Senegal: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Senegal, with 54 percent of women of reproductive age (ANSD [Sénégal], and ICF 2017), 56 percent of pregnant women (World Bank 2021), and 71 percent of children 6–59 months suffering from anemia, which impairs growth and development in young children (ANSD [Sénégal] and ICF 2018).

Background

Although stable and democratic, Senegal is one of the world’s least developed countries. The economy relies heavily on cash crops and fishing, both of which are vulnerable to climate change, insufficient food production, droughts, land degradation, and high food prices. Low resilience have exacerbated food insecurity and, during the 2020 lean season, it is expected that about 770,000 people will be food insecure (WFP 2020). Those living in urban areas have far better access to resources than those in rural areas; a quarter of people living in Dakar, the capital, are poor, while two-thirds of those living in the countryside are poor (World Bank 2018).

Economic growth in Senegal has been high, over 6 percent since 2014. Except for the agricultural sector, all other sectors supported growth in 2018. This makes Senegal one of the best performing economies in sub-Saharan Africa. This accelerated growth is due to support programs, robust external demand, and large infrastructure investments in the context of the Plan Senegal Emergent adopted by the Government of Senegal in 2014 (World Bank 2019).

Although there is a lack of current data, recent projections indicate that progress in poverty reduction has been modest, and that Senegal continues to display high rates of poverty at 47 percent (World Bank 2019). Senegal has the potential to greatly increase its economic growth through agriculture, which will be key to alleviating poverty. It has abundant land, a motivated group of agricultural entrepreneurs, and access to international markets through a major port (USAID 2018).

Senegal has a high fertility rate of 4.7 children per woman for age group 15–49, which is associated with its high rates of poverty and food insecurity (ANSD [Sénégal] and ICF 2019). Currently, Senegal ranks 124th out of 162 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019).

Nutrition and Food Security Situation

Food insecurity and undernutrition remain critical challenges, exacerbated by a lack of dietary diversity and failure to adhere to food safety; poor water, sanitation, and hygiene (WASH); and yearly hunger seasons. According to the World Food Program, 7.2 percent of people are food insecure, lacking available and adequate access to sufficient, safe, nutritious food to maintain a healthy and active life. Food insecurity in Senegal has distinct regional disparities, which is largely fueled by the concentration of resources and institutions in the Dakar region (WFP 2020).

Micronutrient deficiencies are alarmingly high with 71 percent of children 6–59 months being anemic (ANSD [Sénégal] and ICF 2018). The prevalence of stunting (having low height-for-age) is lower in Senegal than in many other West
African countries, at 18 percent of children under-five years, reaching its peak of 28 percent among children 18–23 months. Wasting or acute malnutrition (having low weight-for-height) affects 8 percent of children under. Among children 6–23 months, only 10 percent have been fed the minimum acceptable diet and 14 percent of children under five years of age are underweight. Forty-one percent of children 0–5 months are exclusively breastfed (ANSD [Sénégal] and ICF 2019).

Poor maternal nutrition, which is highly prevalent in Senegal, especially among adolescent girls, is associated with an intergenerational cycle of malnutrition and poverty. Fifty-four percent of women of reproductive age suffer from anemia. In addition, 22 percent of women 15–49 years are underweight (BMI < 18.5) and among adolescent girls 15–19 years, 35 percent are underweight (ANSD [Sénégal] and ICF 2018).

Childbearing begins early in Senegal. By age 19, 33 percent of adolescent girls had begun childbearing in 2019 (ANSD [Sénégal] and ICF 2019). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low-birth-weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers (ANSD [Sénégal] and ICF 2018).

Senegal is among other developing countries experiencing the double burden of malnutrition, with a high prevalence of both undernutrition and overweight/obesity (the overall prevalence of obesity was 6 percent in 2015 [ANSD 2016]). Twenty-one percent of women of reproductive age are overweight or obese, which can lead to increases in nutrition-associated chronic diseases, such as diabetes, hypertension, and cardiovascular conditions (ANSD [Sénégal] and ICF International 2011).

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<tr>
<th>Senegal Nutrition Data (DHS 2017 and 2019)</th>
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<tr>
<td>Population 2018 (UNICEF 2019)</td>
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<td>Population under 5 years of age (0–59 months) 2018 (UNICEF 2019)</td>
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<tr>
<td>Prevalence of stunting among children under 5 years (0–59 months)</td>
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<td>Prevalence of underweight among children under 5 years (0–59 months)</td>
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<td>Prevalence of wasting among children under 5 years (0–59 months)</td>
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<tr>
<td>Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)</td>
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<tr>
<td>Prevalence of anemia among children 6–59 months</td>
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<td>Prevalence of anemia among women of reproductive age (15–49 years)</td>
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<td>Prevalence of exclusively breastfed children 0–5 months</td>
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<td>Prevalence of exclusively breastfed children 4–5 months</td>
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<td>Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)</td>
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<td>Prevalence of breastfed children 6–23 months receiving minimum acceptable diet</td>
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<td>Prevalence of overweight/obesity among children under 5 years (0–59 months)</td>
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<td>Coverage of iron for pregnant women (for at least 90 days)</td>
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<td>Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)</td>
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<td>Percentage of households with iodized salt</td>
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*NA: Not Available
*Among all children born in the two years preceding the survey in 2010–2011 and among last-born children born in the two years preceding the 2016 survey.
Global and Regional Commitment to Nutrition and Agriculture

Senegal has made the following global and regional commitments to nutrition and agriculture:

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<th>Year of Commitment</th>
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<th>Description</th>
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<tr>
<td>2013</td>
<td>New Alliance for Food Security and Nutrition</td>
<td>New Alliance for Food Security and Nutrition is a partnership among African heads of state, corporate leaders, and G8 members to accelerate implementation of CAADP strategies. Ten private-sector companies (9 of them Senegalese) intend to invest over U.S.$134.4 million in the agricultural sector to help provide new market opportunities for small farmers.</td>
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<td>2012</td>
<td>Ending Preventable Child and Maternal Deaths: A Promise Renewed</td>
<td>Senegal pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (UNICEF 2017).</td>
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<td>2011</td>
<td>Scaling Up Nutrition (SUN) Movement</td>
<td>SUN is 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 is the donor convener for SUN in Senegal (SUN 2017).</td>
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<td>2009</td>
<td>Comprehensive Africa Agriculture Development Programme (CAADP) Compact</td>
<td>CAADP, an African-led program, brings together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Senegal invests over 10 percent of its national budget in addressing issues affecting agriculture and food security, surpassing the CAADP target.</td>
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National Nutrition Policies/Legislation, Strategies, and Initiatives

Senegal’s commitment to improving nutrition is outlined in the following documents:

- Strategic Multi-Sectoral Nutrition Plan (PSMN) (2016)

In 2011, Senegal established the Cellule de Lutte contre la Malnutrition (CLM), which is housed in the Office of the President and coordinates all nutrition relevant projects and overseeing policy implementation. The CLM prepared a National Nutrition Policy and Five Year Strategic Plan, which are being revised and will include a common results framework with a participatory approach involving all relevant sectors. Under the authority of the Prime Minister’s Office, the CLM implements various community nutrition programs targeting children under five years of age: social transfers to help families navigate food price increases, poverty and hunger reduction, oil and flour fortification, and salt iodization. An institutional analysis of the CLM has been conducted as part of the evaluation of the institutional and organizational capacities of the nutrition sector in Senegal and, as a result, consideration is being given to revising the CLM mandate (SUN 2017). In 2020, CLM was renamed to Le Conseil National de Développement de la Nutrition.

The Strategic Multi-Sectoral Nutrition Plan (PSMN) was finalized in 2016 following a participatory and inclusive process with locally elected officials, United Nations (UN) agencies, donors, and civil society, and included 12 sectoral action plans that are costed to guide the implementation and define the role of the actors. A parliamentarian network for improved nutrition has been established, whose members participated in an advocacy session on nutrition during Senegal’s 12th Parliamentary Session in April 2017, and during the awareness-raising day—United for Nutrition—held in June 2016 (SUN 2017).
The government’s budget allocation level toward nutrition remains stable. Using an advocacy guide created by members of the SUN civil society network (SUN 2017), the government and SUN civil society platform are continuing advocacy for an increase in allocated resources.

**USAID Programs: Accelerating Progress in Nutrition**

As of January 2021, the following USAID programs with a focus on nutrition were active in Senegal. The U.S. Government selected Senegal as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy. Feed the Future, the U.S. Government’s global hunger and food security initiative, emphasizes agriculture as a driver of economic growth through a strategy that encompasses five core investment areas: agriculture, nutrition, policy, infrastructure, and institutional capacity. In Senegal, Feed the Future supports rice activities in the Senegal River Valley, maize activities in the Southern Forest Zone, and fisheries activities in the Sine Saloum Delta.

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<th>Dates</th>
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<tr>
<td>Feed the Future Senegal Cultivating Nutrition (Kawolor)</td>
<td>2017–2022</td>
<td>The goal of the project is to improve nutrition in Feed the Future’s zone of influence by increasing access to diverse, nutritious, and safe food, along with adoption of nutrition and care practices, leading to consumption of healthy diets.</td>
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<td>Integrated Service Delivery and Social and Behavior Change Communication</td>
<td>2016–2021</td>
<td>The Integrated Service Delivery and Social and Behavior Change Communication (ISD-HB) activity is USAID’s flagship health services delivery program, supporting the scale-up of quality, integrated, evidence-based high-impact interventions to improve reproductive, maternal, newborn, child, and adolescent health and nutrition. Target areas include seven regions (Diourbel, Kedougou, Kolda, Matam, Saint Louis, Sedhiou, and Tambacounda) with a package of priority, high-impact reproductive, maternal, neonatal, and child health (RMNCH) services; direct funding to maintain and increase gains in RMNCH; and national coverage for malaria, family planning, and select health system strengthening activities.</td>
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<td>Peace Corps food security project (PAPA)</td>
<td>2018–2022</td>
<td>In partnership with Peace Corps Senegal, this project aims to increase the capacity of communities to promote their own food security. Activities include providing technical assistance to smallholder farmers for the cultivation of nutritious crops and the use of new technologies, building school gardens, and teaching nutrition to mothers of children under five.</td>
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<td>Senegal Water, Sanitation, and Hygiene Project (SENWASH)</td>
<td>2016–2021</td>
<td>The project’s goal is to improve the nutritional status of women and children by increasing access to water for multiple uses, increasing access to sanitation infrastructure, and improving hygiene practices in the most malnourished regions of Senegal. Specifically, the project aims to build a more sustainable, demand-driven model for water and sanitation service provision, encourage private investment in the water and sanitation sectors, improve the management capacity of local water users’ associations (ASUFOR) and government actors, and improve the institutional and government environment to support these efforts.</td>
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References

Agence Nationale de la Statistique et de la Demographie (ANSD) [Sénégal], and ICF International. 2011. Senegal Demographic and Health Survey 2010. Calverton, Maryland, USA: ANSD and ICF International.

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