

# Nutrition Policy in Senegal



## What does this brief tell you?

This brief summarizes nutrition-relevant policies in Senegal.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors, and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

## Key messages

### Why was this brief developed?

- To strengthen understanding of the current direction of nutrition-relevant policy in Senegal and its implications. It was developed in response to partners' request and priorities.

### What are the key findings?

- Nutrition is featured most prominently in nutrition, food security, and social protection policies.
- Young children and women are the most frequently mentioned beneficiary groups.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 stunting and U5 wasting, and least on U5 overweight and low birth weight. One policy adopts all six WHA target values as its own.
- All policies point to the importance of multisectoral coordination.

### What are the policy recommendations?

- Address gaps and incoherence in future policies, as well as operational documents for existing policies.
- Prioritize and invest in strengthening multisectoral coordination mechanisms to maintain, improve, and extend achievements.
- Strengthen nutrition mainstreaming into future health, agriculture/livestock, education policies.
- Senegal is not on track to meet most of the WHA targets despite described coordination and scaling-up mechanisms. Leadership should be strengthened by clearly defining the roles of all actors at a higher hierarchical level with overall authority. A good synergy of implementation of actions across all relevant sectors will be necessary to achieve targets.

## The state of nutrition in Senegal

Senegal is on track to achieve the World Health Assembly (WHA) 2025 target on under five (U5) childhood overweight (2.3% in 2019<sup>i</sup>). But the country is not on track to meet the WHA targets on exclusive breastfeeding during the first 6 months of life (rose from 37.5% in 2012<sup>ii</sup> to 40.8% in 2019<sup>iii</sup>) or U5 stunting (fell from 26.7% in 2011<sup>iv</sup> to 17.9% in 2019<sup>v</sup>), despite improvements in the latter. Senegal has shown almost no progress on low birth weight since 2010 (19.3% in 2010 and 18.5% in 2015<sup>vi</sup>), while anemia in women of reproductive age (WRA) did not change between 2011 and 2017 (54%<sup>vii</sup>). Unfortunately, Senegal is not on track to achieve the WHA target on U5 wasting (8.1% in 2019<sup>viii</sup>). Beyond WHA targets, U5 anemia (71% in 2017<sup>ix</sup>) remains high, and vitamin A deficiency in U5 children was about 17.7% in 2010<sup>x</sup>. There is a double burden of underweight and overweight/obesity in the adult population: while 10.3% of WRA are thin (2016<sup>xi</sup>), overweight/obesity is rising, with 32.6% of women overweight/obese in 2011 and 37.4% in 2016<sup>xii</sup>.

## Current nutrition policy landscape in Senegal

Sixteen nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table 1**). They are in the areas of agriculture (n=5) including livestock (n=2), food security (n=2) and agriculture (n=1), nutrition (n=4), health (n=2), social protection (n=2), cross-cutting policies (n=2), and education (n=1).

The Plan Sénégal Emergent (PSE), which is one of the cross-cutting policies included in this brief, sets the overarching policy structure in Senegal, and has become the single repository in terms of public policy. The economic and social aspirations of this policy are reflected in three strategic axes that are operationalized through relevant sectoral policies, with objectives, priority lines of action, strategies, means of implementation and performance indicators. Most of the policies included in this note are mapped to the PSE. The PNDN (Politique Nationale de Développement de la Nutrition) is the benchmark nutrition policy which is operationalized by the PSMN (Plan Stratégique Multisectoriel de la Nutrition du Sénégal); both base their vision on a multisectoral and multidisciplinary approach. This principle of governance was initiated in 2001 with the creation by decree of the Unit to Fight against Malnutrition (Cellule de Lutte contre la Malnutrition; CLM) placed under the authority of the Prime Minister. The CLM became in late 2020, the 'Conseil National de Développement de la Nutrition' (CNDN) and is hosted by the General Secretariat of the Government located at the Presidency office. The CNDN (ex-CLM) is composed of its technical arm (Bureau Exécutif National; BEN), twelve relevant sectoral ministries and the private sector working around nutrition; and is the key multisectoral platform for political dialogue in favor of nutrition, showcasing the commitment of the Senegalese government toward nutrition and its mainstreaming toward sectoral policies. This note still refers to the CLM, as the CNDN was not yet formed at the time of our analysis.

