



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 (Agence Nationale de la Statistique et de la Démographie [ANSD] [Sénégal] and ICF International 2011) and 66 percent of children under 5 years suffering from anemia, which impairs growth and development in young children (Agence Nationale de la Statistique et de la Démographie [ANSD] [Sénégal] and ICF 2017).

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. Harvest deficits in 2014 and 2015, triggered by recurring droughts and floods, resulted in the early onset of the lean season (when food is scarcer), severely weakening food security in northern and central Senegal (World Food Program 2017).

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 Food Program 2017). After decades of very modest economic growth, the Government of Senegal adopted the Plan Senegal Emergent (PSE) in 2014, which has accelerated growth to 6.5 percent in the past 2 years, making Senegal one of the best performing economies in Sub-Saharan Africa. This accelerated growth is due to a higher contribution from exports, whose volume increased by about 13 percent in 2016, mainly attributed to large contributions from the agriculture and industrial sectors (World Bank 2017).

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 2017). 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 2017).

Senegal has a high fertility rate of almost 5 children per women, which is associated with its high rates of poverty and food insecurity (ANSD and ICF 2017). Currently, Senegal ranks 119th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017).

Nutrition and Food Security Situation

Food insecurity and undernutrition remain critical challenges, exacerbated by lack of dietary diversity and failure to adhere to food safety; poor water, sanitation, and hygiene (WASH); and yearly hungry seasons. According to the World Food Program, 17 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. In urban areas, 9 percent of households are food insecure, compared to 21 percent in rural areas (World Food Program 2017).

Micronutrient deficiencies are alarmingly high with 66 percent of children under 5 years being anemic (ANSD and ICF 2017). The prevalence of chronic malnutrition (stunting or low height-for-age) is lower in Senegal than in many other West African countries, but still affects 17 percent of children under 5 years but reaching its peak of 23 percent among children 24–35 months. Poor complementary feeding, hygiene, and sanitation practices may contribute to stunting in this age group. 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 (ANSD and ICF International 2011). In addition, 22 percent of women 15–49 years are underweight (BMI < 18.5). Among adolescent girls 15–19 years, 35 percent are underweight. While national rates for stunting, wasting (acute malnutrition or low weight-for-height), and underweight decreased between 2010 and 2016, regional variations in stunting mirror those of food insecurity. At 20 percent, the rural stunting prevalence is almost double the 12 percent urban prevalence (ANSD and ICF 2017).

Childbearing begins early in Senegal. By age 19, 31.5 percent of adolescent girls had begun childbearing in 2016, which declined only slightly from 32.1 percent in 2010 (ANSD and ICF International 2011; ANSD and ICF 2017). 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 and ICF 2017). The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014). There is disparity in chronic undernutrition according to maternal education and wealth levels in Senegal—only 8.2 percent of children whose mothers have secondary education are stunted, while stunting rises to 19.7 percent for children whose mothers have no formal education. Similarly, 6.3 percent of children in the highest wealth quintile are stunted, while 25.6 percent of children in the lowest wealth quintile are stunted (ANSD and ICF 2017).

Senegal is among other developing countries experiencing the double burden of malnutrition, with high prevalence of both undernutrition and overweight/obesity. 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 and ICF International 2011).

Senegal Nutrition Data (DHS 2010–2011 and 2016)		
Population 2016 (UNICEF 2017)	15.4 million	
Population under 5 years of age (0–59 months) 2016 (UNICEF 2017)	2.5 million	
	DHS-MICS 2010*	DHS 2016*
Prevalence of stunting among children under 5 years (0–59 months)	27%	17%
Prevalence of underweight among children under 5 years (0–59 months)	18%	14%
Prevalence of wasting among children under 5 years (0–59 months)	10%	7%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	16%	NA
Prevalence of anemia among children 6–59 months	76%	66%
Prevalence of anemia among women of reproductive age (15–49 years)	54%	NA
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m ²)	22%	NA
Prevalence of thinness among adolescent girls (15–19 years)	35%	NA
Prevalence of exclusively breastfed children 0–5 months	39%	36%
Prevalence of exclusively breastfed children 4–5 months	19%	15%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	48%	29%
Prevalence of children who receive a pre-lacteal feed**	54%	61%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	9%	7%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	<1%	<1%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	21%	NA
Coverage of iron for pregnant women (for at least 90 days)	63%	NA
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	78%	77%
Percentage of children 6–59 months living in households with iodized salt	42%	63%

NA: Not Available

**Data from 2010 and 2016 were selected for comparison purposes.*

***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:

Year of Commitment	Name	Description
2013	New Alliance for Food Security and Nutrition	New Alliance for Food Security and Nutrition is a partnership among African heads of state, corporate leaders, and G-8 members to accelerate implementation of CAADP strategies. Ten private-sector companies (9 of them Senegalese) intend to invest over US\$134.4 million in the agricultural sector to help provide new market opportunities for small farmers.
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	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 (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	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).
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	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 invests over 10 percent of its national budget in addressing issues affecting agriculture and food security, surpassing the CAADP target.

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)
- National Nutrition Policy (2013–2018)

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 5: 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).

The Strategic Multi-Sectoral Nutrition Plan (PSMN) was finalized in 2016, following a participatory and inclusive process with locally-elected officials, UN agencies, donors, and civil society, and includes 12 sectoral action plans that are costed to guide the implementation and define the role of 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. The Government and SUN civil society platform are continuing advocacy for an increase in allocated resources, using an advocacy guide created by members of the SUN civil society network (SUN 2017).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, 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.

Selected Projects and Programs Incorporating Nutrition in Senegal		
Name	Dates	Description
Feed the Future Senegal Cultivating Nutrition	2017–2022	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.
Senegal Water, Sanitation, and Hygiene Project (SENWASH)	2016–2021	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.
Senegal Health Project	2016–2021	The project aims to reduce maternal, under-5, and neonatal mortality; increase the modern contraceptive prevalence rate; reduce unmet need for contraception; and reduce the prevalence of underweight in children under 5 years. Target areas include seven regions (Diourbel, Kedougou, Kolda, Matam, Saint Louis, Sedhiou, 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.
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