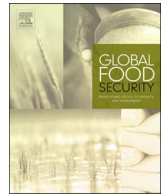




Contents lists available at ScienceDirect

Global Food Security

journal homepage: www.elsevier.com/locate/gfs

How Senegal created an enabling environment for nutrition: A story of change

Halie Kampman^a, Amanda Zongrone^b, Rahul Rawat^b, Elodie Becquey^{b,*}

^a Independent consultant, International Food Policy Research Institute, 390 Vista Linda Drive, Mill Valley, CA 94941, USA

^b Poverty, Health and Nutrition Division, International Food Policy Research Institute, 2033 K St, NW, Washington, D.C. 20006-1002, USA

ARTICLE INFO

Keywords:

Change
Multisectoral
Nutrition
Policy
Senegal
Story

ABSTRACT

In the past 15 years, Senegal has made considerable progress in the fight against child undernutrition. To better understand how this was achieved, we reviewed 11 national policy documents published between 2001 and 2015, and interviewed 25 key-informants from the government, donor community, civil society, as well as 24 local service providers and 18 community members. We explored the *commitment* of actors and *coherence* between and within sectors. We linked this to changes in nutrition services experienced by *communities*. The key theme that emerged was the critical role of increased political commitment, materialized and maintained by a high-level national coordinating body for nutrition. The body actively facilitates multisectoral coherence in action for nutrition, overseeing the implementation of a national nutrition program, the effects of which are seen at the community level.

1. Introduction

Senegal is viewed as a relative success story in addressing undernutrition. The country has experienced marked improvements in nutrition in the last 20 years. Between 1993 and 2014, there has been a notable reduction in the prevalence of stunting among young children, from 33% to 19% (Ndiaye et al., 1994; ANSD Senegal and ICF International, 2015). Senegal currently has one of the lowest rates of stunting among West African countries (International Food Policy Research Institute, 2015). Recent research has identified potential drivers of this progress including multisectoral coordination for nutrition activities (Wuehler and Ly Wane, 2011) (Garrett and Natalicchio, 2011); the development of a national nutrition division (Wuehler and Ly Wane, 2011); nutrition-sensitive national agricultural policies (Lachat et al., 2015); and coordinated nutrition behavior change communication tools across sectors (Wuehler and Ly Wane 2011). Analyses that attempt to quantify the drivers of positive change in height-for-age document notable contributions of improvements in overall wealth, health care, and parental nutrition and education (Headey et al. in this issue).

This paper presents a case study of Senegal's progress in mobilizing political commitment and increasing coherence in action to address child undernutrition. It constitutes one of a larger portfolio of case studies documenting the mechanisms by which nutrition has improved over the past 15 years in several countries as part of the *Stories of*

Change in Nutrition project. We examined the role of the enabling environment for nutrition including the translation of sectoral and multisectoral collaborations and initiatives at the national, sub-national, and community levels into nutrition improvements among children. The research questions were structured to examine change within three guiding themes i.e. *commitment of actors*, *coherence between and within sectors*, and *community experiences* (Table 1) (Gillespie and van den Bold, 2015).

2. Methods

2.1. Study sample

We used primary and secondary data from three sources: policy documents, in-depth qualitative interviews with national and sub-national stakeholders, and in-depth qualitative interviews with community members.

2.1.1. Policy documents

The objectives of the policy document review were to map the landscape of existing national policies and development plans that addressed undernutrition and to describe how this landscape evolved over the past 15 years. A list of 14 policy documents spanning 2001–2015, from the nutrition sector and from key nutrition-sensitive sectors, were identified. Nutrition-sensitive sectors were defined as

* Corresponding author.

E-mail addresses: haliekampman@gmail.com (H. Kampman), a.zongrone@cgiar.org (A. Zongrone), Rahul.Rawat@gatesfoundation.org (R. Rawat), e.becquey@cgiar.org (E. Becquey).

<http://dx.doi.org/10.1016/j.gfs.2017.02.005>

Received 16 October 2016; Accepted 3 February 2017

2211-9124/ © 2017 Published by Elsevier B.V. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Table 1
Research questions by guiding theme.

Commitment
<i>Changes (in the past 15 years):</i>
<ul style="list-style-type: none"> • How have actors' ideas and understanding of nutrition changed? How does this indicate changes in political priority for nutrition? • What have been the major changes in the political context? How has this affected political commitment to nutrition? • Across other sectors what kinds of changes can we see in policies related to nutrition? How does this indicate a changes in the sectors' respective commitment to nutrition?
<i>Challenges (present and future):</i>
<ul style="list-style-type: none"> • How will commitment be sustained in the face of current or likely future challenges or threats?
Coherence
<i>Changes (in the past 15 years):</i>
<ul style="list-style-type: none"> • How is institutional coherence established, and how has it changed? • What changes can we see regarding horizontal coherence: intra and inter-sector? • What changes can we see regarding vertical coherence: from policy to community level implementation?
<i>Challenges (present and future):</i>
<ul style="list-style-type: none"> • What are the current and future challenges faced in ensuring policy and program coherence?
Community
<i>Changes (in the past 15 years):</i>
<ul style="list-style-type: none"> • What changes can we see in nutrition service delivery at the community level? • How have the lives of nutritionally vulnerable people (mothers and children) changed?
<i>Challenges (present and future):</i>
<ul style="list-style-type: none"> • What are the main current and future challenges regarding community level nutritional health and well-being?

agriculture, health, education, and finance. Of these documents, 6 were obtained through online searching and from our personal collections; 7 were recommended by the Unit for the Fight Against Malnutrition (CLM, *Cellule de Lutte contre la Malnutrition* in French); and 1 was recommended during a stakeholder interview. We reviewed the documents that met at least one of the following criteria: had a reference to

Table 2
Policy documents (2001–2015).

	<i>Nutrition specific or sensitive objectives</i>	<i>Nutrition indicators</i>	<i>Nutrition in budget</i>
<i>Final policy documents reviewed</i>			
Letter of Nutrition Policy (2001)	X	X	
National Plan for Local Development (2006)	X		
Strategic Document for the Reduction of Poverty II (DSRP II) (2006–2010)	X	X	
National Policy for Integrated Early Childhood Development (2007)	X	X	
National Plan for Child Survival (2007–2015)	X	X	X
National Health Development Plan (2009–2018)	X	X	X
National Agricultural Investment Program (2011–2015)	X		
The National Strategy for Economic Development (2013–2017)	X	X	X
Plan for an Emergent Senegal (2014–2035)	X	X	X
Policy Document of Health/Nutrition/Environment in the Education System (2015)	X	X	X
National Nutrition Policy (2015)	X	X	
<i>Policy documents discarded</i>			
Proposal for Operational Strategy for the Agricultural Sector 2001–2005			
Strategic Document for the Reduction of Poverty (DSRP) (2003–2005)	X ^a	X ^a	
Agricultural-Sylvo-Pastoral Orientation Law 2004–2016			

^a Eliminated because repetitive with DSRP II.

nutrition within policy objectives, included nutrition indicators, and specifically mentioned nutrition in the budget; and we excluded documents that were repetitive (Table 2).

2.1.2. National and local level stakeholders

To identify our study sample, we used policy and program documents to develop a chronological list of major national and international events, structures, and actors in nutrition over the last 15 years. From this list we identified 31 relevant structures, which can be characterized by 4 organizational categories (Government, Non-Governmental Organizations (NGOs), International Organizations, and Academic Institutions). Ten structures from this list were eliminated because they represented repetitive data collection within their category. We were not able to conduct an interview at two structures because stakeholders were unavailable for interview. Throughout the interview process, we attempted to interview the person with the most relevant experience in nutrition from each structure identified. As we interviewed, we also used snowball sampling to add new structures (n=0) and stakeholders (n=4) to our dataset. Data collection continued until we reached a point of theoretical saturation (Bhattachjee, 2012) within each stakeholder category; the same themes emerged repeatedly in the interviews. Thus, in-depth qualitative interviews were conducted with 25 individual stakeholders from 19 structures between August and December 2015 (Table 3).

2.1.3. Community members

We purposively selected an administrative department in Senegal that represented a department with a moderate rate of malnutrition, and that had experienced relative success in addressing undernutrition, but with scope for continued improvement. The department was identified independently both by a Nutrition Professor in a Senegalese University and by the CLM. Within the department, four subdivisions (CL, *Collectivités Locales* in French) were randomly selected out of nine total CL. The selection of villages was restricted by the linguistic ability of the field enumerators, which led to the exclusion of Pulaar speaking villages within the CL. From a list of Wolof and Mandinka speaking villages in each CL, one village was randomly selected. Community development agents (ADC, *Agent de Développement Communautaire* in French) in each of the four CL helped us to identify other community-level health service agents, which we will refer to as “Frontline Workers”.

A total of 24 Frontline Workers were interviewed in December 2015. These included 5 at the CL level: 4 ADC and 1 head nurse of the

Download English Version:

<https://daneshyari.com/en/article/5114548>

Download Persian Version:

<https://daneshyari.com/article/5114548>

[Daneshyari.com](https://daneshyari.com)