
Senegal: Nutrition Profile

Background

Senegal averaged economic growth of 4 percent between 2000 and 2010 and only 3.3 percent since 2006, below the sub-Saharan average of 6 percent. Growth has been hindered by droughts, flooding, continued energy shortages, and substantial contraction in agricultural production as well as a weak investment climate, declining competitiveness, and feeble governance systems.¹ Poverty rates have barely declined from 48.3 percent in 2005 to 46.7 percent in 2011, and the poverty gap between rural areas (57.1 percent) and urban Dakar (26.1 percent) has widened. Agriculture employs 68 percent of the labor force but accounts for only 14 percent of the national GDP.² Senegal has great potential to increase its agriculture-led economic growth, which will be key to alleviating poverty. It has abundant land, motivated agricultural entrepreneurs, and access to international markets through a major port. Senegal has made mixed progress towards reaching the Millennium Development Goals (MDGs), making impressive gains in primary school enrollment and gender parity, and reducing child mortality by 40 percent in the past five years. However, it is not likely to reach the MDG goals of halving poverty and hunger, reducing maternal mortality by three-quarters, and reducing child mortality by two-thirds by 2015.

Nutrition Situation

Food insecurity and undernutrition remain critical challenges, exacerbated by lack of dietary diversity and yearly “hungry seasons.” About 282,000 households (18.8 percent), encompassing 2.5 million people, are food insecure. Regional disparities exist and are accentuated in rural areas (25.1 percent) versus urban (12.2 percent) and much worse in conflict-affected Casamance (Kolda, Sedhiou and Ziguinchor), as well as Kedougou and Matam regions.³ However, the prevalence of stunting is lower than the regional average, with less than a quarter of children stunted, and rates of stunting, wasting, and underweight have decreased between 2010 and 2013. Undernutrition persists as an underlying factor in Senegal’s high under five mortality rate, with 31 percent of all child deaths attributed to undernutrition.⁴ Senegal suffers from “hidden hunger”; micronutrient deficiencies are alarmingly high, as 71 percent of children under five,⁵ 54 percent of women of reproductive age, and 61 percent of pregnant women are anemic,⁶ which has a critical impact on the subsequent growth and development of young children. Regional variations in stunting mirror that of food insecurity, with 23 percent of all children under five stunted in rural areas and 13 percent in urban areas.⁵ Stunting is inversely related to education: 21 percent of children whose mothers have no education are stunted, compared to 15 percent of children whose mothers attained secondary or higher education.⁵

Senegal Nutrition Data		
Population	12.8 Million	
Population under 5 years of age (0-59 months)	2.1 Million	
	2010⁶	2012-13⁵
Prevalence of stunting among children under 5 (0-59 months)	27%	19%
Prevalence of underweight among children under 5 (0-59 months)	18%	16%
Prevalence of wasting among children under 5 (0-59 months)	10%	9%
Prevalence of anemia among children aged 6-59 months	76%	71%
Prevalence of anemia among women of reproductive age (15-49 years)	54%	n/a
Prevalence of thinness among women of reproductive age (15-49 years)	22%	n/a
Prevalence of children aged 0-5 months exclusively breastfed	39%	38%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	10%	65% (6-9 mo)

National Nutrition Policies

Senegal is strengthening its commitment to improve the nutrition and food security situation of its population. It is currently revising its National Nutrition Policy, a multi-sectoral strategic plan for 2013-2018 that will include a common results framework with a participative approach involving all relevant sectors. The Fight Against Malnutrition Unit (CLM) is a nutrition convening body established in the Prime Minister's Office. The CLM is implementing five programs that cover community nutrition targeted at children less than five years old; social transfers to mitigate negative impacts of food price increases; poverty and hunger reduction, oil and flour fortification; and salt iodization. Additionally, the National Agricultural Investment Program (2011–2015) focuses on poverty reduction by addressing hunger and malnutrition and integrating impact indicators on food security and nutrition.

In 2011 Senegal joined **Scaling Up Nutrition (SUN)**, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. Canada was nominated as the donor convener for SUN in February 2014.

