addition, there are some other minority languages such as Ashamia, Mancagen, Balante that have not been codified yet and that therefore do not enjoy national status. Although the law says that the teaching language in preschool and primary education should be the main language spoken in the area, minority languages are rarely used, and educational materials in these languages are almost inexistent¹.

2) Discrimination of disable children

More than 60,000 disable children cannot benefit from any form of public services and are condemned to social exclusion. The number of specialized institutions in the country (three) is clearly insufficient. The situation of disable children in rural Senegal, where there are neither facilities nor specific programs, is even worse.

3) Gender discrimination

Gender discrimination is present in almost every aspect of Senegalese life (from school enrolment rates to enjoyment of economic rights) The situation is dimmer in the countryside, where some "traditional practices" (such as FGM, forced and/or early marriage, etc.) continue to violate most basic women's rights. Tambacounda has the country's lowest average marriage age for women (15.8 years), even below the minimum legal age to marry, which is set at 16 years. FGM, although declining, is still present in this region. Early pregnancy (15-18 years) is suffered from 20.6% of all mothers in Kaolack and 25.3% in Tambacounda.

(4) Child Mistreatment

Violence against children – either physical or mental, neglect or abuse – is a daily reality in Senegal. Although the *Code de la Famille* recognizes the parental right "to correct" their children according to 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. The underlying problem is that children are not seen as subjects of rights, but rather as property –and therefore any measure to correct them is legitimate.

Except for sporadic materials financed by NGOs (alphabetization, adult's literacy, children's rights, etc.) such as TOSTAN.

(5) Child Exploitation

Child labor

More than a third (37.6%) of all Senegalese children from 5 to 14 years of age are working; a figure that explains why Senegal has one of the world's lowest levels of primary school enrolment (64% of girls and 74% of boys). The countryside has a much bigger percentage (43.5%) of working children than the urban areas (27.7%). Kaolack records one of the country's highest rates of child labor (46.8%), while the level in Tambacounda is slightly lower 39.1%. In addition, Kaolack and Tambacounda have two of the country's highest rates of children working more than four hours a day in domestic work (19.2% and 14.4% respectively).

2) Commercial sexual exploitation

Although statistics are not fully reliable, given the underground nature of this violation of children's rights, it can be estimated that at least 20% of all prostituted women in Senegal are underage. Street children, specially girls, and children in tourist areas are particularly vulnerable to commercial sexual exploitation. According to UNICEF Gambia, young girls from Senegal are trafficked into Gambia for sex work during the peak tourist season.

(6) Children in Conflict with the Law

Since the beginning of the economic hardship in the late 80's, the total number of children deprived of liberty has multiplied by six, reaching 6,850 boys and 3,226 girls in 2000. The AEMO Center in Kaolack hosts 54 minors (20 of them in open regime), while the Center in Tambacounda hosts 20 minors, plus other 15 boys in a special module of the Detention and Correction House (MAC). The problem is that there are neither separated sections nor differentiated programs for children "in conflict with the law" and children "in moral danger" (abandoned, sexually exploited, etc.). It is also important to note that most girls are imprisoned on prostitution charges, in clear violation of the CRC, which requires children sexually exploited to be considered as victims and never as criminals.

3.1.2 Major Problems on Mothers

Mothers have a difficulty to improve their living environment for early childhood development due to various problems at the every level of household, productive and community as shown in the table below. Thus, mothers cannot afford to take care of their children sufficiently.

Without well-understanding of their husbands, family and community about gender issues as well as early childhood development, it is very hard for mothers to improve and mitigate the problems related to living environment.

Table 2.3.1 Major Issues for Living Environment of Mothers

Domain	Present Issues
Household	Long working hours and hard work load for domestic duties
	Inefficient and unhealthy housing environment including kitchen
	Limited accessibility to decision-making for home economy
	Insufficient education due to early marriage and early pregnancy
Economic	Hard agricultural works
activities	Lack of income earning opportunities
	 Insufficient accessibility to saving and credit
	Limited marketing for agricultural & cottage industry products
Community	Limited accessibility to village resources
-	Limited accessibility to decision-making inside the community
	Lack of community awareness on women's needs

Source: JICA Study Team

3.2 Constraints

Major constraints related to children's rights are identified as follows.

(1) Legislation

1) Incompatibility of related treaties

Some national dispositions are in conflict with the provisions of the CRC, the CEDAW and other relevant treaties ratified by Senegal. There is still abundant children-related national legislation in force that is incompatible with these treaties and that, therefore, requires harmonization.

2) Unclear demarcation of responsibility

Children's Rights issues are under the responsibility of MFEC (now NACTP). However, other Ministries, such as the Ministry of Justice, claim competences on different children's rights aspects. This situation makes difficult the demarcation of responsibility among the Ministries.

3) "Irregular situation" and repressive approach

Many key pieces of national legislation related to children, women and family are still based in the "irregular situation" approach, rather than in the "integral protection" doctrine established by the CRC. Thus, Senegalese children are still considered as "objects" and not as "subjects" of rights. This legislative "dissonance" often results in unjustified discriminations and in other children's rights violations. Making national legislation compatible with the "integral

protection" doctrine, will entitle children with State-guaranteed rights, preventing children from being treated as a property of the parents.

(2) Institution, Organization and Management

1) Lack of institutional protection structures

There is not a specialized institution for receiving and treating children-related complaints, which could also advise the Government on children's problems and recommend possible solutions (e.g. Children's ombudsman). Specific structures to protect children at risk, including their treatment and rehabilitation, are also non-existent.

2) Lack of specific programs for children at risk

Children-related programs continue to focus almost exclusively on "normal" children, paying little attention to children at risk, to children with special needs and to other vulnerable child groups.

3) Lack of coordination in the government/donors activity

Responsibility on children-at-risk issues is excessively fragmented among the different Ministries with programs or responsibilities on these matters. This situation diminishes both the effectiveness and efficiency of actions, preventing also the creation of synergies that could certainly increase the impact. The situation is similar among the international donors, where the inexistence of integrated coordinative organization on children at risk reduces the impact of their actions (their activities often duplicates).

