Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)
### BASIC INFORMATION

#### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
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<tbody>
<tr>
<td>Senegal</td>
<td>P162354</td>
<td>Senegal - Additional Financing to the Social Safety Net Project</td>
<td>P133597</td>
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<table>
<thead>
<tr>
<th>Parent Project Name</th>
<th>Region</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
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<tr>
<td>Senegal Safety Net operation</td>
<td>AFRICA</td>
<td>24-Sep-2018</td>
<td>15-Nov-2018</td>
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<table>
<thead>
<tr>
<th>Practice Area (Lead)</th>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
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<tbody>
<tr>
<td>Social Protection &amp; Labor</td>
<td>Investment Project Financing</td>
<td>Republic of Senegal</td>
<td>General Delegation for Social Protection and National Solidarity (Delegation Generale à la Protection Sociale et à la Solidarité Nationale)</td>
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#### Proposed Development Objective(s) Parent

The development objectives of the proposed Project are to support the establishment of building blocks for the social safety net system and to provide targeted cash transfers to poor and vulnerable households.

#### Components

- Support to the Development of the Social Safety Net System
- Support to Targeted Cash Transfer Programs for Poor and Vulnerable Households

### PROJECT FINANCING DATA (US$, Millions)

#### SUMMARY

<table>
<thead>
<tr>
<th>Total Project Cost</th>
<th>57.00</th>
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<tbody>
<tr>
<td>Total Financing</td>
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of which IBRD/IDA 57.00
Financing Gap 0.00

DETAILS

World Bank Group Financing

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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<td>IDA Credit</td>
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Environmental Assessment Category

C-Not Required

‘Have the Safeguards oversight and clearance function been transferred to the Practice Manager?’ Yes

Decision

The review did authorize the team to appraise and negotiate
Country Context

Despite clear progress over the past decade, most Millennium Development Goals (MDG) will be difficult to achieve. Achievement of the first MDG on halving poverty is unlikely, and significant challenges remain in terms of poverty, malnutrition, health and education. The latest poverty estimate gives the incidence of poverty at 46.7 percent of the population in 2011. From 1994 to 2005, Gross Domestic Product (GDP) growth was around 4.6 percent per year, and poverty rates fell significantly, from 68 percent in 1994/95 to 48.5 percent in 2005. However, since 2005-06, repeated shocks have contributed to reducing per capita income growth to little more than the rate of population growth. Poverty only slightly decreased over the next 5 years, and reached 46.7 percent in 2011. Poverty remains concentrated in rural areas with a rate of 57 percent in 2011, more than twice the rate of 26 percent experienced in the urban part of the Dakar region. Poverty is associated with low education and large families. In 2011, 83 percent of the poor live in households with a non-educated head. Moreover, while 18 percent of households with less than 5 members are poor, this number is 60.8 percent for households with 20 members or more. Inequality remains moderate and has not worsened recently, but geographical disparities are pronounced and remain broadly unchanged.

Successive shocks have undermined growth, and many households remain highly vulnerable to idiosyncratic and exogenous (economic) shocks. Idiosyncratic shocks such as illness or death of the breadwinner affect up to one-third of households every year. And over half of households do not have specific coping mechanisms in place to mitigate the impact of such shocks. As a result, almost a quarter of households report tapping into savings in response to a shock, specifically in cases of health shocks (illness or death) and business failure. Households also frequently respond by selling assets, which can lock them into long-term poverty. Support from family members, both within and outside the country, provides a response to only a quarter of the experienced shocks. Exogenous economic shocks, such as rising prices or the global economic recession, have affected Senegal significantly, in part due to its small, open economy. Indeed, Senegal imports all its oil (which powers most of its electricity), 80 percent of its rice, and almost all its wheat. As an example, in 2007-2008, the price of rice in local markets tripled, and the price of other staples rose by an average of 30 percent.