**Table 1: List of nutrition-relevant national policies**

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	Document de Politique Nationale de Développement de la Nutrition	PNDN	2015	2025
2		Plan Stratégique Multisectoriel de la Nutrition du Sénégal	PSMNS	2018	2022
3		Lettre de politique de Nutrition	LPN	2001	Not Applicable
4		Plan stratégique COSFAM	PS-COSFAM	2017	2021
5	Health	Plan National de Développement Sanitaire et Social	PNDSS	2019	2028
6		Politique Nationale de Santé Communautaire	PNSC	2014	Not Applicable
7	Agriculture/ Élevage/ Sécurité alimentaire	Stratégie Nationale de Sécurité Alimentaire et de Résilience	SNSAR	2015	2035
8		Lettre de Politique Sectorielle de Développement de l'Agriculture	LPSDA	2019	2023
9		Lettre de Politique de Développement de L'Elevage	LPDE	2017	2021
10		Plan National de Développement de l'Elevage	PNDE	2016	Not Applicable
11		Priorités Résilience Pays-Sénégal	PRP-SN	2016	2025
12	Education	Document de politique de santé/nutrition/environnement dans le système éducatif	PSNESE	2015	Not Applicable
13	Cross-cutting	Plan Sénégal Emergent	PSE	2014	2035
14		Plan Sénégal Emergent-Plan d'Actions Prioritaires	PSE-PAP	2019	2023
15	Protection sociale	Document de Politique Nationale de Développement Intégré de la Petite Enfance au Sénégal	PNDIPE	2007	Not Applicable
16		Stratégie Nationale de Protection Sociale du Sénégal	SNPS	2015	2035

NA (Not Applicable)

## Methods

- All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).
- We obtained potentially relevant documents from a systematic search including pre-identified websites (e.g., relevant federal government ministries, United Nations agencies, and nongovernmental organizations), a Google search, reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation of the included policies. We screened identified documents (see Annex 1) against our eligibility criteria. Sixteen documents met our inclusion criteria. We used qualitative software for coding, data extraction, and content analysis of these documents.



## What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

All retained policies provide some nutrition context. This context is most comprehensive in nutrition, health, food security, and social protection policies. Across policy areas, the nutrition context focuses predominantly on the country level. All policies, except for the health, cross-cutting, and social protection policies, place Senegal in the regional or global context of nutrition-relevant goals. These include Senegal's adherence to the Sustainable Development Goals (SDGs), WHA 2025 targets, the African Union's agenda 2063, the Malabo Declaration, the Global Alliance for Resilience Initiative (AGIR), the SUN movement, and the REACH initiative. Policies in the areas of nutrition (n=2), health (n=1), food security (n=2), and social protection (n=1) and two cross-cutting policies recognize wide rural/urban and/or regional disparities in Senegal's nutrition context. Only three policies, in the area of food security, health, and nutrition, (PRP-SN, PNDSS, PSMN) present sex-disaggregated data.

Across policy areas, the focus is on undernutrition. Eight policies (PNDN, PSMN, LPDE, PNDE, PRP-SN, PS-COSFAM, LPN, PSNESE) present the context on micronutrient deficiencies, namely, vitamin A, iodine, iron, and zinc deficiencies. Six policies (PNDN, PSMN, PNDSS, PSE, PRP-SN, PSNESE) present information on noncommunicable diseases (NCDs), including diet-related NCDs such as diabetes and high blood pressure and their risk factors. Overweight/obesity

are featured in five of these policies (PNDN, PSMN, PSE, PRP-SN, PSNESE). Only one of these policies (PSE) frame overweight/obesity as a driver of diet-related NCDs. The role of nutrition in contributing to diet-related NCDs is not emphasized in the policies except in the LPN, which presents low birth weight as a factor associated with increased risk of diet-related NCDs in adulthood. Nutrition, health, and food security policies present a more holistic picture of nutrition problems than policies in other areas, although the SNPS (social protection) also has a relatively holistic nutrition context related to malnutrition drivers across rural/urban areas and socioeconomic quintiles.

Over half the policies in the areas of nutrition, health, food security, and social protection, as well as cross-cutting policies, outline causes (n=9) and/or consequences (n=9) of nutrition problems. Causes mentioned include inadequate infant and young child feeding (IYCF) practices, diseases, inadequate health services and care practices, poor diets, poverty, sociocultural norms, food insecurity, and insufficient access to drinking water and sanitation. Consequences include mortality, morbidity, reduced learning ability and academic performance, negative socioeconomic impacts, and poor individual development.

**Table 2** highlights policies that include the nutrition context on WHA indicators. U5 stunting, U5 wasting, and WRA anemia are most frequently included. Only two policies mentioned low birthweight, exclusive breastfeeding, or overweight. Apart from U5 stunting and U5 wasting, the WHA indicators mentioned are confined almost exclusively to nutrition, health,

and food security policies, with only one policy (PSMN) that adopted all six WHA targets as its own. The PRP-SN, a food security policy, mentions all but two of the WHA indicators in its nutrition context. Six policies (PS-COSFAM, PNSC, LPSDA, LPDE, PNDE, PSNESE) do not mention any WHA indicator

### Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites references) in all livestock policies and in nutrition (except the PS-COSFAM), social protection (SNPS, PNDIPE), and food security (PRP-SN) policies. The PNDSS (health) and the PSE-PAP (cross-cutting) policies also extensively cite nutrition evidence. No evidence is cited in the PNSC, PSNESE, and LPSDA policies. In the evidence-based policies, citations are predominantly for statistics rather than textual information. Cited data sources for evidence on the nutrition context in policies include household surveys (Demographic and Health Survey [DHS], Standardized Monitoring and Assessment of Relief and Transition [SMART] Survey), reports (Global Nutrition Report 2016; Joint Annual Review [RAC 2018]; Marc Néné, 2016), and research studies (2010 COSFAM/MI; 2013 *Lancet* series; Black et al., 2013). Evidence that is cited mainly relates to prevalence levels of nutrition problems and not to identified solutions. Most of the policies that present information on nutrition disparities and causes and consequences of nutrition problems cite references related to this information. Sex-disaggregated data in the PSMN and PNDSS are also cited.