4) Lack of monitoring and evaluation system

There are neither effective monitoring nor evaluation systems of programs and actions targeting children at risk nor systematization of experiences. The performance of the different administrative levels responsible for their implementation is not periodically assessed, and many public and private institutions dealing with children are not supervised in any form.

5) Lack of prevention and rehabilitation system

The few children-at-risk programs are more assistance-oriented than preventive, aimed primarily at alleviating emergencies instead of at dealing with the structural causes of the problems. Furthermore, even less is being done to rehabilitate children in conflict with the law or the victims of exploitation, abuse, mistreatment, etc.

(3) Resources

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, mistreated children, and victims of CSEC. In addition, there is very little research information available in form of books, reports, studies, or even brochures, and the existing information is neither systematically collected nor well disseminated.

2) Lack of qualified staff

There are no sufficient human resources in MFEC (now NACTP) currently devoted to children's issues in the different levels of the administration to carry out an effective policy. Very few civil servants involved in children-related policies have ever received specific training on children's rights, and even fewer of them in children-at-risk specific problems. Civil servants often complain of lack of means (infrastructures, equipments, vehicles, training, etc.) and budget.

3) Lack of infrastructures

Public infrastructures (social centers, foster care centers, specialized institutions for disable children, shelter centers for young mothers, etc.), and other social facilities for children (open air playgrounds, sports centers, etc.) are clearly insufficient, largely concentrated in urban areas, and in most cases inadequate.

4) Tight public financial situation

The persisting economic hardship and the imposition of a strict budgetary discipline have prevented the much-needed increase in allocations for social expenditure. For the year 2002, the budget of the MFEC amounted to FCFA 1.4 billion. The running costs of the Division of Early Childhood and Children's Rights only amounted to FCFA 83.0 million.

(4) Social Aspects

1) Lack of awareness

The extended unawareness of children's rights is one of the most challenging constraints that have to be dealt with in order to solve children related problems. Only 44% of all Senegalese families have ever heard of the rights of the child. The unawareness is bigger in the countryside (63%) than in urban areas (44%) The region of Tambacounda records one of the country's highest rates of unawareness (65%), while Kaolack has a relatively lower rate 57%.

2) Prevalence of prejudices and supposed "cultural values"

It must be stressed that children's rights are not foreign to Senegalese culture and that very often, behind these beliefs, there is nothing but unawareness, misconceptions, or extremist interpretations of customs and traditions.

3) Limited Women's Participation

Rural women have limited opportunity to receive trainings for capacity buildings and empowerment. Even if rural women have an accessibility to receive the trainings, most of them cannot afford to participate in the trainings due to time limitation of domestic duties. What is more strong constraint, rural women cannot participate in it without permission of their husband and family.

Table 2.3.2 Summary of Problems and Constraints on Children's Rights

Issues Problems Constraints			
Children	Low Birth Registration Rates	a) Legislation	
Cinimen		, 0	
(The issue above	(Senegal 60.9%, Kaolack 44.4%,	 Incompatibility of related treaties Unclear demarcation of responsibility 	
(The issue above includes sub-issues	Tambacounda 46.2%)	- Irregular situation & repressive approach	
***************************************	Weak Family Ties Discrimination by ethnic		
of access, quality,		b) Institution, Organization & Management	
and management.)	group/language and gender Child Mistreatment	- Lack of institutional protection structures	
		 Lack of specific programs for children at risk 	
	Child Exploitation Children in Conflict with the		
	Law	 Lack of coordination in the government / donors activity 	
	Law	- Lack of monitoring and evaluation	
		system	
		- Lack of prevention & rehabilitation	
		system	
		c) Resources	
		- Lack of data and research	
		- Lack of qualified staff	
		- Lack of infrastructures	
		- Tight public financial situation	
		d) Social Aspects	
		- Lack of awareness	
		- Prevalence of prejudices and supposed	
		"cultural values"	
Mothers/Fathers	Hard Living Condition in Rural	- Constraints in household (poor	
	Areas	understanding of husband, family,	
		relatives)	
	Gender Disparity in Social Life	- Constraints in economic activities	
	-	(limited income generation	
		opportunities)	
		 Constraints in community (poor 	
		understanding of community	
		stakeholders)	

Source: JICA Study Team

PART 3: C	CTP and Pilot Implementation

THE STUDY ON

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

FINAL REPORT

PART 3: CTP AND PILOT IMPLEMENTATION

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CHAPTER 1 CONCEPT OF CTP

The concept of the Case des Tout-Petits(CTP) was introduced by the President of Senegal giving the early childhood development one of the top national priority. For promoting early childhood development through constructing and operating CTPs, a new ministry, the Ministry of Family and Early Childhood was created in 2001. IICA Study on the Improvement of Environment for Early Childhood was just commenced from December 2001 responding to the request of the Government for promoting this policy further. Basic concept of the CTP to have been applied in the Study is briefly summarized below.

1.1 Multi-sectoral Approach

For the development of the early childhood, integrated approach is to be taken focusing on education, health care and nutrition. In the CTP, health care and nutrition for mother and children is also important subject in addition to preschool education. In order to attain this, contents of the study were reviewed and necessary training materials for instructors for health care and nutrition were prepared by counterpart staff under the collaboration with other ministries such as the MOHHP and MFSDNS. Actually, mothers of the CTP children were invited to the mothers class where orientation on health care for mothers and children was provided by staff of nearby clinic or health post. Videos related to vaccination or health care were also presented to the community people through cine-bus operation.

Further cooperation is provided for attaining multi-sectoral approach from nearby primary schools and clinic that give technical knowledge and practical support to the instructors and assistant mothers.

1.2 Design for Security, Multi-objective Use and Sanitary

Design of JICA CTP was prepared after discussing with the counterpart staff after reviewing the existing ones. The applied design consists of two building, namely, hexagonal building for class rooms and teachers room, and rectangle building for multi-objectives/mothers room and sanitary facility. Security of children is well considered for the design of entrance promenade and window, while sanitary facility is located far from class room. Inclusion of the multi-objective room is one of the characteristics of the CTP, which can provide room for mothers class with accommodation for 0-2 years children and also functions as community center.