Senegal signed a Comprehensive Africa Agriculture Development Programme (CAADP) Compact in 2009, setting a long-term vision for agricultural development as the primary driver of economic growth. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Senegal is already investing over 10% of its national budget to address agriculture and food security-related issues, surpassing the CAADP's target.

In June 2013, Senegal joined the New Alliance for Food Security and Nutrition, a partnership between African heads of state, corporate leaders, and G-8 members to accelerate implementation of CAADP strategies. Ten private sector companies (nine of them Senegalese) intend to invest over \$134.4 million in the agricultural sector, helping provide new market opportunities for smallholder farmers.

USAID Programs: Accelerating Progress in Nutrition

Senegal Nutrition Data				
Highlighted Bilateral Nutrition Projects in Senegal				
Project Name	Year Awarded	End Date	Objective	Funding Stream(s)
Yaajeende Agriculture and Nutrition Development Program for Food Security in Senegal	2010	2015	To improve the nutrition and health of the local populations by improving the “four pillars of food security:” availability, access, utilization and governance of food and food related resources.	DA, GHP-USAID
Community Health Program Component	2011	2016	To scale up the Government of Senegal’s integrated package of quality basic health services (maternal and child health, tuberculosis, malaria, family planning and Neglected Tropical Diseases) at the community level.	GHP-USAID
Health Services Improvement Program Component	2011	2016	To improve clinical/facility-based service delivery and expand the availability of the Government of Senegal’s integrated package of services.	GHP-USAID

The **Community Health Program Component (CHP)** is a national rural health services delivery project that uses “health huts” or rural community clinics as healthcare access points for maternal and child health, family planning, disease prevention, and nutrition. The CHP directly interfaces with the CLM and addresses all the nutrition-related portions of Senegal’s National Health Development Plan, and brings government-supported ENA activities to national scale. The CHP collaborates with Yaajeende in the establishment of community gardens at health huts and community agent (CNV) cross-training. In 2013 nutrition activities including growth monitoring and promotion , referral for severely malnourished children, and community follow-up of moderately malnourished children were conducted in all 14 regions of the country through 2,143 health huts and 1,647 community intervention sites, reaching 362,866 children under 5 in partnership with the *Programme de Renforcement de la Nutrition*.⁷

The **Health Services Improvement Program Component (HSI)** implemented by Intrahealth International and Helen Keller International (HKI), has established referral teams to manage acute malnutrition. The MOH’s nutrition and child survival unit developed national protocols and training tools for management of acute malnutrition, with support from UNICEF and HKI. The HSI component extends the ability of all providers to manage and refer acute malnutrition according to the national protocol. In particular, the HSI component ensures the availability of a district-level referral unit (of health center and/or hospital staff) capable of managing severe cases with complications and providing counter-referrals that offer feedback about case outcomes and the timeliness and accuracy of referrals. The component also tries to link with Feed the Future and other food security interventions to connect families with acute malnutrition to these services.

Feed the Future Progress

Feed the Future, the U.S. Government's global hunger and food security initiative, has a strategy encompassing five core investment areas: agriculture, nutrition, policy, infrastructure, and institutional capacity, and emphasizes agriculture as a driver of economic growth. Feed the Future focuses its rice activities in the Senegal River Valley, maize activities in the Southern Forest Zone, and fisheries activities in the Sine Saloum Delta.

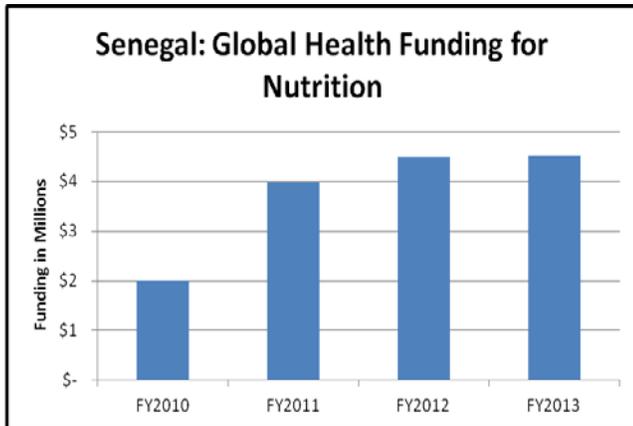
USAID/Senegal Feed the Future Targets by 2015

- Help an estimated 445,000 vulnerable Senegalese women, children and family members – mostly smallholder farmers – escape hunger and poverty
- More than 188,000 children will be reached with services to improve nutrition and prevent stunting and child mortality.
- Significant numbers of additional rural populations will achieve improved income and nutritional status from strategic policy engagement with institutional investments.

Senegal's Feed the Future portfolio integrates nutrition and agriculture through a flagship five-year project called **Yaajeende**, which aims to accelerate the participation of the very poor in rural economic growth, catalyze sustainable development within the agriculture sector, and improve the key pillars of food security—**access, availability, utilization and governance**. It is notable for its adaptive community-oriented design and Nutrition-Led Agriculture approach, and has completed more than three years of field implementation. Through the **availability** pillar, the project is developing bio-fortified varieties of millet, beans, and sweet potato, which will directly address micronutrient deficiencies including iron, zinc and vitamin A. It is also promoting adoption of conservation agriculture (CA) and Bio-Reclamation of Degraded Lands (BDL) techniques that put fallow, unfertile land back into productivity, growing micronutrient-rich foods such as okra, hibiscus, and moringa. In FY2013, USAID tripled CA project areas to 1,548 hectares and nearly doubled their BDL sites, now reclaiming a total of 80 hectares of depleted and unused lands for use by nearly 4,000 trained women to grow low-maintenance, nutrient-rich vegetable crops.⁷ This provides them with access to land for rainy season food production and income generation. Yaajeende also focuses on community, commercial, and school gardens; arboriculture; and production of wild fruits rich in vitamin C. Yaajeende partners with Heifer International to donate small livestock and poultry to vulnerable populations to improve nutrition and livelihoods.

For the **access** and **utilization** pillars, Yaajeende has created a network of trained Community-Based Solution Providers (CBSP) comprised of two types of community agents: 1) agricultural technicians (APS, *Agents Prestataires de Service*) who connect individuals with agricultural products, services, and information and 2) Community Nutrition Volunteers (CNVs), who focus on food-based nutrition interventions and water, sanitation, and hygiene promotion to improve nutrition and health. In 2013 CNVs organized 6,888 community meal events with 89,586 participants, 86 percent of whom were women. Yaajeende also enhanced its focus on the participation of women through Mother-to-Mother Groups, who receive agricultural inputs and conduct support groups for behavior change, holding 14,662 gatherings with almost 150,000 participants in 2013. The network of CNVs sell nutrition-related products such as water purification tablets, sachets of enriched flour, nutrient-rich fruit and fish powders, which attributed to a substantial earning for CBSPs. In addition, CNVs trained 3,492 women in flour fortification activities and several women's groups were organized to commercially produce enriched flour for the CNV networks.⁷

Finally, Yaajeende supports the **governance** pillar through strengthening local government and civil society capacity and partnerships to improve equitable food production and prevention of malnutrition.



Active Global Nutrition Mechanisms

The **Global Alliance for Improved Nutrition (GAIN)** has awarded USD 1.9 million to the CLM to fortify wheat flour and vegetable oil with iron, folic acid and vitamin A, a project implemented by the National Food Fortification Alliance (Cosfam). The project aims to reduce the prevalence of iron and vitamin A deficiencies by 30 percent by reaching 9.3 million people with fortified wheat flour and 8.7 million people with fortified vegetable oil.

Other USAID Nutrition-Related Development Assistance

Food for Peace is currently implementing an Emergency Food Security Program with the World Food Programme, reaching severely food-insecure people outside of the Casamance region via: 1) a \$1 million cash contribution towards unconditional cash/vouchers during the lean season; and 2) an in-kind contribution of 1,520 MT of rice for targeted food distribution, village cereal banks, and food for assets activities.

Senegal joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition.

References

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