## What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, all policies (except PNDSS) include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population) and, to a lesser degree, nutrition-sensitive content (e.g., reinforcing nutrition-sensitive food security interventions). More than half of policies do not report any nutrition indicator. Of those that do include **nutrition indicators**, all include outcome indicators (e.g., U5 stunting), while PSE and PS-COSFAM also include output indicators (e.g., proportion of U5 receiving nutrition services). In terms of nutrition problems, indicators focus on undernutrition and, to a lesser extent, micronutrient deficiencies. Only one policy (PSMN) features obesity as an NCD-related indicator and addresses both anemia and obesity in adolescents. No policy includes any disaggregated nutrition indicators. The least addressed WHA indicators in policies are U5 obesity, followed by WRA anemia and exclusive breastfeeding. **Planned nutrition activities** are detailed in 13 of the policies and across all policy areas, except for cross-cutting and agricultural policies. The PSMN, LPN, and PS-COSFAM (nutrition), PRP-SN (food security), and PNDIPE (social protection) present the most comprehensive range of nutrition activities. Of the 16 policies, only seven have sufficiently detailed budget information; six of these (all except the PNDSS) have a **budget for nutrition**. Content on **scaling up** focuses on mechanisms for piloting and

implementing the policy (e.g., guiding principles; use of new or existing committees to manage implementation and facilitate dialogue; leadership; advocacy and tools such as protocols; plans and strategies; sharing best practices). Nutrition features specifically in the scaling-up texts of all the nutrition, social protection, and education policies. Most of the policies (12) mention risks or challenges in scaling up, namely, physical insecurity, political disorder, poor governance, insufficient resources and capacities, uncertain or limited financial resources, and insufficient adherence to policies of key actors. At least one policy (SNPS) recognizes that transparency is a key challenge for scaling up and mentions that nonstate actors have a duty to ensure transparency and citizen control of public action.

### How do policies' targets align with the WHA 2025 Global Targets?







Table 2 shows four policies that include at least one of the WHA indicators in their nutrition indicators. There is only one (PSMN) that includes all WHA indicators. The target dates vary across policies (2022, 2023, and 2025). These targets, if met, would generally put Senegal on track to achieve or even surpass the WHA targets by 2025. There is, however, one policy (PRP-SN) with targets for U5 stunting and WRA anemia that, even if met, would not necessarily put Senegal on track to achieve the WHA targets by 2025.

### Is there coherence within policies?

Policies with nutrition objectives would be expected to include both nutrition indicators and planned nutrition activities, while policies without nutrition objectives would be expected to include neither. There are several instances, however, where this is not the case (see Table 2). Generally, though, this is

not due to a lack of coherence within policies but because a) they will address indicators and/or planned activities in a separate document or b) the objectives are broad and not explicitly linked to nutrition (while the indicators or planned activities are specific enough to make this link clear). There are, however, some cases of incoherence within different parts of the policies. First, populations targeted in nutrition objectives are not always the same as those targeted in nutrition indicators and/or planned nutrition activities. For example, the objectives of PSE-PAP cover the whole population, but the nutrition indicators focus on the U5 population. Second, problems featured in the policies' nutrition context are not always included in nutrition indicators. For example, the PRP-SN highlights that obesity and iodine deficiency in WRA and U5 vitamin A deficiency are nutrition problems in Senegal, but it does not include an indicator for any of them (despite including indicators for other nutrition problems identified in the policy and including nutrition objectives that could encompass these malnutrition issues). Third, despite the fact that the context section in nine policies highlights nutrition disparities, especially between regions and rural/urban areas, none of these specify that nutrition indicators should be disaggregated to capture the disparities identified. Finally, some policies fail to clearly define concepts (e.g., chronic and/or acute malnutrition) or age ranges for prevalence indicators.

**Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; Key scaling-up mechanisms**








NR	Area	Acronym	Nutrition context on WHA indicators <sup>1</sup>	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators <sup>2</sup>	Planned nutrition activities	Budget for nutrition <sup>3</sup>	Key scaling-up mechanisms
1	Nutrition	PNDN		✓	✓	X	✓	NA	Institutionalization of multisectoral approach; Governance; Decentralization; Resource mobilization; Challenges to scale up (funding, governance); Capacity building; Advocacy; Institutional communication; Operational research/action research; Nutrition mainstreaming in all relevant sectors; Political dialogue around nutrition; Community approach (engage communities)
2		PSMNS		✓	✓		✓	✓	Guiding principles for implementation at scale; Institutional positioning; Governance; Nutrition mainstreaming in all relevant sectors; Resource mobilization; Capacity building; Risks and challenges to scale up (institutional risks, sustainable funding, organizational and operational risks, exogenous political or natural risks); Multisectoral approach; Decentralization; Engage community; Nutrition research and innovation; Sectoral dialogue; Institutional communication; Advocacy; Global and regional commitments (e.g., SUN Movement, WHA 2025 targets, Global Nutrition for Growth Compact; Second International Conference on Nutrition [ICN2] in 2014; Malabo Declaration of 2014; REACH initiative, SDG2); Tools (e.g., M&E framework)
3		LPN		✓	X	X	✓	NA	Guiding principles for implementation at scale; Institutionalization of multisectoral approach; Decentralization; Engage community/appropriation; Capacity building; promotion of research in nutrition
4		PS-COSFAM	X	✓	✓	X	✓	✓	Guiding principles for implementation at scale; Sharing best practices; Governance; Resource mobilization; Multisectoral coordination; Standardization and Legislation; Mass communication
5	Health	PNDSS		X	X	X	✓	±	Guiding principles for implementation at scale; Standardization and legislation; Governance; Institutional communication; Decentralization; Capacity building; Community involvement through mutual health insurance; Strengthening of advanced strategies; Resource mobilization
6		PNSC	X	✓	X	X	✓	NA	Focus on challenges to scaling up (institutional frameworks/insufficient consideration of the community level in health system; insufficient engagement of health professionals on community health; improve management and leadership at community level; improve harmonization of interventions, improve coordination mechanism; improve governance of community health; lack of mechanisms for achievements sustainability); Guiding principles for implementation at scale; Advocacy; Enhancement community participation; Capacity building for community actors; Promotion of multisectoral collaboration; Funding; Motivation of community health actors
7	Agriculture/ Livestock/ Food security	SNSAR		✓	X	X	✓	✓	Focus on challenges to scaling up (governance, decentralization, institutional frameworks for consultation and management, improved monitoring, strong adhesion of local communities); Institutional coordination mechanism; Leadership; Sectoral dialogue bodies; Resource mobilization mechanism; Mass and proximity communication through all levels and across all actors
8		LPSDA	X	✓	X	X	X	NA	Focus on challenges to scaling up (actors' capacity building, improved access to adapted innovative funding using digital technologies, manage agricultural risks, improve access to infrastructure, establish a reasoned and sustainable mechanization policy, research and innovation); Increasing budget; Improved institutional governance

<sup>1</sup> U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

<sup>2</sup> U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

<sup>3</sup> Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.



NR	Area	Acronym	Nutrition context on WHA indicators <sup>1</sup>	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators <sup>2</sup>	Planned nutrition activities	Budget for nutrition <sup>3</sup>	Key scaling-up mechanisms
9		LPDE	X	✓	X	X	✓	NA	Strengthening of the institutional framework for intervention; Enabling environment for sustainable development of animal production systems; Multisectoral coordination approach; Program specific action plans; Risks to scaling up
10		PNDE	X	✓	X	X	✓	✓	Strengthening of the institutional framework for intervention; Enabling environment for sustainable development of animal production systems; Multisectoral coordination approach; Program specific action plans; Risks to scaling up
11		PRP-SN		✓	✓		✓	✓	Guiding principles for implementation at scale; Inclusive country dialogues; Multisectoral coordination approach; Focus on challenges for scaling up (institutional governance, resources mobilization, information system, communication)
12	Education	PSNESE	X	✓	X	X	✓	NA	Focus on key challenges and priorities (improve the quality of educational offers; educational offer not very inclusive/insufficient/inappropriate; poorly performing governance of education and training) Decentralization; Operational research/action research; Strengthening of the institutional structures; Resource mobilization
13	Cross-cutting	PSE		✓	✓	X	X	NA	Guiding principles for implementation at scale; Focus on challenges and risks for policy success (insufficient resources mobilization, institutional and political uncertainties, disturbances in international environment)
14		PSE-PAP		✓	✓		X	✓	Guiding principles for implementation at scale; Challenges; Opportunities to strengthen the process; Focus on risks to scaling up (governance, insufficient resources mobilization, lack of adherence, security threat, global political uncertainty)
15	Social protection	PNDIPE		✓	X	X	✓	NA	Guiding principles for implementation at scale; Establishment of an institutional framework and funding mechanism; Capacity building; Advocacy; Social Mobilization; Decentralization; Operational research/action research; Focus on challenges/issues (ambiguous perception of the care of young children, insufficient support for toddlers, poor integration of interventions for young children, low involvement of parents and families, poor protection of children); Other institutional aspects related to main sources of dysfunction (predominance of sectoral approaches, breakdown of decision-making and action centers; Lack of harmonized management of interventions; Scattering of resources)
16		SNPS		✓	✓		✓	NA	Legislation; Regulation; Improve institutional governance; Decentralization; Leadership; Sustainable funding mechanisms; Scaling up existing programs; Risks to scaling up

<sup>1</sup> U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

<sup>2</sup> U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

<sup>3</sup> Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.

 U5 STUNTING  WRA ANAEMIA  LOW BIRTH WEIGHT  U5 OVERWEIGHT  EXCLUSIVE BREASTFEEDING  U5 WASTING



## Who are the key people and organizations targeted by and responsible for these policies?

### Which target groups are the focus of nutrition context?

The nutrition context in most policies contains information on the general population. Children and then women are the groups that feature most often in the nutrition context. Adolescents are only mentioned in one policy (PRP-SN), and the elderly are mentioned only in two (PNDSS, LPN). Just two policies (PSMN, PNDSS) specifically mention men in their nutrition context, namely, with relation to men's vulnerability to diabetes).

### Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary by area. Overall, the most frequent primary beneficiaries include the general Senegalese population, children (including U5 and infants), and women (especially mothers and WRA). Other primary beneficiaries include community actors, rural/vulnerable households, producers/farmers, and herders. Ten policies—across all policy areas except education and social protection—include youth/young people/adolescents as beneficiaries, though not as primary beneficiaries. Elderly people are mentioned in seven policies; men are mentioned in four. Beside the focus of the agricultural policies on rural areas, no policies detail geographic areas of focus (e.g., regions) for targeting beneficiaries.

### Who are the actors?

All policies explicitly mention at least one actor involved in policy development, although few have an exhaustive list of actors engaged in this role. National government is most often mentioned (n=16), followed by civil society/NGOs/technical and financial partners (n=7), local government (n=5), and the private sector (n=4). As shown in **Table 3**, the national government is a primary actor for all policies. Half of the nutrition, livestock, resilience, social protection, education, and cross-cutting policies have many types of actors involved in various roles, while health policies detail extensive roles primarily for the national government. The CLM, with the technical leadership of the BEN, is the lead state actor for nutrition policies; however, many other sectoral ministries (specifically, those to which the 12 sector members of the CLM belong), and the private sector are cited as being involved. For example, the PSMN recognizes the nutrition role of ministries across various sectors through its institutional framework for implementation, and identifies nutrition objectives, indicators, and activities that these actors will lead/contribute to. Almost all policies include local governments (i.e., regions, departments, communes) as actors. Communities are featured as actors in all policy areas except for agriculture; and almost half (seven) of policies see communities as actors through financing (e.g., paying for health services).

### Is there multisectoral coordination mentioned in the policy?

The importance of multisectoral coordination is highlighted across all policies and policy areas. Coordination mechanisms include multi-actor and -sector committees and working groups; documents

and tools; workshops and events; annual sector review meetings; the use of sectoral policies; and government leadership to ensure coherent action. For example, nutrition policies point to the CLM as the key coordination platform across the 12 relevant sectoral ministries. Half of the policies, from all policy areas except agriculture, livestock, and education, highlight challenges associated with multisectoral coordination, which center around a high number of actors, predominance of sectoral approaches, lack of leadership/synergy, multiple policy frameworks and priorities, and weak involvement of certain actors. For example, SNSAR highlights that the main obstacle to Senegal's food security policy success is the complexity of its governance amid its transversal and multisectoral nature, which gathers multiple actors with conflicting roles and priorities. Nevertheless, several policies point to the integration of a multisectoral approach as a mechanism for scaling up. More than half clearly mentioned the strength of multisectoral coordination as necessary for policy success. The PSMN highlights that the institutionalization of the multisectoral approach was initiated in 2002 with creation of the CLM. This milestone is considered to be the beginning of the current phase of policymaking, which is focused on strengthening all of Senegal's achievements thus far.



**Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms**

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles*					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	PNDN	Women (including WRA); Children (including U5)	Adolescents; Elderly; General population; Communities; Health structures/agents; Academic actors (students, teachers); Agriculture, fishery, livestock and environment sectors; Nutrition actors; Local communes	1,2,3,4	1,4	1	1,4	1,4	State (CLM)	✓
2		PSMNS	Women (including WRA); Children (including U5)	Adolescents; Elderly; Youth; Adults; General population; Vulnerable groups and households; Health structures/agents; Academic actors (students, teachers, researchers); Industries (including SMLs); Producer organizations; Implementation agencies; Administrative authorities; Local communes	1,2,3,4	1,4	1	1,4	1,4	State (CLM with many other actors; private sector; civil society, local communes)	✓
3		LPN	Women; Children	Global population; Elderly; Adults; Community actors (including community leaders, health workers, community relays, educators, and teachers); Schools/academic actors; NGOs; Civil society; Local communes	1,2,3,4	1,4	1,4	1	1,4	State (CLM, with relevant ministries; local communes; CSAs, NGOs, and partners)	✓
4		PS-COSFAM	Households; Women (including WRA); Children (including U5)	Industrialists; Local producers; Local importers and distributors; Normalization and regulatory agencies; Researchers; Laboratories; Communications and social marketing agencies; Consumer associations; CBOs and opinion leaders; Community relays	1,2,3,4		1	1,2,3,4	1,2,3,4	State (CLM, COSFAM); Private sector; Civil society; Consumer associations; Development partners; NGOs	✓
5	Health	PNDSS	General population	U5; Women; Adolescents; Communities; Specific vulnerable groups (Talibé, people with disabilities, PLHIV, Elderly)	1,2,3,4	1,4	1,4	1,4	1,4	State (MoH)	✓
6		PNSC	U5, WRA; Community actors	Communities	1,2,3,4	1,2,3,4	1,2,3,4	1,4	1,4	MoH (Community Health Unit, Poste de santé); Local communes; Community actors	✓

\* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles*					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
7	Agriculture/ Livestock/ Food security	SNSAR	General population	U5, Women (including WRA), Children, Youth; Elderly; Rural populations; People living with disabilities; Vulnerable populations; Communities	1,2,3,4	1,4	2	1,4	1	State (with important roles for civil society, technical and financial partners, private sector, and local communes [ <i>collectivités territoriales</i> ])	✓
8		LPSDA	General population	Rural populations; Women; Young people; Farmers' organizations; Administrative staff	1,2,3,4			1	1,3,4	Sate (Ministry of Agriculture and Rural Equipment)	✓
9		LPDE	Herders and agro-pastoralists; Producers; Pastoral households	Men; Women; Young people; Population	1,2,3,4	1,4	1	1,2	1,2,4	Sate (Ministry of Agriculture and Rural Equipment); local communes ( <i>Collectivités territoriales</i> ); Nonstate organizations and partners; Private sector	✓
10		PNDE	Herders; Producers/rural actors	Men; Women; Young people; Population; Administrative staff	1,2,3,4	1,4	1	1	1,3,4	State; producer organizations; Consumer associations; International organizations; NGOs	✓
11		PRP-SN	Vulnerable households/populations; Most vulnerable areas	U5; Women, including and WRA; Schools; Youth; Disabled or chronically ill people; Widow; Elderly; Agricultural producers; Institutional actors involved in implementation	1,2,3,4	1,2	2,3	1,2	1,2,4	State (with many roles for all other actors)	✓
12	Education	PSNESE	Preschool children; children in <i>Daaras</i>	Schools; School Medical Inspections; Learners; Staff of decentralized structures; Orphans and vulnerable children in school area;	1,2,3,4	1,3,4	1,2,3,4	4	1,4	Ministry of Education (School Medical Control Division [DCMS], Inspections of Academy [IA], Inspections of Education and Training [IEF]); Local communes	✓
13	Cross-cutting	PSE	General population (including vulnerable populations)	U5; Women (including WRA and rural women), Men; Students; People living with HIV; Senegalese in the diaspora; Households; Health agents; Administrative agents	1,2,3,4	1,2,3,4	4	1,4	1,4	State	✓
14		PSE-PAP	General population (all Senegalese)	Children, Young people (including young girls); Women; Workers; Households; Local communities ( <i>collectivités locales</i> ); Entrepreneurs; Academic actors	1,2,3,4	1,2,3,4	1	1,2,4	1,2,4	State (with important roles for PTF and private sector)	✓
15	Social protection	PNDIPE	Young children (including U5, children 5–8 years)	Women (including WRA); Adolescents; caregivers; Staff from DIPE (versatile animators, preschool educators, directors of DIPE); Children; Parents and family; Koranic school ( <i>daaras</i> ); Nurseries and community daycares; Communities; Community leaders; Disabled/Orphans; Children; Health staff; Targeted ministries; National Assembly; International organizations; NGOs	1,2,3,4	1,2,3,4	4	1	1,3,4	State (National Agency for Early Childhood and Very Little Children); Local communes; Technical and financial partners	✓
16		SNPS	Children in preschool, primary and <i>daara</i> ; Vulnerable groups; Households in extreme poverty; Female employees; People with disabilities; Elderly	Employees; Entrepreneurs; Retirees; Working age people; Victims of shocks and disasters	1,2,3,4	1,4	2,4	1,2	1,2,4	State as lead (with important roles for civil society, technical and financial partners, private sector, and local communes [ <i>collectivités territoriales</i> ])	✓

\* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



## What are the monitoring, evaluation, and accountability mechanisms?

All policies mention **monitoring and evaluation (M&E)**, with most containing a dedicated M&E section or framework. Some policies, such as PNDSS, PSE, and SNPS, contain very detailed M&E information. Many partners tend to be involved in M&E, although policies generally designate a lead actor. M&E activities include data collection and monitoring of the policy's indicators; establishment of databases and information systems; regular reporting; reviews; and formative and final evaluations. **Accountability mechanisms** are also mentioned in most policies. They include accountability as a guiding principle, use of M&E to identify progress and needed improvements (for instance, results-based management as part of M&E system); technical committees and dialogue frameworks to propose course corrections and monitor progress toward action plans; regular progress reviews; audits and quality control; and ensuring that effective accountability mechanisms are in place at all levels.

## Gaps and recommendations

This policy note is intended to inform national decisions makers, policymakers and a wider audience including implementing partners across all relevant nutrition sectors. Its analysis can help to better understand gaps and incoherence within existing policies. Furthermore, the recommendations emanating from this analysis can inform revisions of existing or the development of new nutrition-relevant

policies to improve impact on nutrition in their country.

### Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

The analysis above highlights a number of gaps and incoherencies in current nutrition-relevant policy in Senegal. Future policies or revisions thereof could:

- Invest more in inclusion of certain population groups, particularly elderly and adolescents. The policies we assessed provide limited nutrition context information on the elderly and adolescents. Even if these groups do feature among targeted beneficiaries in seven and ten policies, respectively, nutrition indicators for these groups are not included in the policies. Only one policy (PSMN) specified an indicator for adolescents. Men are featured specifically in only two policies' nutrition contexts and named as targeted beneficiaries in only four policies. Those policies can gain a lot by including indicators on elderly and adolescents, as well as considering men's/fathers' important role in IYCF practices (see NSBCCS) - their inclusion is essential for policies addressing children's nutrition.
- Extend the use of evidence to interventions rather than limiting the evidence base to prevalence levels of nutrition problems in order to better guide implementation of (cost-)effective interventions.
- Better define concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators. Ideally, indicators are also disaggregated by gender, geographic area and between urban and rural settings to capture the disparities identified in a policy's context analysis and to ensure effective progress tracking.

- Ensure that nutrition context, objectives, indicators, and/ or activities align, both in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups).
- Invest in ending malnutrition in all its forms in Senegal, which would require more attention to including overweight/obesity.
- Ensure transparency and citizen control of public action. Transparency is recognized as a key challenge for scaling up, so the government, with support from nonstate actors, could invest in continuing to monitor transparency closely.

### Recommendation 2: Continue to invest in strong multisectoral coordination.

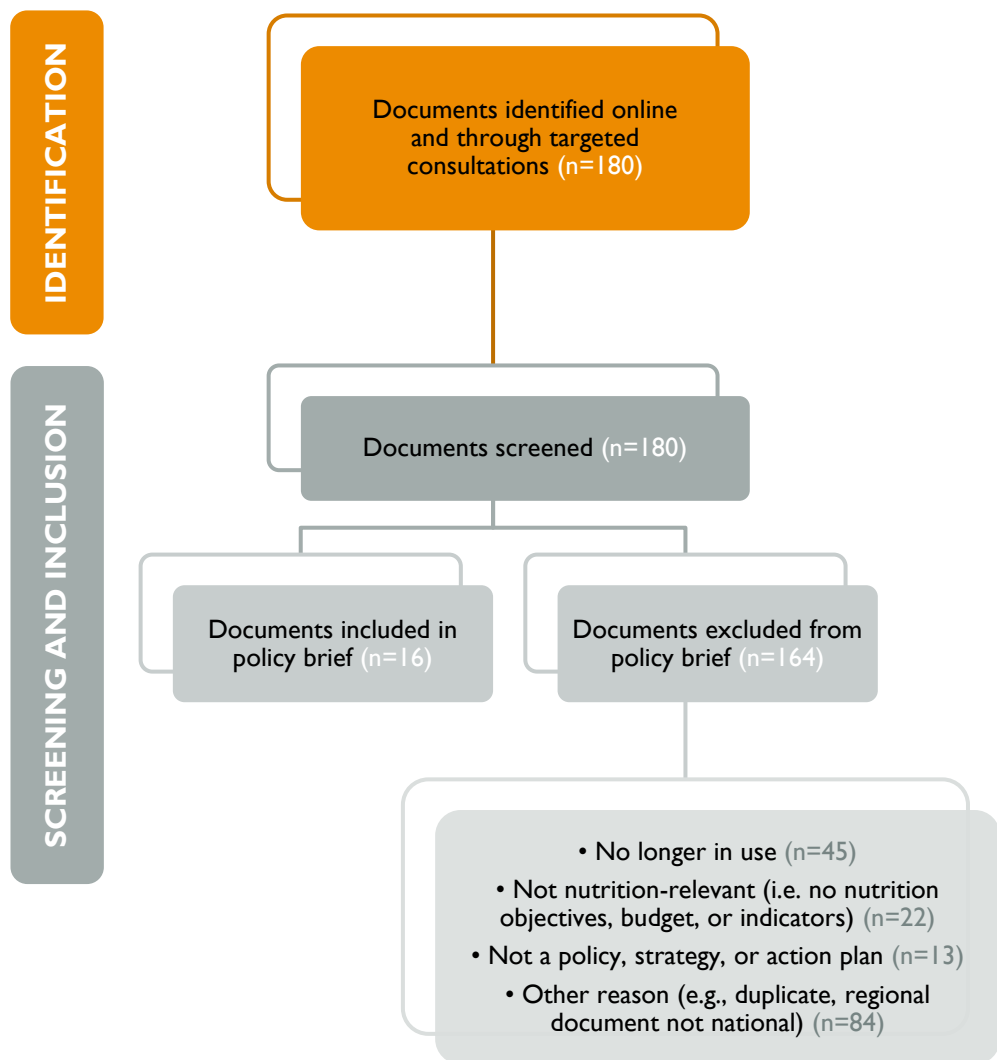
Multisectoral and multi-actor coordination is the basic guiding principle of governance for all nutrition policies included in this note. The CLM is the receptacle of the institutionalization of this approach and ensures the political dialogue of the integration of nutrition into sectoral policies. Despite the presence and the importance of multisectoral coordination highlighted by the reviewed policies, significant challenges for its functionality were mentioned. Most policies mention mechanisms that, with sufficient investment and prioritization, could further improve multisectoral coordination; these include multi-actor and -sector bodies (e.g., interministerial steering committees, CLM, COSFAM; for health policies, the Superior Council of Multisectorality and National Community Health Committee; and national and local technical committees), tools, and events. The example of successful multisectoral coordination around the CLM, as described mainly in the nutrition policies, reaffirms that leading by example is a key facilitator to positive change. With the CLM evolving into a higher

institutional body, named the Conseil National de Développement de la Nutrition (CNDN), there is a great opportunity for them to continue to lead in the development and implementation of nutrition-relevant policies by, for example, clearly defining the role each sector could play at this higher level.

**Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.** Only the policies in the areas of nutrition, food security, and social protection and the cross-cutting policies adequately cover nutrition. The remaining policies in health, agriculture/livestock, and education could improve the integration of nutrition into their nutrition context, objectives, indicators, and budgets. Given the importance and the sensitivity of these areas for nutrition, great gain would be achieved if each of the policies within these areas would include nutrition targets. A sectoral policy can, when achieving its key objectives and implementing the outlined programmes with quality and efficiency, generate an impact for nutrition, e.g., on stunting reduction (Heidkamp et al. 2021)<sup>xiii</sup>. Ensuring dialogue across sectors at the planning, monitoring, and review stages of policy will be key to improve coherence for nutrition across the different domains. To begin mainstreaming nutrition into future policies and operational documents from diverse policy areas, policymakers could refer to nutrition objectives, indicators, and relevant activities listed in the PSMN, which details roles for actors across numerous sectors.

**Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policies drafts/revisions.** Several policies are currently being formulated or revised, including the livestock policy (LPDE) and the agricultural (LPDA) and health (PNSC) policies. This presents an opportunity for these policies to better integrate nutrition and align their activities and indicators with the objectives and target groups in the policies. In order to make this concrete, policymakers could engage nutrition specialists, liaise with the CNDN (ex-CLM) and relevant stakeholders that could greatly contribute to the elaboration of these policies. By integrating the above recommendations any new or revised policy could strengthen nutrition-relevant policies in the country and advance nutrition at national level.

## Annex: Flow diagram of documents included in the policy brief



## Endnotes

- <sup>i</sup> Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2019. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2019). Rockville, Maryland, USA : ANSD et ICF.
- <sup>ii</sup> United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, July 2020.
- <sup>iii</sup> *Ibid*, i.
- <sup>iv</sup> UNICEF/WHO/World Bank Joint child malnutrition estimates — levels and trends – 2020 edition (<https://data.unicef.org/resources/jme-report-2020/>)
- <sup>v</sup> *Ibid*, i.
- <sup>vi</sup> UNICEF/WHO Low birthweight estimates: Levels and trends 2000–2015. Geneva: World Health Organization; 2019. [data.unicef.org](https://data.unicef.org)
- <sup>vii</sup> Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2018. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2017). Rockville, Maryland, USA : ANSD et ICF.
- <sup>viii</sup> *Ibid*, i.
- <sup>ix</sup> *Ibid*, vii.
- <sup>x</sup> Comité Sénégalais Pour la Fortification des Aliments en Micronutriments (COSFAM) 2010. Évaluation de la carence en fer, en zinc et en vitamine A chez les enfants de 12 à 59 mois et les femmes en âge de procréer. Étude de référence nationale.
- <sup>xi</sup> Non-Communicable Disease Risk Factor Collaboration (NCD-RisC). Data Downloads. Retrieved on [INSERT: date September 2020] from <http://www.ncdrisc.org/data-downloads.html>
- <sup>xii</sup> *Ibid*
- <sup>xiii</sup> Heidkamp R, Piwoz E, Gillespie S, Keats EC, D'Alimonte MR, Menon P, Das JK, Flory A, Clift JW, Ruel MT, Vosti S, Akuoku JK, Bhutta ZA. Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. *Lancet*. 2021 (March) [https://doi.org/10.1016/S0140-6736\(21\)00568-7](https://doi.org/10.1016/S0140-6736(21)00568-7)

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