There have been improvements in terms of nutrition, with stunting down to 16 percent and acute malnutrition at 9 percent among children in 2012.1 Recent estimates suggest high prevalence of children with low birth weights (The United Nations Children’s Fund (UNICEF) data suggest that 18 percent of infants are born with low birth weight). Anemia is also observed in 76 percent of children under the age of five, 58.6 percent of non-pregnant and non-lactating women, and 61 percent of pregnant women, while 25 percent of children under five are vitamin A deficient. Despite good coverage of primary schools around the country, around 1.6 million children are estimated to be currently out of school. Regional disparities in access and overall low quality of basic social services also remain a serious concern. In education, the primary gross enrollment rate in 2013 is around 93 percent, but the rate falls to 46.1 percent in the 1 SMART survey (2012) in Kaffrine region compared to 106 percent in Dakar. It will be difficult to reach the MDG on primary school completion, given the high level of repetition and dropout. In the health sector, little progress has been made on improving maternal
mortality, which remains at 392 for 100,000 births. The rate of births assisted by trained personnel has increased from 52 percent in 2005 to 65 percent in 2010, but remains low by international standards, in particular for the poorest (only 30 percent). Immunization rates have not increased substantially, and neonatal mortality is still high around 36 per thousand live births in 2010. While Senegal is likely to achieve the underfive-year child mortality MDG, it will certainly miss the maternal mortality MDG.

Sectoral and Institutional Context

The original project is progressing in a satisfactory manner towards its objectives. The objectives of the original project were to: (a) support the establishment of building blocks for the social safety net system; and (b) increase the access of poor and vulnerable households to targeted and adaptive cash transfers programs. It was organized around two components which matched these two objectives. At the time of the latest ISR (June 2018), the project was rated Satisfactory in terms of progress towards achievement of the PDO, project management, and the implementation of both components, and Moderately Satisfactory for overall implementation progress, Financial Management and Procurement. The project is in compliance with all covenants. The project has disbursed 80 percent of IDA funds (total of $40.50m) and 30 percent of funding from the Multi-Donor Trust Fund for Adaptive Social Protection (total of $11.05m). The trust fund included the implementation of several pilot projects which required a lot of preparation work, hence the lower disbursement rate.

In summary, with support from the Project, Senegal has made spectacular progress in establishing its social safety nets system since 2013. It now has one of the largest safety net programs in Africa in terms of population coverage, which is largely financed by the Government (85% of the cash transfers are financed from the government’s budget). The country has also invested in a unique national registry (Registre National Unique, RNU) which includes about the 30 percent poorest households nationwide, once again amongst the largest in Africa. An important feature of both the registry and the safety net program is that both cover all villages and neighborhoods in the country. Besides the national safety net program, the registry has become a channel to target other programs (including the national health insurance program) and the safety net program has become a channel to make payments (including the response to the drought since 2017). This is one of the fastest growing safety net systems in the world.

Overall, the government has put social protection at the heart of its development plan. The second pillar of the Plan Sénégal Emergent (PSE) focuses on the construction of a national social protection system to address chronic poverty and protect vulnerable households from shocks. This effort is also reflected in the national social protection strategy (first one elaborated in 2005, most recent strategy endorsed in 2017). At the heart of the strategy is the vision of a system which provides support to households and individuals, depending on their economic situation at different points of their lives and focusing on a range of aspects of poverty and vulnerability (poverty, old-age, shocks, health, etc.). Such national system requires mechanisms to ensure households can easily access the interventions they need at different points in time, and exit them as needed. These mechanisms include a national identity system, as well as tools to target households and reach them with the relevant services or transfers.

As a core instrument to the national social protection system, the Government has made a significant effort to develop a national targeting mechanism (RNU, National Unique Registry). The registry combines community-based targeting and the application of a survey to identify the poorest households. As of 2017, it includes 450,000 households. It is expanding to include all poor households in the country, with a new target of 550,000 households across the entire territory. In 2018, the RNU started the process of overall update of its information, starting in 4 regions and aiming for a total update of the remaining 10 regions by 2019. The RNU has a vocation to serve as the main entry point for social
programs targeting the poor, and currently serves to target the main safety net program (*Programme National de Bourses de Sécurité Familiale*, PNBSF), the universal health insurance (*Couverture Médicale Universelle*, CMU), and programs focused on response to food insecurity and resilience. The registry has led to high-quality targeting for the PNBSF, as 90 percent of households in the program are below the poverty line.