1.3 Intensive Community Participation

The CTP is planned to be implemented under the intensive participation of the community people fro planning, construction and up to operation stage. In particular, from the stage of the operation, all the responsibilities are handed over to the local community.

For supervising the operation and managing of the CTP, the Supervisory Committee and the Management Committee were established respectively inviting the community leaders and resource people. Instructors and assistant mothers for the CTP were also recruited from the community. After getting the training provided by the Government, instructors and assistant mothers operate the CTP under the control of the Management Committee.

For assisting instructors and assistant mothers, grandmothers of the community joined the operation who provide traditional culture to the children. Another type of community participation is through implementation of the Micro-project. Various Micro-projects were implemented in around the CTP by the community people for producing some income for the operation of the CTP.

1.4 Self Sustainability under Cooperation of Donors and Regional Office

CTP facility is constructed under the responsibility of the Government. After construction, operation and maintenance of the CTP are, in general, under the responsibility of the community people. Financial sustainability of the CTP is firstly secured by the entrance fee and monthly fee collected from the parents of the children. Revenue from the Micro-project is considered for the secondary income for attaining the sustainability as well as community activities for supplemental income raising such as wrestling and dance party. Cooperation of other donors such as UNICEF and UNESCO are also contributing self sustainability of the CTP as well as special subsidy from regions or communities. Main feature of the proposed concept of the CTP is as presented in the following figure.

NACTP Regional Office Development Related **Partners** Ministries JICA CTP Collaboration Primary school, Health Nutrition Education clinic Know How Other Micro Project Mothers Class Cine-bus CTP Informatio Support Instructor, Munagement Supervisory Assistant Mother Committee Committee Women's Group General Assembly **Grand Mother** Region / C/R

Figure 3.1.1 Concept of CTP

CHAPTER 2 SELECTION AND DESIGN OF PILOT PROJECT

2.1 Objectives of the Pilot Project

Though several CTPs are being implemented by the Government of Senegal under the cooperation of international organizations, participation of local people into the operation of CTP is just commenced under this, the JICA Study Team planed to construct and operate four CTP s, two in Kaolack and two Tambacounda as a Pilot Project.

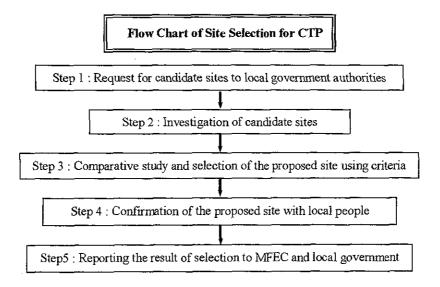
Most important objectives of the Pilot Project were as summarized below.

- (1) To clarify the selection criteria of the site for CTP
- (2) To establish implementing organization under participation of local people
- (3) To establish a training system for CTP personnel
- (4) To operate and monitor / evaluate CTP

2.2 Selection of Candidate Sites

2.2.1 Method of Selection

The flowchart for the selection of sites is as presented below. At the first stage, the cooperation of the local government was indispensable for the collection of information about land provision and local group activities.



Important aspects for the process of the selection are explained below.

(1) Land Allocation for CTP

Different procedures were applied for procuring construction sites for CTP between urban areas and rural areas.

1) Urban areas

When procuring proposed sites for the construction of CTP in the urban areas, it was required to start with explaining the works to a state governor and prefecture for obtaining their agreement. And then, URBANISME or CADASTRE office, which controls the urban land was contacted. They presented several sites. The number of proposed sites was reduced to one or two after site surveys.

2) Rural areas

When procuring proposed sites for construction of CTP in rural areas, it was required to start with explaining the works to a chief of county and a chief of C/R (= Communauté Rurale), as well as to a state governor and prefecture.

Before the discussion with the authorities concerned, the JICA Study Team selected some villages in advance whose water control associations functioning well with the help of information by BRIGADE about association activities of villages.

Then, IICA Study Team visited candidate villages and a site was selected on the basis of access condition, the state of infrastructure and discussion with local people.

(2) Collection of Information about People's Group Activities

1) Urban areas

The C/R is an organization which holds most information about local people's group activities in the urban areas. C/R activities are presented as follows. Since they are aware of activities carried out locally, they can evaluate the performance of each group.

Requirements for a good association are listed below.

- A good leader
- Sustainable activities
- Clear roles of members
- Frequent meetings (Meetings are held regularly: Frequency)
- Well-known among people
- Good reputation among people

2) Rural areas

There was no land allocation problem in rural areas. The focus was to be put on local activities.

In this study, the JICA Study Team took up the C/R as an administrative unit in Senegal, which consists of several villages.

The JICA Study Team listed up both important and unimportant villages for comparison of model pilot sites in rural areas.

The C/R has administrative organs called *Délégation Spéciale* which members are aware of activities carried out locally. However, it is difficult for the C/R to estimate all the areas throughout the state objectively and comprehensively. Therefore, in this study, the JICA Study Team utilized information from BRIGADE under the control of the Ministry of Energy and Hydraulics.

2.2.2 Selection Criteria and Evaluation

After discussion with MFEC, the criteria for the selection of sites were prepared as summarized below.

SELECTION CRITERIA FOR THE SITE OF CASE DES TOUT- PETITS

- 1. Infrastructures:
 - Water supply (water supply system, well...)
 - Health centre and / or a health hut
 - Primary school
- 2. Local participation
 - Presence of a dynamic association with at least 2-3 years of experience
 - Implementation of the CTP must be accepted by most of local inhabitants
 - Number of children old enough to go to pre-school (0-6 years)
- 3. Geographical accessibility (a accessible road in any season)
- 4. Land acquisition and site location
 - Availability of public land
 - Availability of a land which is equal to 1,000m² more and which is neither contentious nor liable to flooding;
 - Non-existence of pre-school facilities (competing public and private pre-schools)

Selection of the proposed sites for the Pilot Project was conducted using the above criteria and the following four sites were finally selected as presented in Table 3.2.1

