

# STUNTING REDUCTION IN SENEGAL

**AUTHORS**

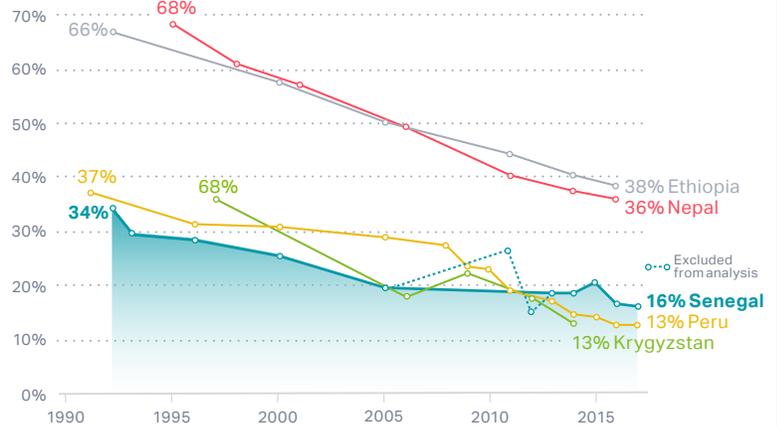
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From 1992 to 2017, Senegal cut its stunting rate in half, from 34 to 17 percent.

In the late 1990s and early 2000s, Senegal improved coverage rates in several nutrition-related sectors, especially health, education, and water and sanitation, driving steep reduction in stunting. Progress has somewhat slowed since then, although the country already has the lowest stunting burden in French-speaking West Africa and has demonstrated the political will and institutional capacity to achieve further gains.

**Percent of children stunted**



**KEY INSIGHTS**

With help from donors, Senegal implemented programs that quadrupled access to coverage of prenatal care, increased primary school enrollment by more than half, and improved access to quality water and sanitation services.

Over the same period, the extreme poverty rate dropped from 68 percent (in 1991) to 38 percent, largely as a result of macroeconomic reform and a sharp increase in remittances from Senegalese working abroad. In short, millions of Senegalese escaped poverty and gained access to health, education, and safe water and sanitation, greatly reducing their (and their children's) risk of malnutrition.

**Our decomposition analysis: contextual factors reducing stunting**

Several underlying factors contributed to improvements in child nutrition, driven by both deliberate programs that Senegal instituted and broader contextual trends.

**Predicted Change in HAZ, 1992/3–2017**

**27% MATERNAL AND NEWBORN CARE**

Women with 4 or more antenatal care visits (ANC4+), skilled attendant at birth (SBA)

**NUTRITION**

Unable to analyze quantitatively



Mother's years of education, Father's years of education

**3% OTHER**

**19% POVERTY REDUCTION**

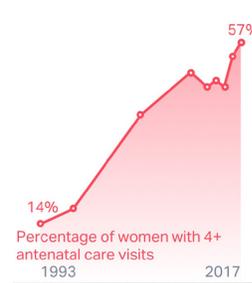
Wealth index

**8% WASH**

Piped water source

**Maternal and newborn health care**

Maternal and newborn health care improved significantly over the course of the 1990s and 2000s due to Senegal's expansion of the community health system.



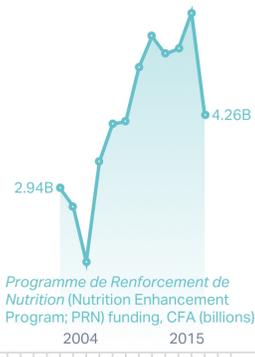
From 1993 to 2017, the proportion of women who completed four or more prenatal visits rose from 14 to 57 percent, while the percentage of births assisted by a skilled health provider increased from 47 to 68 percent.

Supported by USAID, the community health system is comprised of more than 2,300 health huts and 16,000 community health workers. These health workers provide a wide range of preventative and curative services to women and children in vulnerable communities and refer complicated cases to more advanced government facilities. However, there remains a paucity of skilled health workers (i.e., physicians, nurses, and midwives) in Senegal relative to World Health Organization (WHO) guidelines.

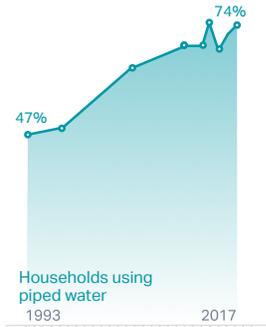
**Nutrition commitment**

The success of nutrition programming in Senegal has been enabled by longstanding political commitment.

After mixed results from early coordination and programmatic efforts, in 2011 Senegal introduced the Lettre de Politique de Développement de la Nutrition (Nutrition Development Policy Letter; LPDN), which aligned Senegal's national strategy with its commitments at the global level and highlighted the multifactorial nature of malnutrition.



To coordinate this new strategy, Senegal developed the Cellule de Lutte Contre la Malnutrition (Coordination Unit for the Fight Against Malnutrition; CLM), based out of the Prime Minister's Office. The CLM went on to implement key programs with the World Bank's support, such as the Programme de Renforcement de Nutrition (Nutrition Enhancement Program; PRN).

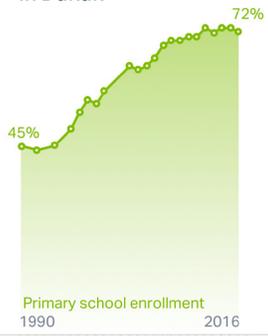


is privatization. The government contracted with private companies to provide water and sanitation services to the Senegalese population. Funded partially through user fees, these private companies were able to vastly improve the quality of services while promoting equity by subsidizing water and sewer connections for those who could not afford to pay.

In addition to infrastructural improvements, coverage also increased. Households using piped water increased from 47 to 74 percent (1993-2017).

## Education

Senegal adopted a set of key education policies and programs in 2000 after hosting the second World Conference on Education for All in Dakar.



The Programme Décennal d'Éducation et de Formation (Ten-Year Education and Training Program; PDEF) was introduced first, supplemented by the Plan National d'Actions de l'Éducation Pour Tous (National Action Plan for Education for All; PNA EPT). The initiatives shared the same overarching goal: to improve access to universal quality education and training.

While Senegal did not meet the target of 100 percent primary school enrollment rate by 2010, significant progress was still made. Both primary school enrollment rates (44 to 72 percent from 1992 to 2016) and adult literacy rates (38 to 56 percent from 1998 to 2013) rose during this time period, with more progress still to come.

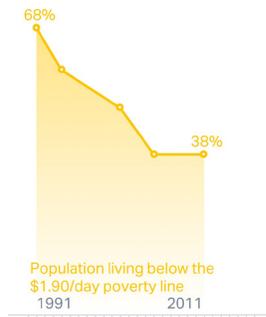
## Water and sanitation

Starting in the mid-1990s, Senegal partnered with the World Bank to spearhead a major reform of its water and sanitation sectors.

The first of these reforms was named the Water Sector Project. The underlying principle of these reforms, which are ongoing,

## Poverty reduction

Senegal's extreme poverty rate dropped significantly following a currency devaluation in the 1990s and as remittances grew in the 2000s.



Macroeconomic reform was a big driver of this drop. In 1994, the West African CFA franc was devalued from 50 to 100 African francs for each French franc. In the very short term, this led to inflation and an increase in prices of basic goods, including food. In the medium term, however, it boosted public and private investment in the economy, thereby stimulating economic growth.

While inequality within Senegal did not decline drastically, growing incomes brought broad benefits and lifted millions out of extreme poverty.

Since the mid-2000s, remittances, now representing about 11 percent of GDP, have become an increasingly important safety net for Senegalese families wrestling with poverty.