**Senegal’s main social safety net, the Programme National de Bourses de Sécurité Familiale (PNBSF), has been at the heart of the national poverty reduction strategy.** Launched in 2013, the program provides regular transfers and social promotion to the poorest 300,000 households nationwide, in all villages and neighborhood. It uses the RNU to identify its beneficiaries. The PNBSF recruited local NGOs, called social operators, in every region to implement the program’s activities – social promotion and payment. Through the social operators, the PNBSF has a network of 6000 community volunteers and 300 supervisors working full time for the program. This operational network, in addition to being necessary for the successful implementation of the PNBSF, is a unique opportunity for the broader social protection system. Indeed, other social programs can build on this architecture to deploy quickly and at lower costs, as was the case for the response to food insecurity in 2017. The PNBSF has become one of the largest cash transfer programs in Africa, covering about 20 percent of the population. International experience has demonstrated that such programs increase the quantity and quality of consumption; improve children’s nutritional intake, education and health outcomes; and increase expenditure towards productive activities that strengthen resilience. The impact evaluation of the PNBSF is ongoing and results should be out in 2020. In Senegal, direct transfer programs proved to be the most effective public intervention, with the highest impact on inequality and poverty: Spending one percent of GDP on it would reduce poverty by 3.5 percentage points.

**Since 2013, the government has also launched its Universal Health Insurance program (Couverture Maladie Universelle or CMU) and its Equity Card program (Carte d’Égalité des Chances – CEC).** The CMU aims to strengthen financial protection and reduce the impact of catastrophic health shocks on households. Premiums are heavily subsidized and the poorest households (identified in the RNU and beneficiaries of the PNBSF) and disabled people benefit from free premiums and copayments. Coverage has increased from 4 percent in 2010 to 16 percent in 2016 (2,256,000 individuals, about 65 percent of them beneficiaries of the PNBSF) and 19 per cent of the population in 2017. The CEC program targets 50,000 disabled individuals across the country, providing them with access to various services such as the CMU and cash transfers.

**In addition to its core safety net programs and health insurance system, the government is working to deploy a national strategy for a reliable and sustainable response to shocks.** Senegal is affected by regular climate shocks – with variations in intensity and localization, but with an annual cycle – and the Government has decided to setup a system to allow for an efficient response, which provides timely relief to those in need. In 2017, the government tested using the RNU to identify beneficiaries and distributing benefits through cash transfers (instead of food distribution) in two departments (this pilot was entirely funded through the Adaptive Social Protection Trust Fund under the parent Social Safety Net Project). Following this experience, the government adopted these changes and decided to promote harmonization (using cash transfers and the RNU), as well as a stronger institutional setup to coordinate all actors under the national plan. As a result, the RNU and cash transfers were used during a special operation to respond to food

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2 Quarterly cash transfers of 25,000 CFA (about US$50) per household, with recertification after 5 years.
3 Beegle, Coudouel and Monsalve (2018).
4 Direct transfers refer to the PNBSF, the national school-feeding program, and health care premium subsidies. Results extract from The Effect of Fiscal Policy on Inequality and Poverty in Senegal. Cabrera, Martinez, and Marzo. The World Bank 2017.
insecurity in Mattam in February 2018 and instructions were given to food security actors to use the same set up for the 2018 food security response.

C. Proposed Development Objective(s)

Original PDO
The development objectives of the proposed Project are to support the establishment of building blocks for the social safety net system and to provide targeted cash transfers to poor and vulnerable households.

Current PDO
The objectives of the Project are to: (a) support the establishment of building blocks for the social safety net system; and (b) increase the access of poor and vulnerable households to targeted and adaptive cash transfers programs.

Key Results
- 700,000 households registered in the Unique Registry
- 80% of the PNBSF beneficiaries live below the poverty line
- 2 complete updates of the RNU data are carried out
- 300,000 households are enrolled in the PNBSF
- 30,000 households benefit from temporary transfers
- 32,000 households benefit from productive cash transfers

D. Project Description

The Additional follows the structure of the parent project, and focuses on national large-scale systems, to contribute to the establishment of a sustainable and efficient national social safety net system in Senegal. It does so by promoting key national systems and instruments and supporting the implementation of cash transfer programs. The theory of change of the additional financing is described in the diagram presented below. The vision is to contribute to increased resilience, by promoting systems that increase programs' efficiency and supporting the national flagship safety net program (PNBSF) to maximize its impact. These goals are met by ensuring tools are available (including the RNU), institutions have increased capacity, and the flagship program manages household transitions and implements its social promotion activities efficiently. Finally, these outcomes are achieved through a series of activities focused on overall system's tools, the RNU systems and processes, the management of the PNBSF, the payment of transfers, and the strengthening of key aspects of program design and systems.