Table 3.2.1 Comparison of Proposal Sites for Pilot Project

a) Urban area in Kaolack

	Criteria for Selection	Bongse- Kaolack	Kasnack	Bongre	Pascelles Assanies	Touba Kaolack	Thiofak
1	Infrastructure	5	5	5	5	5	5
2	Local Group Action	3	3	3	3	<u>5</u>	3
3	Access & Display	5	5	3	3	3	3
4	Site Location	1	5	1	1	5	1

b) Rural area in Kaolack

	Criteria for Selection	Dariy Minam П	Sagna
1	Infrastructure	3	3
2	Local Group Action	5	5
3	Access & Display	1	<u>5</u>
4	Site Location	5	5

c) Urban area in Tambacounda

	Criteria for Selection	Liberte (1)	Liberte (2)	Medina Couva	Camp Navetane
1	Infrastructure	5	5	5	5
2	Local Group Action	3	3	3	5
3	Access & Display	5	5	5	5
4	Site Location	_ 1	1	5	5

d) Rural area in Tambacounda

	Criteria for Selection	Diaglesine	Darou Ndiawene	Keur Daouda	Sinthiou Maleme
1	Infrastructure	3	3	3	3
2	Local Group Action	5	5	5	5
3	Access & Display	1	1	1	<u>5</u>
4	Site Location	5	5	5	5

Note: Infrastructure: Water Supply, Primary School, Electrification and Sanitary Facilities

Site Location: Environment, Size/Shape and Ownership

Evaluation: Good (5), Moderate (3), Poor (1)

2.2.3 Proposed Sites

General condition of four sites is presented below. Socio-economic profile of the sites is described in detail in the report on the survey on living environment of children as a separate report.

(1) Location

Table below shows the location of proposed sites. Touba Kaolack and Sagna are in Kaolack region, while Camp Navetane and Sinthiou Maleme are in Tambacounda region. Touba Kaolack and Camp Navetane are in urban area, while Sagna and Sinthiou Malem are in rural area. Sagna locates 18km far from Kaffrin and Sinthiou Malem locates 25km far from Tambacounda-city.

Table 3.2.2 Location in the Pilot Sites

Pilot Site (administrative district)	Region	Urban / Rural	Distance to the nearest town
Touba Kaolack (commune)	Kaolack	Urban area	In Kaolack-city
Sagna (village)	Kaolack	Rural area	Kaffrine (18km)
Camp Navetane (commune)	Tambacounda	Urban area	In Tambacounda-city
Sinthiou Malem (village)	Tambacounda	Rural area	Tambacounda-city (25km)

Source: JICA Study Team

(2) Population

Demographic structure of the sites is shown in the table below. Total population of the sites in urban area was bigger than that in rural area. Touba Kaolack had 4,876 population and Camp Navetane had 9,530. In rural area, total population of Sinthiou Malem, that is 3,000 is much bigger than that of Sagna, that is 675.

Table 3.2.3 Population in the Pilot Sites

Pilot Site	Total Population	Male	Female
Touba Kaolack	4,876	2,290	2,586
Sagna	675	344	330
Camp Navetane	9,530	4,927	4,603
Sinthiou Malem	3,000	1,785	1,715

* Concession is regarded as a kinship group of plural households in a same site.

Source: JICA Study Team

Each site had an individual structure of ethnic group as shown in the table below. The Wolof was dominant in the sites of Kaolack region. The structures were more complicated in the sites of Tambacounda compared with that in Kaolack. Major group was the Pular and the Mnading in Camp Navetane and the Pular in Sinthiou Malem.

Table 3.2.4 Ethnic Group in the Pilot Sites (%)

Pilot Site	Wolof	Pular	Serer	Manding	Sarakhole	Diola	Others	Total
Touba Kaolack	58.3	18.3	16.7	1.7	-	<u>-</u>	5.0	100
Sagna	90.0	3.3	1.7	-	-	-	5.0	100
Camp Navetane	11.7	35.0	5.0	28.3	5.0	5.0	15.0	100
Sinthiou Malem	18.3	56.7	1.7	6.7	10.0	-	6.7	100

Source: JICA Study Team

(3) Employment Structure

Householders in urban area had more opportunities to get a salaried work compared with that in rural area as presented in the table below. The rate of salaried person was 21 % in Touba Kaolack and 36% in Camp Navetane. On the other hand, farmer was one of the major employments in rural area. About two third of households in Sagna and one third of that in Sinthou Malem depended on agriculture for getting daily staples and cash income. Small trader or shop stand was also one of the major employments in Sinthou Malem. Unemployment rate of householders was less than 5% in all the sites.

Table 3.2.5 Employment Structure of Householders in the Pilot Sites (%)

Pilot Site	Farmer Fisher	Salaried person	Craft person	Small trader Shop stand	Others No response	Unemployment	Total
Touba Kaolack	6.7	21.7	13.3	13.3	40.0	5.0	100
Sagna	68.0	4.5	1.5	6.1	16.7	3.0	100
Camp Navetane	5.0	36.7	1.7	18.3	36.7	1.7	100
Sinthiou Malem	30.8	1.5	6.2	32.3	27.7	1.5	100

Source: ЛСА Study Team

(4) Social Infrastructure

Table below shows the condition of facilities related to early childhood development in the sites. All the sites had a primary school at least. A health post existed in Sinthiou Malem only. The health post was under construction in Touba Kaolack and Camp Navetane. Sagna had no plan to establish a health facility. All the sites were equipped with water supply facilities such as tap water, public hydrant and well that were available to drinking water.

Table 3.2.6 Education, Health and Water Supply Facilities in the Proposed Sites

Pilot Site	Education	Health	Water supply
Touba Kaolack	Primary school (2)	Health Post under construction	Available to drinking water
Sagna	Primary school (1)	None	Available to drinking water
Camp Navetane	Primary school (2)	Health Post under construction	Available to drinking water
Sinthiou Malem	Primary school (1)	Health post	Available to drinking water

Source: JICA Study Team

(5) Characteristics and Plan for Each Site

Characteristics and placement for each site are listed as follows:

- In rural areas, the JICA Study Team selected one of the component villages of C/R in Kaolack(Sagna), while a capital village of C/R was selected in Tambacounda(Sinthiou Malem). By comparing these two sites, the JICA Study Team examined the influences of difference in size of society.
- Sagna was the only site that had no health facility. The JICA Study Team planed to place CTP, which had a function of health facility.

- As to the urban site of Tambacounda (Camp Navetane), the JICA Study Team planed to place it as a model site of association with handicap groups.
- Typical urban site was selected in Kaolack (Touba Kaolack) as an average suburbs of local city.

2.3 Participatory Workshop and Sensitization

2.3.1 Participatory Workshop Conducted

(1) Objective

- The first session: From February 14 to 18
- The second session: From February 28 to March 4

Objectives of the workshop were as summarized below.

- Explanation about function of a CTP
- Explanation about fee (at the first workshop) and confirmation of their comprehension about the fee (at the second workshop)
- Request to have discussion about CTP (the first workshop) and confirmation of results of the discussion (the second workshop)
- Question-answer session about CTP

During the workshops, the JICA Study Team presented material about organization and personnel, and collected information about the items listed below.

- To clarify the members of the organization in charge of CTP management
- To clarify the members of the CTP executing staff
- To clarify the shift system for children
- To clarify possible participation of the village to the construction of a CTP
- To clarify the result of the conference about micro project

2.3.2 Procedure and Results of Sensitization

(1) Procedure

At a selected site, the following actions were to be taken.

At every step, the action should not be forced by the government but harmonized by conversation with local people and flexibility should be respected. Especially, personnel selection and curriculum fitting should be considered on the basis of needs and people's

demand in due consideration of the difference between urban population and rural ones.

The objective of this stage was to clarify the role of a CTP for the people, cost sharing among the government, the project side and the local population, and to get a basic agreement of the population.

When explaining, it was dangerous to place a CTP as an educational facility for pre-school-age children. Especially in the rural areas, it was quite possible that the population did not agree to pay the fee because they already had difficulty in having their children go to primary school. Therefore, we needed another sensible approach. The JICA Study Team clarified to them that they left their children at the CTP in busy mornings and explained that a CTP includes also micro project activities as a new trial.

The JICA Study Team used a panel shown as a method for diffusing the project and made a handbook presented so that each sheet contains a picture story and the required comments.

This method of awareness raising was to exchange dialogue with people by questionanswer sessions. During the workshop, the JICA Study Team showed altitude for listening to animators and people to get their opinion.

At the same time, the workshop had been recorded on video tape, which will be arranged to be used as a teaching material.

(2) Results

It can be said that local community on people's understanding of the CTP has improved through the workshops.

All the four sites submitted the list of selected members, the list of children, the cooperation system for construction, tuition fee and the opinion about the micro project.

The JICA Study Team also recommended them to modify the contents of the submitted documents whenever there was any inconvenience.

When these documents were provided, living conditions, gender and percentage of ethnic groups were given much consideration.

As far as the micro project and tuition fee are concerned, no decision has been made yet.

2.4 Formulation of Implementing Organization and Staff Recruitment

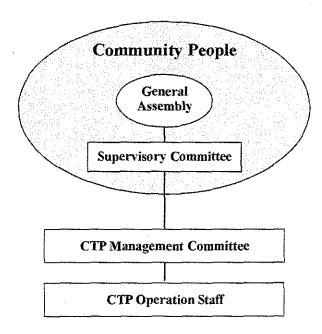
2.4.1 Supervisory Committee and CTP Management Committee

For sustainable development of CTP, appropriate organizations were to be established. Particularly in due consideration of the current financial situation of the government of Senegal, operation cost for CTP, apart from the initial investment, was to be largely borne by local people. The close connection between the CTP and local community was an important factor for sustainable management.

For this, the JICA Study Team proposed to set up an organization presented below as a grassroots organization for running the CTP.

- Supervisory Committee (S/C);
- Management Committee (M/C);
- Executing Organization of CTP

Structure of the overall implementing organization was as shown below. The CTP Executing Organization consisted of instructors, assistant mothers and some volunteer service staff. For the management of the CTP, the Management Committee was established. The Supervisory Committee supervised the operation of the CTP and provided coordination between the CTP Management Committee and local people.



(1) Supervisory Committee (S/C)

The Supervisory Committee was set up by inviting representatives of the related village/district. Main function of the Supervising Committee was to check overall

management of the CTP and to provide necessary coordination for the successful implementation of CTP. The General Assembly was being held inviting all the members of village/districts. The Supervisory Committee prepared an agenda regarding the activities of the CTP and presented to the General Assembly, which deliberated the management report, and operational and financial situation of the CTP. The financial report of the previous year and the budget were to be approved annually by the General Assembly. The Supervisory Committee was held every three months in principle and the committee was composed of about fifteen (15) members as listed below (example):

- Chief of the village/district;
- Representatives of the Women's Organization;
- Representatives from the village/district youth;
- Representatives of the local leaders living in the village/district (rural, municipal advisors);
- Representatives from the village/district notables;
- Representatives of the socio-professional groups (craftsmen, car drivers, traders);
- Headmaster of the elementary school;
- Chief nurse of the health post;

For the selection of the above members, the JICA Study Team suggested to pay special attention to the gender aspect and the share of the ethnic group.

(2) Management Committee (M/C)

The Management Committee was the management organization on CTP operation and its members were selected from the local population. The functions of the committee were to manage its operation, to control its finance and to report the management situation to the local people and to the General Assembly through the Supervisory Committee. Considering the important role in the operation of the CTP, regulations of the Management Committee were prepared. The regulations specified the role of each committee member, the account methods as well as its format and other related regulations were examined and modified according to the practical operation of CTP.

Since the framework of this committee is similar to that of the Water Control Committee, the local participants of the pilot project have no difficulty to follow.

The Management Committee is renewed every two year and is composed of the following members:

- One president,
- One vice president,
- One General Secretary,
- One Deputy Secretary,
- One Treasurer,
- One Deputy Treasurer

(3) Consideration for Selecting Committee Members/Participants

For selecting the members of the committee and the participants, the following aspects were fully considered.

1) Gender

The target of this project was the children of 0 to 6 years old. Consequently, the role of the mothers was very important and their opinions were to be reflected to the project. From this reason, the share of the women members was set to be more than 50%.

The member lists submitted by each CTP site indicated that their proportion seems appropriate.

2) Ethnic groups

As the community of the proposed sites was composed of several ethnic groups, it was important to consider their balance in the composition of the committee, and participants of CTP. Particularly, in Shinthiou Maleme, the rural area of Tambacounda, a careful racial composition was taken into account because of its complex proportion. The selected member list showed that the committee included all the ethnic groups.

3) Generation composition

Generation gap between the committee members and parents of the CTP children would make difficult in operation. Attention to the generation proportion of the committee members was dully paid.

(4) Training for Management Committee

Training materials

Operation Manual on the Management Committee was prepared for introducing the organized administration of the committee members. This will be used when the staff of the Ministry of Family and Early Childhood gives an introductory course to the member of the committee.

Teaching materials were prepared to help M/C members and for the staff of the Ministry of Family and Early Childhood. Besides, a video was also prepared to help the M/C members to learn.

The textbooks for local residents (CTP Management Committee Operation Manual, Case Studies, etc) were translated not only into French and English but also into Wolf and Pul.

2) Training and schedule

Preparatory meeting was held for training of Management Committee of CTP. Contents of the preparatory meeting were:

- To check the committee members and composition (proportion of men and women, race and generation)
- To inform the training schedule

The preparatory meeting was held on June 11-14 at each site where the members were verified and the training schedule was informed to them. The committee members at each site were finally determined.

Initial training toward the members of the Management Committee of CTP was conducted during June 25-30. In the initial training, case study on accounting was conducted for the four CTP.

<Case Study>

The members of CTP Management Committee helped them understand the activities of CTP. In addition the Case Study was conducted to teach accounting system to the members of CTP Management Committee. The participants were divided into two groups and they played a simulation game of practical accounting and material control.

Following to the initial training, the second training was planned in October before the opening of CTP.

3) Consideration for training

Through the implementation of the initial training, the following aspects were recognized as important points;

- After explanation, let the trainees express in public what they learnt.
- In the rural areas participants did not understand well what was written in the textbook written in French.
- Time for Q&A session shall be prepared.
- Allocating sufficient time for explanation was necessary.

2.4.2 Fee Structure and Management Cost

(1) Basic Principle

Basic principles for funding and operation of CTP were summarized below.

- Construction of CTP including minimum facilities and equipment was provided by the Government.
- Operation cost was to be borne by the local participate in principle.
- Tuition fee was to be imposed on the enrolment, which was considered as the main source of income for operation.
- Income was also expected from micro-project, which was to be considered supplemental income for operation.
- Tuition fee was to be set in due consideration of capacities to pay of the local population.

(2) Fee Charged to Children and Other Income

Regarding the financial contribution, the JICA Study Team duly considered the result of the consultation held by local population. The fee should be reasonably estimated by considering that all CTP running costs including electricity, water, stationary and salary of personnel and also capacity to pay of local people.

Collecting the tuition fee at each time when they come to CTP might be considered. It is frequent in Senegal that when people find the monthly charge expensive they hesitate to pay. Once somebody does not pay, another will claim it unfair and then even the rich will not pay, which will negatively affect sustainable operation of the CTP.

In Sagna, there was a proposal that a part of the tuition fees was paid in kind or 50kg of millet per year. This kind of payment method was to be taken into account for sustainability of the operation.

The fee structure proposed by each CTP site and the expected below

Table 3.2.7 Fee Structure for CTP

(FCFA)

	Touba Kaolack	Sagna	Camp Navetane	Shintiou Maleme
Entrance fee/year : In Cash				
0-2 years old	500	-	-	-
(20 children)	10,000		-	-
3-6 years old	2,500	500	1,000	500
(60 children)	150,000	30,000	60,000	30,000
Tuition fee to a child /month : In Cash				
0-2 years old	500	-	_	-
(20 children)	10,000	_	_	_
3-6 years old	1,000	500	2,000	1,000
(60 children)	60,000	30,000	120,000	60,000
In Kind :	-	Millet50kg/year/a child : Equivalent of =750,000 =FCFA 62,500/month	-	-
Total Income/month	70,000	92,500	120,000	60,000

Source: JICA Study Team

(3) Estimated Operation Cost and Comparison (monthly cost)

The operation cost consisted of salaries for the personnel of CTP, charges of water, electricity, gas, and expenses for stationary and office equipment. Estimated cost for the operation of the CTP was as follows:

Table 3.2.8 Estimated Operation Cost of CTP

(FCFA)

	Touba Kaolack	Sagna	Camp Navetane	Shintiou Maleme
Salary for Instructor (per person/month)	15,000	25,000	30,000	15,000
2 Instructor	30,000	50,000	60,000	30,000
Salary for Assistant Mother (per person/month)	10,000	10,000	15,000	10,000
2Female Instructor	20,000	20,000	30,000	20,000
Grandmother	*	5,000	*	*
Other expenses (per month)		<u>= </u>		
Electricity	5,000	0	5,000	3,000
Water	4,000	2,000	4,000	2,000
Gas	5,000	6,000	5,000	3,000
NAMES OF THE OWNER, ASSESSED TO PRODUCE A COMPANY OF THE PROPERTY OF THE PROPE	14,000	8,000	14,000	8,000
Total expenses (per month)	64,000	83,000	104,000	58,000

* Grandparents are voluntary

Source: JICA Study Team

On the basis of the projected income and the operation cost, financial sustainability of the CTPs was checked as below. As indicated, all the CTPs proved that their incomes covered the operation costs although the margin in Shintiou Maleme was quite small.

Table 3.2.9 Income and Cost Balance of CTP

(FCFA)

· · · · · · · · · · · · · · · · · · ·	Touba Kaolack	Sagna	Camp Navetane	Shinthiou Maleme
Total income (per month)	70,000	92,500	120,000	60,000
Total expenses (per month)	64,000	83,000	104,000	58,000
Balance (per month)	6,000	9,500	16,000	2,000

Source: JICA Study Team

As for other expendables, they were paid from tuition fees and the monthly balance.

2.4.3 Recruitment of the Executing Staff

Two instructors and two assistant mothers were recruited for each CTP as well as some grandmothers/grandfathers. Local people were recruited for the staff of the CTP, in principle, at the district level or village level depending on its location. Main objective was to involve the population in the operation and management of the facility, and also to contribute using local human resources. Recruitment was done in close collaboration with the population. Recruitment of women candidates was promoted as well as the candidate having experience in the fields of health, nutrition and early childhood care. Handicapped people were also included as the candidates.

The staff recruitment took steps as follows:

- To request the local community to select the candidates for instructor and assistant mother through Management Committee, based on the selection criteria shown in the table below.
- Candidates were confirmed by the JICA experts and MFEC counterparts on their qualifications as well as the availability for the 2 month training.
- The staff selection was finalized on mutual agreement among the local community, candidates and the JICA Study Team/MFEC.

Selection criteria and functions of the staff for the CTP are summarized in the following table.

Table 3.2.10 Selection Criteria and Functions of the CTP Staff

STAFF OF CTP	SELECTION CRITERIA	FUNCTIONS
INSTRUCTOR	To be holder of junior high school	
	diploma or have the level of last grade of junior high school	CTP and in that idea ensures proper operation of the facility on both
	of juntor riight school	administrative and pedagogical
	To be at least 20 years old	scales. He is responsible for
		discipline and provides support to the
	To enjoy good physical and moral health	other members of the team. He is
	To have good skills for child care	particularly in charge of children between 3 and 6
	To have good reputation	
		21
ASSISTANT MOTHER	To be a holder of primary school diploma	She is responsible for providing care to children between 0 and 2. In
	шрюна	addition, she will be responsible for
	To be 20 years old at least	cleaning the CTP
	To enjoy good physical and moral health	
	To have good skills for child care	
	To have good reputation	
GRANDMOTHER/ GRANDFATHER	To reside for a long time in the district of in the rural community	Grand mother (Grand father) will have to be involved at all levels, so
	of in the rule community	that to contribute to perpetuating of
	To have a good knowledge of the local environment (tales, traditions, proverbs,	tradition.
	traditional games)	
	To be physically available	
	To have good skills for child care	
	To have good reputation	•

2.4.4 Selection of Children for CTP

The capacity of the class room was 30 children (from 3 to 6 years old) per CTP. However, since more children wanted to come to CTP, two-shift system was examined. The two-shift system of morning and afternoon or a three-day system of a Monday-Wednesday-Friday group and a Tuesday-Thursday-Saturday group was planned to be introduced.

Selection of children was done in due consideration of the following aspects:

- Appropriate proportion of boys and girls

- Distribution of the ethnic group
- Priority given to handicapped children
- A real distribution of children

Considering the above factors, the list of candidate students was prepared by the local people, which was reviewed and finalized by the MFEC and JICA Study Team.

Numbers of children finally selected are or summarized below;

Table 3.2.11 Selection of Children for CTP

	2years		3years		4years		5years		6years		Total		
	Boys	Girl	Boys	Girl	Total								
Touba Kaolack	6	7	14	17	10	13	8	10	1	4	39	51	90
Sagna	0	0	6	9	8	7	8	7	3	11	25	35	60
Camp Navetane	3	3	10	17	20	14	10	10	0	3	43	47	90
Shintiou Maleme	6	5	15	8	14	10	9	5	5	3	49	31	80
Total	15	15	45	51	52	44	35	32	9	21	156	164	320

Source: JICA Study Team

It is noted that, in Camp Navetane, the urban site of Tambacounda, the Committee was not able to select children for CTP due to the complicated interests and asked to the MFEC for selection. Then, the MFEC conducted the selection paying attention not to taking more than one child per family.

Regarding the 0-2 years old children, it was planned that mothers having the targeted children were invited to receive health care and nutrition course. Touba Kaolack nominated 20 children (0-2 years old).

2.4.5 Aspects for Sustainable CTP Operation

(1) Good Communication

Good communication among the people concerned (staff of CTP, parents, members of Management Committee, Supervisory Committee and local residents) was indispensable. Through the general assembly and meetings of Management Committee, communication between the stakeholders and beneficiaries was promoted. An opinion box also was used for the residents to express their opinions freely.

(2) Transparent Account System

Since inappropriate accounting lost people's trust on CTP, a strict control and management was necessary. The account was planned to be audited monthly during monitoring which was to be finally approved by the general assembly.

(3) Cooperation with Volunteers

It took a lot of time for the instructors/assistant mothers to get accustomed to take care of 30 children. In addition, some local residents expected a two-shift operation of morning and afternoon which required the educators to work all day long. To reduce educator's work, participation of volunteers such as grandfathers and grandmothers was expected to assist the staff.

(4) Payment Method for Tuition Fee

For ensuring the income from the tuition fee, it was necessary to consider other collecting method; collection timing and payment in kind as proposed in Sagna. Collecting small fees daily for example, can help reducing their burden.

(5) Vacation of CTP

The Ministry of Family and Early Childhood expected that CTP was operated continuously without vacation. However, non-stop operation without change of CTP staff can be quite a burden even with assistance of volunteers. Two-week vacation in three months was proposed for the operation of CTP.

2.5 Proposed Curriculum

2.5.1 Proposed Concept

A new curriculum including holistic approach (education, health and nutrition) was drawn up and tested taking into account the previous achievements. The design of such holistic approach required building and strengthening the instructors' capacities in the field of education, and health and nutrition in accordance with the new orientations of the Ministry of Family and Early Childhood. The new curriculum was to promote 0-6 child's integrated and harmonious development by arranging an environment which fostered his affective, psychomotor, intellectual, sanitary and nutritional development.

Concept of the proposed curriculum for the CTP was as summarized below:

 Harmonious development and mixture of Japanese experience and Senegalese characteristics, and • Holistic approach on the basis of the past experience of kindergarten.

As explained later, training of instructors/assistant mothers was conducted on the basis of the proposed curriculum for about 2 months although it required 1-2 years in general. The proposed curriculum was still the draft one, which was to be reviewed and modified further during actual implementation of CTP.

2.5.2 Contents of the Curriculum

(1) Basic Principle

In the preschool, children are expected to acquire the sentiment, the will and appropriate behavior which constitute a foundation for future life. For preparation of the curriculum, the following five aspects are focused in due consideration of the above role of the preschool education.

- 1) Physical exercise and good behavior
 - To do physical exercise: to play outside and inside
 - To do daily activity
 - To learn health care (vaccination, nutrition etc.)
- 2) Cooperation with friends
 - To have friends
 - To learn good custom and behavior
 - To play and cooperate with friends
- 3) Natural environment and interest in quantity/shape
 - To learn natural environment: climate, season etc.
 - To learn plant and insects/animals
 - To cultivate vegetable/plant
 - To breed chicken/small animals
 - To learn quantity/volume and shape
- 4) Listen and speak
 - To listen talks of friends/instructors
 - To express intention
 - To so daily greetings
 - To learn language and fairy tales
- 5) Writing, drawing and singing
 - To express his idea by word, drawing, sound, etc.
 - To sing and play some instruments

To draw and to fabricate

(2) Language to be Used

The Wolf, the most common language in Senegal was planned to be used at CTP, in principle, with the following reasons:

- Non-Wolf people understand the Wolf better than any other languages.
- The Wolf is the most linguistically systemized language among local languages with available materials
- The French cannot be used as means of communication with children

However, in Shinthiou Maleme, where various ethnic groups coexist, translation from Wolf into their local language was required even in the meeting. It was, therefore, proposed to include other languages as well as the Wolf as the base language. To solve this matter, cooperation of volunteers such as grandfathers and grandmothers was planned at CTP. The mixture of languages provided an opportunity to learn the culture and language of different ethnic groups.

(3) Preparation of Guide Plan

The guide plan was a practical implementation plan considering all the conditions such as age of the children and their study period at CTP as well as the family and community situation of each child. As it was a practical plan, it must be prepared on the basis of the actual situation of each CTP. However, the guide plan was reviewed and modified during the actual implementation of the CTP. Guide plan to be proposed were:

- Annual plan with separated term plan
- Monthly plan with weekly target
- Daily program daily work plan

(4) Main Contents of the Curriculum

Main Contents of the Curriculum for the CTP were proposed follows:

Education

- Various kinds of activities
- Management of the groups
- Instructor's tools and educational objectives
- Practical activities
- Language and tales
- Music education, nursery rhymes and poems
- Psychomotor activities
- Graphic activities: graphics, drawing and painting

- Manual activities
- Logic and Mathematical activities

• Health care/Nutrition

- Type of food groups
- Cause of protein-energy malnutrition (PEM)
- Types of micronutrient deficiency disorders (Iron, Vitamin A, Iodine)
- Promotion of exclusive breastfeeding and appropriate complementary feeding
- Importance of growth monitoring
- Health and nutrition education
- Vaccination
- Control of diarrhoea, malaria and acute respiratory infections (ARI)
- Treatment of intestinal worms and skin parasites
- Prenatal care and diets for pregnant women
- Reproductive health, including family planning
- HIV/AIDS and other STDs

• Children's rights

- Equal Rights for boys and girls
- Right of a Family, Name and Nationality
- Right of survivorship and Development
- Right of Health
- Right of Education and Leisure
- Right of Healthy Environment
- Right of freedom of Expression, Organization and access to Information
- Right of Protection (Female Genital Mutilation-FGM-Sexual Exploitation)
- Child's duties toward his/her parents

2.6 Preparation of Training Materials

2.6.1 Operation Guide

The operation guide included regulation and operation policy indicated in Rules of CTP, as well as Record and Evaluation. Regarding the security education, there was no practice in the existing kindergarten and it was considered too early for introducing. However, it was understood that they became certainly important in early childhood education were to be. Therefore, articles about the security education were prepared for future.

(1) Rules of CTP

The rules for operating CTP were as follows. The educators discussed each subject at the training program examining possible accidents.

1) Rule of living

- Understanding of danger at CTP and security
- Understanding of danger before and after classes and on the way to/from CTP, and security
- Understanding of danger at field activities and security
- Report accidents and first aid
- Prevention from a theft, kidnapping and injury

2) Rule of traffic

- Comprehension of danger when walking on the street and cross the street
- Safety behavior when using traffic service
- Consideration on traffic safety of children and aged, handicapped and injured people

3) Safety from disaster

- Comprehension of danger of a fire
- Comprehension of danger of natural disaster

(2) Record and Evaluation

Record was prepared for children of CTP, based on which evaluation was made. The educators found out the change of each child and examine the reasons which made the change. The evaluation was to be used as a material to make better guidance. The following points were to be verified with the educators at the training program.

- Whether the contact by educator was adequate or not
- Composition of environment was suitable for children
- Objectives and contents of guidance were appropriate or not

2.6.2 Technical Manual

This manual contained guideline of living discipline, community approach and handicapped personnel.

(1) Guideline of Living Discipline

CTP was a place for children to have a collective life for the first time in their lives which gave them an ideal occasion to acquire the common sense. The educators guided the children for their living discipline paying attention to the points listed below:

- Hygiene
 - Wash hands before playing.
- Clean toilet
 - Keep the toilets clean, flush the toilet, wash hand and dry them.
- Put-in order
 - For the small children, the educators helped them put toys in order for the beginning, but let them do that by themselves gradually.
- Greeting and reply
 - Greet and answer to others naturally and brightly.
- Occasion for discussion
 Get accustomed to have a discussion for any small things, even short one.

(2) Community Approach

The local community played a very important role in respect of operation of CTP, human resources and finance. It was indispensable that the educators working for CTP kept close connection with the community as well as good relationship. Approach to the community was instructed at the training program for the educators. A training manual was prepared for the community approach.

The grandfathers and grandmothers were planned to participate to the pilot project. They told the children the local culture and stories which were transferred to the next generation.

(3) Handicapped Personnel

It was planned to have a relation with handicapped group and disabled children at CTP. However, there was little information about handicapped people and people had little knowledge about them. It was arranged that educators learnt more about handicapped children at the training program with the following points in mind:

- Increase contact with handicapped children
- Pay attention to barrier-free structure of the facility
- Prepare operational plan according to the characteristics of the handicapped children at CTP
- Organize occasions for discussions with the handicapped children
- Provide special course on handicapped for educators
- Get advice and consultation from medical organizations or specialists as the needs arise
- Inform about handicapped to the parents of the children of CTP.