LEARNING ROUTE
“Strengthening the Capacity of SUN Countries to Scale Up Nutrition through Learning Routes”
Learning from the Senegalese experience: systematization of good practices report
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## Acronyms and Abbreviations

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AEC</td>
<td>Community Implementation Agency (Agence d’Exécution Communautaire)</td>
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<td>AGETIP</td>
<td>Agency for the Execution of Works of Public Interest (Agence d’Exécution des Travaux d’Intérêt Publique)</td>
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<td>ANCR</td>
<td>National Association of Rural Councils (Association National des Conseils Ruraux)</td>
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<td>APEC</td>
<td>National Agency of Small Children and Nursery Schools (Agence Nationale de la Petite Enfance et de la Case des Tout-Petits)</td>
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<td>BEN</td>
<td>National Executive Bureau of the CLM</td>
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<td>BERS</td>
<td>Regional Executive Bureaus of the CLM</td>
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<td>CFA</td>
<td>Franc for the Western African Financial Community</td>
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<td>CLM</td>
<td>Fight against Malnutrition Unit (Cellule de Lutte Contre la Malnutrition)</td>
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<td>CLS/PRN</td>
<td>Local PRN Monitoring Committee (Comité Local de Suivi du PRN)</td>
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<td>CNSA</td>
<td>National Food Security Council (Conseil National de Sécurité Alimentaire)</td>
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<td>CONGAD</td>
<td>Council of Non-Governmental Organizations (Conseil des Organisations Non Gouvernementales)</td>
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<tr>
<td>CRCCIS</td>
<td>Regional Committees to Coordinate and Monitor Salt Iodization (Comités Régionaux de Coordination et de Contrôle de l’Iodation du Sel)</td>
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<tr>
<td>CRS/PRN</td>
<td>Regional Nutrition Enhancement Program Monitoring Committee (Comité Régional de Suivi du Programme de Renforcement de la Nutrition)</td>
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<td>DALN</td>
<td>Directorate of Literacy and National Languages (Direction de l’Alphabétisation et des Langues Nationales)</td>
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<td>DCMS</td>
<td>School Health Control Division (Division du Contrôle Médical Scolaire)</td>
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<tr>
<td>EIG</td>
<td>Economic Interest Group</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FPR</td>
<td>Financial Progress Report</td>
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<td>GAIN</td>
<td>Global Alliance for Improved Nutrition</td>
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<td>LCs</td>
<td>Local Collectives</td>
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<td>LDP</td>
<td>Local Development Plan</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>PABA</td>
<td>Annual Budget Action Plan (Plan d’Action du Budget Annuel)</td>
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<tr>
<td>PASAV</td>
<td>Support for Food Security in Vulnerable Situations Project (Projet d’Appui à la Sécurité Alimentaire des Ménages Vulnérables)</td>
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<tr>
<td>PCR</td>
<td>Rural Council President (Président Conseil Rural)</td>
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<tr>
<td>PIUS</td>
<td>Accelerating Efforts for Universal Iodization of Salt Project (Projet d’Accélération des efforts pour l’iodation Universelle du Sel)</td>
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<td>PNASAS</td>
<td>National Food Security Support Program (Programme National Appui à la Sécurité Alimentaire)</td>
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<td>PPNS</td>
<td>Health and Nutrition Protection Project (Projet de Protection Nutritionnelle et Sanitaire)</td>
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<td>PRF</td>
<td>Food Enhancement Project (Projet de Renforcement de la Fortification)</td>
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<tr>
<td>PRN</td>
<td>Nutrition Enhancement Program (Programme de Renforcement de la Nutrition)</td>
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<td>RC</td>
<td>Rural Council</td>
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<td>SM</td>
<td>Support Mission</td>
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<td>SUN</td>
<td>Scaling Up Nutrition Movement</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WBG</td>
<td>World Bank</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
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1. Introduction: Nutrition Worldwide and SUN’s Role

According to the latest FAO estimates (FAO, 2013), 12.5% of the world population—868 million people—are undernourished. Stunting affects more than one quarter (26%) of all children; and 2 billion people suffer from micronutrient deficiencies. An additional 1.4 billion people are overweight, 500 million of whom are obese. Fighting malnutrition is now recognized as the priority for development actions because having a population in general good health is a prerequisite to a country’s development and has positive effects on education, productivity and poverty alleviation.

Malnutrition and food insecurity among the population are the result of a set of factors. The immediate causes are: inadequate access to food (in terms of quantity, nutrients and variety); poor care and feeding practices; poor environmental hygiene (drinking water, sanitation); and insufficient access to medical care. However, more general factors also contribute less directly but decisively to malnutrition: political, cultural, religious and social systems and the status of women. For instance, a political crisis, a war or reprisals such an embargo levied against a country by other countries can affect food availability. Moreover, on the societal level, discrimination against certain groups or ethnic groups may set a limit on their access to an adequate diet. In addition, religious and cultural taboos about “acceptable” foods are often at the root of large deficiencies, notably among women. Women play a central role because it has been proven that when women have access to financial resources, have a say in household decisions and have received a good education, the nutritional status of children is greatly improved.

Nutrition interventions were long conducted in isolation, whereas an overall approach is needed to obtain satisfactory and lasting improvements in the nutritional status of populations.

Founded in 2010, the Scaling Up Nutrition (SUN) Movement responds specifically to this need. This movement unites governments of developing countries, civil society, businesses, researchers, donors and international organizations around a common goal: improve nutrition. SUN is a multi-partner, multi-sectoral platform with the goal of networking stakeholders and allowing better coordination and integration of actions undertaken, notably to improve the nutritional status of women and children, and by concentrating on children’s “first 1,000 days” of life, from conception to age two. Today, the Movement has more than 100 partners, and 46 governments are committed to creating multi-sectoral, multi-stakeholder platforms to fight malnutrition in their countries. Countries are called upon to establish a legal and policy framework for nutrition and incorporate good practice in their national policies. Thus, the recommendation is to align actions in the different sectors involved and set common targets and measurable outcomes to attain. Finally, they are invited to mobilize national resources and monitor activities. In order to act on the various aspects that contribute to improved nutritional status among populations, SUN countries are encouraged to act on several fronts, such as: nutrition, agriculture, drinking water and sanitation, public health, and social protection. Among other things, it is recommended that women be placed at the center of the process because of the decisive role they play in children’s development, notably during the first years of life. For instance, specific nutrition interventions include support for exclusive maternal breastfeeding for the first 6 months of life and good feeding practices, food fortification, micronutrient supplementation, and treatment for chronic malnutrition. In regard to agriculture, two examples are support for small farms and increasing the availability and accessibility of nutritious foods. The results obtained by countries are measured by impact indicators such as: access to affordable, nutritious food; access to drinking water; sanitation, healthcare and social protection; the adoption of good feeding practices; the prevalence of stunting and wasting among children; and the prevalence of micronutrient deficiencies. Several SUN countries, including Senegal and Peru, have already achieved encouraging results in reducing stunting among children.

One of the goals of the SUN Movement is also to foster the sharing of best practices among member countries so that they may discuss policies, programs, resource mobilization and management, coordination, etc.
Box 1. The Learning Route in Senegal

This is the backdrop for the “Learning Route” in Senegal, with the aim of offering SUN country members an individualized platform for learning conducive to the dissemination of innovations, the acquisition of working tools to promote nutrition in their respective countries, and useful for consolidating ties among the Movement’s member countries. A “Learning Route” is a capacity-building tool that aims to share knowledge and promote innovative local solutions, in this case to fight malnutrition. A Route is a planned journey with specific learning objectives; it makes room for discussion, analysis and reflection throughout an ongoing learning process.

The Learning Route in Senegal is the result of active collaboration between the Secretariat of the SUN Movement, the Cell to Fight Malnutrition (CLM, Cellule de Lutte Contre la Malnutrition) and PROCASUR Corporation.

The general objective of the Route is to improve understanding and knowledge of the strategies and mechanisms Senegal has initiated to fight child malnutrition; share knowledge, good practice and successes in the field of nutrition; facilitate access to practical working tools to promote nutrition in participating countries; and strengthen networking among stakeholders within the Movement.
2. Senegal: General Indicators on the Country’s Development and Nutritional Situation

Senegal is a tropical coastal country in West Africa; it surrounds The Gambia on three sides, and is bordered by Mauritania, Mali, Guinea, and Guinea-Bissau. It has a population of 12,768 million people, most of whom (57.8%) live in rural areas (UNDP, 2011).

A presidential republic, the country achieved independence from France in 1960. It is administratively divided into 14 regions, and contains 5 main ethnic groups—Wolof (43%), Fula (24%), Serer (15%), Jola (5%) and Mandinka (4%)—with more than 20 ethnic groups in all (ANSD, ICF International, 2013).

The official language is French, but Jola, Mandinka, Fula, Serer, Soninke and Wolof are recognized as national languages.

The government is secular, and most of the population (approximately 95%) are of Muslim faith (UNESCO, 2012).

Agriculture accounts for 17% of the GDP (WB), but the service sector is predominant (with 59% of GDP). However, the active agricultural population represents nearly 70% of the active population (FAOSTAT). The main crops are sugar cane, peanut, millet, rice and maize in smaller quantities. Exports are mainly peanut, peanut oil and cotton; imports are mainly wheat, refined sugar, onions and maize (FAOSTAT). The fishing sector also plays a very important role in the country’s economy.

In 2011, 46.7% of the population in Senegal were under the national poverty line (WB); the country is ranked as a low human development country according to the Human Development Index (HDI), coming in 154th among the 178 countries ranked (UNDP, 2013).

Approximately half the population is literate, but literacy rates are significantly lower among women (less than 40% of women compared to 60% of men) (UNESCO). Similar gender disparities can be seen in the literacy rates among young people (aged 15-24) (UNICEF).

Anemia is the most worrying micronutrient deficiency because 71% of children under the age of five are anemic, 42% of whom moderately so (ANSD, ICF International, 2013), and more than one in every two women (54%) are anemic (ANSD, ICF International, 2012).

On average, nearly three quarters of the population have access to an improved water source, but sharp differences exist between urban (93%) and rural areas (59%). Large differences based on place of residence can be seen in access to improved sanitation (approximately half the national population, 68% in urban areas but only 39% in rural areas) (UNICEF).

In 2012, nearly all (95%) women who had had a child in the five years prior to the survey had received prenatal care, and 70% gave birth in a health care establishment. Compared to previous surveys going back to 1993, a clear improvement can be seen for both indicators (ANSD, ICF International, 2013). Prenatal care during pregnancy can prevent several risks, including premature birth; and giving birth in a health care establishment can greatly reduce complications and maternal mortality. This also has repercussions on child mortality that, although decreasing for the past 15 years (from 121 to 65 out of every 1,000 births), remains high: the risk of death between birth and age five concerns one out of every 15 children (ANSD, ICF International, 2013).

Approximately half of households (47%) consume adequately iodized salt, with vast differences based on place of residence and region (ANSD, ICF International, 2012). Iodine deficiency, particularly when it reaches high levels of severity, is the main cause of goiter and cretinism.
Strengthening the Capacity of SUN Countries to Scale Up Nutrition through ‘Learning Routes’: a Pioneer Project in Senegal

In regard to vitamin A, in 2012, more than three out of every five children (63%) under the age of two had eaten foods rich in vitamin A during the previous 7 days, and nearly four out of every five children (78%) under the age of 5 had received vitamin A supplements in the past six months. Among women, 45% of mothers had received a dose of vitamin A during the two months following the birth of their most recent child (ANSD, ICF International, 2012). This is very important because severe vitamin A deficiency can lead to xerophthalmia (night blindness).

Diets are not very diverse: in 2009, grains made up 58% and oils 17% of available food in the country. The low consumption of fruits, vegetables and animal proteins determines micronutrient deficiencies (FAOSTAT).

The dietary staple is rice, often accompanied by fresh, dried or smoked fish, and to a lesser extent by millet, cowpea and peanut (FAO, 2010).

In Senegal, food insecurity is mainly due to both difficulties in the agricultural sector (based on rainfed crops), and poor populations’ low purchasing power (FAO, 2010).

3. Policies and Programs to Fight Malnutrition in Senegal

3.1. Before CLM

Among the policies and programs implemented by the government of Senegal before the 2000s to fight food insecurity and malnutrition, there was the Health and Nutrition Protection Project (Projet de Protection Nutritionnelle et Sanitaire, PPNS, 1973-1988), and the Community Nutrition Project (Projet de Nutrition Communautaire, PNC, 1995-2000). The first—the PPNS—was set up with the support of USAID following the major drought in the early 1970s. The project targeted children and expectant or nursing mothers; it consisted primarily of prenatal and postnatal visits, nutritional monitoring, and the distribution of food supplements to children under the age of five.

More recently, the PNC—which was coordinated by the Agency for the Execution of Works of Public Interest (AGETIP, Agence d’Exécution des Travaux d’Intérêt Publique)—had the goal of responding, in urban areas, to the shocks caused by structural adjustment policies and devaluation. The main actions were treating malnourished children and educational campaigns. However, the project reached a limited number of cities and suffered from budget restrictions because of which it had to be shut down. A lack of financial resources also limited the actions of the National Food Security Council (CNSA, Conseil National de Sécurité Alimentaire), created in 1998. In 1999, the National Food Security Strategy was defined and the National Food Security Support Program (PNASA, Programme National Appui à la Sécurité Alimentaire) was created in 2007.

3.2. The 2000s: A Shift in Approaches that Led to the Creation of the CLM

The Shift from Curing to Preventing
Prior to the 2000s, all these programs and policies managed food crises (due, for example, to drought, unfavorable economic conditions or international trade policies) rather than preventing them (CLM, internal document).

With the advent of the CLM, emphasis was placed on improving child growth. In other words, projects no longer focused only on malnourished children, but targeted all children to prevent the risks of malnutrition.

Little by little, a “proactive” approach emerged, and a shift was made from the project approach to the program approach1.

Making Nutrition More Visible
Two institutional shifts (one in 1995 and one in 2001) happened in Senegal in regard to nutrition. They took the form of high-level institutional anchorage for nutrition, and setting nutrition as one of the country’s priorities. These two events took place in a unique context, when social demand for action against poverty and malnutrition was particularly pressing.

In 1995, as discussed above, this shift happened against the backdrop of the impoverishment of the population following the devaluation of the CFA franc and structural adjustment policies; in 2001, these

changes were encouraged by a set of factors, including a change in political leadership, the decentralization of responsibilities, and Senegal’s ratification of the Millennium Development Goals (MDGs) and awareness of the importance of micronutrient deficiencies affecting the population, beyond energy deficiencies.

It was in this context that, in 2001, the National Commission to Fight Malnutrition (CNLM, Commission Nationale de Lutte Contre la Malnutrition) and the Fight Malnutrition (CLM, Cellule de Lutte Contre la Malnutrition) were created by decree. The first was placed with the Office of the President of the Republic, giving it political power, and the second was placed under the authority of the Prime Minister to guarantee it operational powers, notably implementation and multi-sectoral coordination. Indeed, the past experience of the PNC, which was positioned with the Office of the President of the Republic, had shown weaknesses, especially when it came to involving Ministries. The CLM was therefore placed under the purview of the Prime Minister, which made it possible to anchor nutrition at the highest level while involving the Technical Ministries, local collectives, civil society and the private sector.

CLM’s position in the Office of the Prime Minister also facilitates access to financing and a multi-sectoral approach to malnutrition, which shall be discussed later.

Institutionalization of Nutrition.

In addition to this high-level anchorage, nutrition was institutionalized—that is, it was written into the country’s priorities thanks to its inclusion in policy papers and sectoral policies. Projects can now rely on trained human resources and a relatively extensive network of stakeholders. In addition, the project finance system has shifted from “single” to “multi-donor” and can count on national budgets and the support of the country’s partners.

3.3. The CLM

History of the CLM and Stakeholders Involved in the CLM

Since 2001, CLM has been the government body in charge of coordinating nutrition actions in the country. It is located within the Office of the Prime Minister and composed of the Technical Ministries (of Health, Education, Economy and Finance, Decentralization, Trade, Industry, Agriculture), the National Association of Rural Councils (ANCR, Association National des Conseils Ruraux), and civil society, with the Council of Non-Governmental Organizations (CONGAD, Conseil des Organisations Non Gouvernementales).

CLM contains a National Executive Bureau (BEN) and three Regional Executive Bureaus (BERs), located respectively in the north, center and south of the country. The BERs coordinate the actions of the Community Implementation Agencies (AECs, NGOs, or grassroots community organizations). At regional level, the CLM also has regional Nutrition Enhancement Program Monitoring Committees (CRS/PRN) and regional committees to coordinate and monitor salt iodization (CRCCIS); at local level, it has local PRN monitoring committees (CLS/PRN).

CLM’s objective is to define national nutrition policy and implement programs, taking a multi-sectoral approach to malnutrition.

Programs in Place

The CLM currently has four main projects: the “Nutrition Enhancement Program” (PRN, Programme de Renforcement de la Nutrition), one of its flagship programs; the “Accelerating Efforts for Universal Iodization of Salt Project” (PIUS, Projet d’Accélération des efforts pour l’Iodation Universelle du Sel); the “Food Fortification in Vitamin A and Iron” Project (PRF, Programme de Fortification des aliments en Vitamine A et en Fer); and the “Support for Food Security in Vulnerable Situations” project (PASAV, Projet d’Appui à la Sécurité Alimentaire des Ménages Vulnérables).

“Nutrition Enhancement Program” (PRN): Financed by the World Bank and the Government of Senegal, the PRN has been underway since 2002 and is now in its second phase. This program’s objective is to improve community nutrition and particularly child growth for the first five years in poor urban and rural areas. It also seeks to build the country’s institutional and organizational capacities in regard to nutrition to implement and evaluate policy. The program is taking place in 14 regions of the country, mobilizes 400 local collectives (LCs) (70% of all LCs), and is reaching two-thirds of rural communities and 69% of children under the age of five. The strategies adopted are to promote the integration of nutrition objectives in the Technical Ministries’ plans and implement interventions focusing on expectant or nursing mothers and children under the age of five through Community Implementation Agencies (AECs, Agences d’Exécution Communautaire).
Strengthening the Capacity of SUN Countries to Scale Up Nutrition through ‘Learning Routes’: a Pioneer Project in Senegal

Report on the Systematization of

Community volunteers during growth monitoring and promotion activities

The PRN underwent considerable changes between its two phases, 2002-2006 and 2007-2011. First, responsibility for implementing the project’s nutrition interventions shifted from the CLM to the LCs. Next, in response to budget constraints, CLM seized new opportunities and expanded the range of its interventions to receive additional financing. Finally, to facilitate the proper progression of activities and the autonomy of the stakeholders involved, CLM has adopted a process approach2 and developed a project implementation guide for CLM operators, the Technical Ministries involved, the LCs and the AECs.

These changes will be discussed in more depth below.

“Accelerating Efforts for Universal Iodization of Salt Project” (PIUS): Launched in 2006 and slated to last until 2015, this project is funded by UNICEF, the World Food Programme (WFP) and the Micronutrient Initiative, and has the objective of universal iodization of salt of any origin (sea or not) and any destination (human or animal consumption). Senegal is a large salt producer (producing nearly 500,000 tons every year) and supplies a large number of the surrounding countries. The goal is to guarantee 100,000 tons of adequately iodized salt and meet the needs of Senegalese households. Among the main actions are: strengthening political commitment; supervising small salt producers and strengthening potassium iodate purchasing houses; quality control in production and distribution; and finally promoting the consumption of iodized salt. Today, 4,830 small producers, members of 45 Economic Interest Groups (Groupes d’Interet Economique, GIEs), are targeted by the project.

“Food Enhancement Project” (PRF): The Global Alliance for Improved Nutrition (GAIN) is the main donor for this project, launched in 2010 and slated to last until 2015. In order to fight micronutrient deficiencies, this project aims to fortify all oils with Vitamin A and wheat flour with iron/folic acid. The pillars of this project are improving the policy of expanding fortification and capacity building through training and the provision of equipment. It also provides for the distribution of fortified products, monitoring and control of product quality, and communication actions.

“Support for Food Security to Households in Vulnerable Situations” Project (PASAV): This two-year project financed by the World Bank (WB) aims to improve the nutritional situation of at-risk populations by increasing the availability and accessibility of market-garden, agricultural and livestock products. The initiatives include micro-gardening activities, courtyard gardens, small ruminant livestock operations, processing local products, and the creation of grain banks.

Salt production site, Kaolack

2 This approach consists of connecting the desired results with the necessary process, that is a succession of actions conducted with the help of different means.
4. Interview with Abdoulaye Ka (National CLM Coordinator)

Q. Mr. Ka, what is the current nutrition situation in Senegal, and how has it changed over time?

Today, we can see two very different situations. On the one hand, wasting is holding steady, with regular and seasonal spikes in some areas of the country, particularly during the pre-harvest period, while stunting is dropping. So, we can say that the situation is satisfactory. However, micronutrient deficiencies (notably iodine and iron) are still public health concerns.

Q. How has the CLM operated until now?

At first, we insisted on an effective component, but our critical approach (that can be defined as “learning by doing”) allowed us to go deeper and assess the situation to redefine country priorities each time. For example, we put a great deal of effort into prevention and the adoption of key behaviors for child development, but we did not do enough to fight the causes of wasting. Indeed, we have much to do to build and strengthen the resilience of communities for the latter. Beyond the need to deliver specific services for the adoption of behaviors and nutritional services, over time we learned how important it is to act on the determinants of malnutrition, and by so doing prevent shocks, floods, seasonal illnesses from impacting the population’s nutritional status. Similarly, to fight micronutrient deficiencies, we provide nutrition education to promote the consumption of foods that are rich in micronutrients (dietary diversification) and fortified foods (salt, flour, oil), but we know that this is not enough. We also need to act on the determinants of these deficiencies in households and communities, taking a more comprehensive and holistic approach targeting all ages and addressing food knowledge, practices, use and availability.

Q. What were the factors in CLM’s success fighting malnutrition?

The most important element was defining “how to”, that is establishing an intervention and nutrition institutionalization implementation schema. It is a process, an approach of implementing our vision, building networks that allow us to move from the national level to communities, where action is needed. This lets us determine what needs to be done to reach women and vulnerable households, first by testing our vision of “how” and then evaluating it, measuring the impact, and then scaling up. Another extremely important aspect has been to create a “critical mass” of stakeholders capable of delivering services: we therefore identified entry points and partners (sectors, civil society, LCs). As a result, the rate of wasting in Senegal is much lower than it is in other countries, thanks to this system that allows it to react rapidly—that is, the critical mass and the allies at different levels (LCs, civil society [AECs], and communities). Another key to success has been our very critical dynamic of ongoing questioning and constant identification of new challenges.

Q. What advice would you give other countries facing the same issues as Senegal?

First, set up a system: analyze opportunities with a very precise vision of what you want to see in communities and, in relation to the partners’ comparative advantages, determine what schema is right for service delivery (prevention, growth monitoring, fighting deficiencies, community mobilization). You need an implementation approach that has room to learn and correct issues as you go along; there is no magic recipe applicable everywhere, you need to be flexible, adopt a critical approach, and test. This helps a country’s approach to mature. A schema must therefore be defined. Then, for that, you need: leadership in the country; the technical support of partners and their alignment with this vision; and resources and the visibility of nutrition as a development issue in which the country must invest.

3 The implementation and institutionalization schema for nutrition will be discussed in more detail below.
5. Why Is Systematize Senegal’s Experience Interesting?

In recent years, the nutrition situation of Senegal’s population has improved significantly. The most striking example has been the drop in the prevalence of stunting among children under the age of five—from 27% to 19% in barely two years (ANSD, ICF International, 2012; ANSD, ICF International, 2013)). This observation is why it is interesting to understand what striking facts, what actions undertaken and what choices made by the government of Senegal explain this success. The idea is to identify more specifically the “good practices” in fighting malnutrition that can potentially be replicated in other contexts and can therefore serve as an example for other countries to respond to these same problems. Senegal is also an example of a successful multi-sectoral and multi-stakeholder fight against malnutrition—the objective of SUN member countries.

6. Key Aspects of Senegal’s Success

6.1. The Multi-Sectoral Nature of CLM’s Action

Prior to 1995 in Senegal, nutrition was under the exclusive purview of the Ministry of Health. Then, AGETIP was in charge of the PNC (the first nutrition project managed outside the Ministry of Health) but also did not manage to involve the Technical Ministries. It was only with the creation of the CLM that nutrition was tackled in a multi-sectoral way. Indeed, CLM’s very nature is multi-sectoral as it notably brings together all the Technical Ministries concerned by nutrition.

6.1.1. Effective mechanisms to plan and implement specific, sensitive nutritional interventions, institutionally and operationally.

CLM also adopts a multi-sectoral approach. It recognizes that malnutrition is the result of a set of factors belonging to different domains, and acts on several fronts involving multiple stakeholders. For example, good health is the foundation for good nutrition because it allows for the proper absorption of nutrients. Simultaneously, good nutritional status improves resistance to illnesses and an individual’s ability to fight off infections. Similarly, a well-integrated agricultural sector increases the availability of diverse foodstuffs and contributes to diet diversity. Equally,
close ties between nutrition on the one hand and agriculture, health and education on the other, and in order to encourage key ministries to take nutrition into account in their programs and to coordinate actions undertaken to fight malnutrition, the CLM works with these three ministries to increase intervention synergies.

For example, collaboration with the Ministry of National Education began in 2002, with the integration of three structures (the School Health Control Division [DCMS, Division du Contrôle Médical Scolaire], the Directorate of Literacy and National Languages [DALN, Direction de l’Alphabétisation et des Langues Nationales] and the National Agency of Small Children and Nursery Schools [ANPECTP, Agence Nationale de la Petite Enfance et de la Case des Tout-Petits]) under the auspices of this Ministry in the CLM and the financing of nutrition activities inside schools. Today, these activities include deworming, micronutrient supplementation, nutrition education, planting vegetable gardens, and building teachers’ capacities by including nutrition in the training curriculum.

**Box 2. Early Childhood Centers**

There are 704 early childhood centers (Cases des Tout-Petits) in Senegal. These structures are under the responsibility of the ANPECTP and in charge of the education and care of children from birth to six years. The centers are in addition to community nurseries and public preschools. Their main characteristic is that they use a holistic approach that starts with monitoring and nutrition advice for expectant mothers and follows the children until they are six years old. This notably makes it possible to monitor children during the first 1,000 days of life (from conception to two years), which are crucial for child development. Different activities are conducted in these establishments where children receive daily meals, such as nutrition, hygiene and environmental education.

In addition, in the context of these projects, PIUS and PRF, CLM works in partnership with the Ministry of Trade, Entrepreneurship and the Informal Sector, notably to monitor adequate salt iodization and the micronutrient fortification of locally produced flours and oils.

**Box 3. The Palado Salt evaporation pond**

Kaolack is one of the three main salt production zones in Senegal. Palado, a salt operation in this region, has a large number of small producers, 124 of whom have belonged to an Economic Interest Group (Group d’Interet Economique,GIE) since 1994. This GIE was created that same year with the encouragement of UNICEF in order to promote the iodization of salt, which had been chosen as the “food vehicle” to fight iodine deficiencies. Small producers pay a predetermined sum to the EIG; in exchange, the GIE takes care of purchasing potassium iodate, iodizing the salt with special machines, and managing stocks. It does not take care of marketing, however. The profits generated by the EIG are used in the community for socially beneficial activities such as building drinking water networks or conducting immunization campaigns. One of the future objectives is precisely to create a cooperative that can handle the sale of iodized salt.

**Beyond its multi-sectoral nature—which allows it to address malnutrition from different angles—CLM is also multi-programmatic, meaning that it implements many projects to respond to specific problems (see the section on CLM).**

**6.2. The Implementation Schema**

Another “strong point” in Senegal’s experience seems to be based on the definition of an intervention implementation schema so as to involve stakeholders down to the community level. This can establish the role of each stakeholder and institutionalize the relationships between them. In the case of the PRN, interventions are the result of joint actions by different stakeholders at different levels: the CLM, the Technical
Ministries, the LCs, the AECs, and the village relays\(^4\) (see diagrams 1 and 2). In the center of this set of stakeholders, LCs play a key role. Indeed, they become “contracting authorities” for the interventions and feel “accountable” for them. During regular Rural Council meetings, the represented communities take stock of the situation and discuss their own nutritional situation, which generates a kind of “positive competition” between communities, and this competition “drives” commitment.

improving the populations’ nutritional situation is more likely to succeed when paired with greater accountability by local government authorities, since each nutritional situation has contextual causes. This is why it is important to involve local government authorities in nutrition-sensitive interventions and to carry out projects that operate within their area of responsibility. In 2007, following the first phase of the Nutrition Enhancement Program (PRN, Programme de Renforcement de la Nutrition), local officials shifted from being the beneficiaries of nutrition projects to being the contracting authorities for the activities financed by Phase II of the PRN.

The CLM has undertaken three major activities to support the process of turning over responsibility to local government authorities: (1) first, modifying the program’s institutional framework to position Local Councils (LCs) as key stakeholders; (2) building the capacities of local authorities in the field of nutrition for the execution of activities in compliance with their new mission, which involves selecting, validating projects and budgets submitted by NGOs, social mobilization and monitoring; and (3) advocacy activities to include nutrition in Local Development Plans (LDPs) and resource mobilization. LC support is accomplished through various channels, such as holding orientation workshops and exchange meetings, and providing supporting materials (e.g. the PRN implementation guide).

Today, the process has resulted in several Local Councils including nutrition in their development plans and being heavily involved in preparing, setting up and implementing projects.

### Box 4. The Patar Lia Rural Council

The Patar Lia Rural Council unites council members from 53 villages in the zone. The Rural Council takes care of raising awareness and mobilizing village representatives around nutrition and putting the AECs in contact with local populations and with representatives of the administration and health authorities. The Council also participates materially in projects in communities and supervises their proper implementation. Among the activities rolled out by the RC are organizing quarterly monitoring and planning meetings for council members and monitoring the best and worst performing locations. This monitoring makes it possible to trigger “positive competition” mechanisms among villages and leads to an exchange of good practices to fight malnutrition. Finally, the RC collects foodstuffs (such as grains and peanuts) to build up community granaries for the families of malnourished children.

\(^4\) Village volunteers (often women) under the direction of AEC Community Workers take care of, among other things, monitoring children’s nutritional state and holding discussion groups (causeries).
6.3. Monitoring and Assessment

CLM has a very precise system that enables regular monitoring of pro-nutrition activities and impact assessments of these activities. This provides a very detailed picture of the state of progress in the activities undertaken and the nutritional status of the population throughout the country. Data are collected and analyzed at all levels—from the local level to the district level, the regional level and finally the national level—and involve the various stakeholders (respectively, the LCs, AECs, BERs and BEN).

6.3.1. Implementing a monitoring and evaluation system, with mechanisms to share outcomes, impact studies and surveys nationwide.

Monitoring and Evaluation (M&E) are essential elements for the proper implementation and success of a project. The CLM develops a unique M&E system for each project. Then, an overarching consolidated M&E system is established.

For the PRN, for instance, the monitoring system integrates day-to-day activities at implementation sites by regularly collecting data. This monitoring system serves as the basis for both NGOs' and the CLM's supervision as part of ongoing service quality improvement. To facilitate project implementation, the BEN developed a guide for AECs. This document is based on the “process approach” and finalized results-based management; it distinguishes three types of processes: (1) operational (activities conducted to obtain results), (2) support (human and material resources), and (3) steering (planning, communication, verification, etc.).

In addition, the assessment aspect is also taken into account and covers changes in the behaviors promoted or in nutritional status. To facilitate these activities, several tools have been made available such as registries, a supervision guide and data analysis software.

In communities, local elected officials ensure participatory monitoring of project activities, guaranteeing good governance and transparency in the implementation of interventions and financial management, and help set up processes for LCs to self-assess results. Simultaneously, CLM has drafted guidelines for the BEN to facilitate support missions and an AEC monitoring and assistance method.

6.4. Activity Adjustment and Planning

The advantage of an efficient monitoring and assessment system is precisely that it can respond to the needs of each context in a targeted manner and re-adjust actions based on the information obtained. This prevents wasted efforts and resources and ensures appropriate planning of future interventions.

CLM follows an approach that consists of: (1) identifying LCs’ specific needs, and (2) elaborating a strategy plan.

For instance, when a village is identified as at-risk, actions are planned to respond to the specific determinants of the situation at hand such as a lack of water, unavailable food products, an epidemic, etc. However, an example of strategic plan elaboration is seen, in the PRN project, by the “bundle” of interventions conducted in the different areas of the country. Initially, there was a “single bundle” consisting of all the CLM’s interventions (Growth Monitoring and Promotion [Suivi Promotion de la Croissance] and Integrated Community Case Management of Childhood Illness [Prise en Charge Intégrée des Maladies de l’Enfant au niveau Communautaire]), but this was actually only necessary in certain zones. Consequently, the decision was made to differentiate bundles into five categories (from minimal to comprehensive) and ultimately to reduce them to only two. One is for urban zones where malnutrition is not very prevalent; it plans the diagnosis and treatment of acute malnutrition and communication activities. The other is used in rural areas and includes, in addition to those interventions, monthly growth promotion monitoring activities and communication aiming to change behaviors.
6.5. Preliminary Project Testing in Pilot Zones

With the constant goal of effectiveness and efficiency, nutrition interventions are first tested in pilot zones and then modified, if necessary, before being scaled up and rolled out on the national level. One such example is the PRN’s shift from Phase I to Phase II.

6.6. Communication Strategies

Communication for behavior change is central to CLM’s efforts, and is based on four lines of work: (a) advocacy targeting political, local and religious authorities to ensure their commitment to nutrition; (b) social mobilization for enhanced community participation and ownership of the behaviors promoted; (c) interpersonal communication to change practices; and (d) mass (local) communication to create a demand for nutrition services. It is in this framework that CLM more specifically supports communication strategies that focus on the beliefs and values underlying community standards and strategies that seek a social consensus so that behaviors can be adopted sustainably.

Thus, CLM favors NGOs that are accepted within the local community, based in the territory and that are familiar with local customs and norms to develop creative communication strategies consistent with local values. Furthermore, CLM supports AECs throughout the process by providing advice, monitoring and helping to strengthen the messages promoted.

One of the most significant examples can be found in the city of Touba where the WILAYA AEC developed the “dahira” strategy, named after the Islamic religious groups with which local people, notably women and young people, are affiliated. By acting through advocacy targeting religious leaders, the AEC was able to mobilize them and involve them in disseminating messages about behaviors that promote good health and nutrition. A different approach was developed by the CCF AEC whose “expecting mother solidarity circles” approach is based on the sharing of experience and advice among women undergoing the same things in order to encourage them to adopt behaviors promoted by their peers. In elaborating its “grandmother” strategy, the same AEC also based efforts on the acknowledged importance of grandmothers within Senegalese society as providers of advice, notably when promoting health-positive behaviors among young mothers. To do so, techniques such as songs and open-ended stories were used in health education groups for grandmothers to add new child care and health practices to their traditional knowledge.

This collaboration between CLM and the AECs has had positive results, such as increased prenatal check ups and visits to health care centers by women, as well as the involvement and participation of men in the Communication for Behavior Change activities.

In their behavior change promotion activities, the community-level relays rely on image kits. These use simple images to help communicate direct messages about nutrition in the broad sense: exclusive breastfeeding, weaning practices, care practices, hygiene rules, etc.

Box 5. Image Kits as Communication Tools

One of the materials used during interpersonal communication (IPC) activities, the image kits are particularly useful during discussion groups (causeries) and child weight checks. The community relays use them to discuss nutrition or health problems with people in order to promote appropriate behaviors, notably to improve children’s health and development. The main targets are expectant mothers, nursing women and the mothers of children under the age of five. Secondary targets are grandmothers, fathers, decision-makers and anyone able to influence mothers’ decisions. First, the relays introduce the topic or problem and then analyze it with the beneficiaries by identifying causes and consequences; finally, they guide the targets in finding appropriate solutions.
6.7. The Financial Management System

The financial management system ensures the transparency and autonomy of implementing structures and high fund uptake rates. The PRN program is a successful example of good financial management. This is based on several factors of success: first, sound planning thanks to the Annual Budget Action Plan (PABA, Plan d’Action du Budget Annuel), Costab (the project planning software developed by the World Bank), the assignment of a specific activity requiring finance to each donor; and the appointment of a manager for each activity. In addition, good management and high standards in hiring human resources, such as an experienced procurement specialist, plays a central role. The CLM has also ensured ongoing supervision of and capacity building for staff and training courses in administrative and financial management.

The CLM’s planning and fund management system has allowed the program to achieve very high fund uptake rates. In 2005, the PRN was rated one of the top-ten projects financed by the World Bank in terms of the quality of its Financial Progress Report (FPR) elaboration. The CLM’s managerial style, its values, its capacity to adapt to diverse financial contexts and its multi-sectoral approach have been key factors in its success. The program was the first to test the FPR system successfully in Senegal and one of the first to do so in Africa.

7. Enabling Factors

The key elements to Senegal’s success fighting malnutrition described in the sections above are “good practices” that deserve to be held up as examples and applied after being adapted to the contexts of other countries. However, favorable factors that laid the groundwork for these “good practices” to develop can be seen.

We can cite at least four:

The country’s administrative divisions and decentralization policy: Going from the national to the local level, Senegal is organized in regions, departments, arrondissements, local collectives (communes or rural communities), and villages or neighborhoods. The health care system has its own divisions, which align in some cases with the administrative divisions. This capillary system allows for the administration of the entire territory, down to the smallest administrative unit.

Since its independence (1960), Senegal has applied a policy of power decentralization. This is defined as “the government’s recognition of other public bodies authorized to intervene in certain domains and having a degree of autonomy for such intervention.” One of the main stages in this process, the year 1972 saw the creation of rural LCs, although budget management remained under the purview of the departmental Sub-Prefect. Then, in 1990, it was established that commune mayors (in urban areas) would be elected rather than appointed by the public authorities, and that the Sub-Prefects would handle financial management of the rural communities over to the Rural Council Presidents (PCR). Finally, in 1992, the regions obtained financial autonomy, and in 1996 a large number of responsibilities (including management of the environment and natural resources, health, culture, education, planning, territorial development, urban planning and housing) were transferred to the LCs. The aim of this last process is the economic and social development of the regions, through the accountability and involvement of local stakeholders who must now be assessed and are required to show results.

This delegation of power to the local level is what created the found fertile ground on which the CLM’s action could rely and allowed the CLM to count on a network of motivated stakeholders with local roots. In particular, the PRN benefited from this favorable context when implementing interventions and, in phase two, when handing responsibilities over to the LCs.

Changes on the political level. As mentioned above, it was in 2001 that CLM was created and nutrition became a priority for the country. It was that year in particular that the presidential elections took place and led to the shift of power from Abdou Diouf, who had governed the country since 1981, to Abdoulaye Wade. This change therefore revived the debate on malnutrition issues and made it possible to mobilize the government again. This new dynamic led, among other things, to the creation of the CLM.

The experience “capitalization” begun by CLM. Reflecting collectively on changes experienced over time, “good practices” and “lessons learned” over the years, and difficulties encountered has allowed CLM to analyze itself and take a critical look at its own experience. This has enabled constant improvement and readjustment of actions finalized with the results obtained. In addition, the “managerial mentality” within CLM—which is based on shared values such as being proactive and learning constantly—helped create an enabling environment.

5 This model enables financial management to be monitored along with progress in activities.

6 http://www.cooperationdecentralisee.sn/Decentralisation-au-Senegal.html
The availability of human resources. When implementing the PRN, CLM relies on a set of stakeholders who allow it to act in the field and reach the target populations. In its collaboration with the AECs, CLM was able to count on NGOs with strong local roots and a long history of working within communities, which enabled them to earn local people's trust. In addition, in the villages, the availability of relays (volunteers from the villages themselves) has been a non-negligible advantage.

8. Conclusions

Senegal has shown very encouraging results in the fight against malnutrition, notably cutting the incidence of stunting among children under the age of five from 27% to 19% in barely two years (ANSD, ICF International, 2012; ANSD, ICF International, 2013). This progress was achieved thanks to the multi-sectoral nature of CLM's action and good coordination among activities countrywide, without neglecting regular intervention monitoring and the readjustment of objectives and ongoing planning. Finally, this has been accompanied by a very innovative and effective communication strategy and by favorable elements in the country in general.

Challenges remain to be overcome, however: Senegal will continue the efforts to fight malnutrition through commitments aiming to reduce:

- the national prevalence of stunting to less than 10% and of wasting to less than 5%; and
- the incidence of micronutrient deficiencies nationwide so that they are no longer a major health issue.

These objectives shall be attained by:

- scaling up community nutrition services: the projected coverage level in 2020 is at least 90% for efficient nutrition interventions targeting expectant mothers and children under the age of two;
- strengthening sectoral pro-nutrition interventions: the multi-sectoral approach based on fighting the determinants of malnutrition shall be intensified so that the sectors concerned (health, agriculture, education, water, social protection, etc.) integrate nutrition objectives in their policy papers, commit to implementing pro-nutrition interventions, and scale up interventions with strong impact on nutrition;
- efficient coordination of the multi-sectoral approach: there are considerable needs in regard to action coordination and harmonization, and special emphasis shall be placed on policy dialogue, strategic watch, and monitoring and assessment; and
- high-level government leadership shall ensure the transparency and accountability of the various stakeholders and close project monitoring.
9. References

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LEARNING ROUTE

“Strengthening the Capacity of SUN Countries to Scale Up Nutrition through Learning Routes”
Learning from the Senegalese experience: systematization of good practices report