Component 1: Support to the Development of the Safety Net System (total of US$18.55 million, of which $8.80 million from ongoing project and 9.75 million from proposed additional financing)

The objective of the component is to develop and consolidate core tools of the national social safety net system, and promote their use by an increasing number of social programs. It has three proposed sub-components:
- Sub-component 1.1: Core Instruments and Operational Tools for the Social Safety Net System, focuses on developing or strengthening tools and incentivizing large social programs to use them to maximize their impact on poor households. Tools include, among others a system to address complaints and grievances, a strategy for the
deployment of safety nets in response to food insecurity, the social protection monitoring platform. It also supports activities to encourage actors to use central systems.

- Sub-component 1.2: Strengthening the Institutional Capacity of the DGPSN and management of the project focuses on the management of the project and the institutional support of the DGPSN, as well as activities to strengthen the capacity of key stakeholder of the social protection system. This sub-component’s name was slightly revised to reflect the inclusion of program management.

- Sub-component 1.3: Consolidation of the RNU, was created in the context of this additional financing to separate the activities related to the RNU (previously under 1.1), in order to recognize their prominence and to reflect the separate institutional setup (different direction within the implementing agency). It focuses on consolidating the RNU (National Unique Registry) through the improvement of its data quality, its institutionalization, its interoperability with other sectoral information systems, and its promotion to additional potential users in Senegal (including the program of agricultural subsidies and the disability program).

As a result of this component, we expect the RNU to have improved the quality of its data, to manage all its operations through its MIS, and to have a functional grievance and redress mechanism. We also expect social safety net programs to have improved their targeting, to use the central grievance mechanism, and to have tested the use of central tools. Finally, we expect the safety net system to be able to respond to shocks.

Component 2: Support to targeted cash transfer programs for poor and vulnerable households (total of US$60.0 million, of which US$42.75 million from ongoing project and US$47.25 million from proposed additional financing)

The objective of this component is to improve key features of the national transfer programs, particularly the PNBSF, in order to maximize their impact on beneficiaries. Indeed, while the PNBSF is fully functional and ensures regular payments to 300,000 beneficiary households, some aspects of the program have not been systematically implemented which has resulted in a number of inefficiencies that may affect its impact on beneficiaries. Also, this component will finance the cash transfers of pilot programs, such as shock response safety nets, productive safety nets, or cash transfers in lieu of agricultural subsidies. These pilots will feed directly into the consolidation of the safety nets system. Their results will be closely monitored and widely disseminated to encourage a longer-term commitment from the government on these other safety nets programs.

E. Implementation

Institutional and Implementation Arrangements

The Additional Financing will also be implemented using the same institutional arrangements as the parent project. However, the proposed additional financing includes the extension of the closing date, from June 30, 2019 to March 30, 2024, to provide the time required for the successful implementation of activities that establish national systems.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

As the parent project, the additional financing will have national coverage.
G. Environmental and Social Safeguards Specialists on the Team

Lucienne M. M'Baipor, Social Safeguards Specialist
Medou Lo, Environmental Safeguards Specialist

<table>
<thead>
<tr>
<th>SAFEGUARD POLICIES THAT MIGHT APPLY</th>
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<tr>
<td>Safeguard Policies</td>
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<tr>
<td>Environmental Assessment OP/BP 4.01</td>
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<td>Performance Standards for Private Sector Activities OP/BP 4.03</td>
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<td>Projects in Disputed Areas OP/BP 7.60</td>
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### KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

#### A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

   N/A

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

   N/A

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

   N/A

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

   N/A

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

   N/A

#### B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

#### C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)
CONTACT POINT

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Social Protection Specialist

Aline Coudouel
Lead Economist

Borrower/Client/Recipient

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Amadou Ba
Directeur de la Cooperation Economique et Financiere

Implementing Agencies

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Anta Sarr Diacko
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APPROVAL

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Solene Marie Paule Rougeaux
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Approved By

Safeguards Advisor:

Practice Manager/Manager:

Country Director: