

LEARNING ROUTE in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition



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This report is a summary of the results of the preparation and implementation of the Learning Route (LR) organized jointly by the SUN (Scaling Up Nutrition) Movement's Secretariat, the Fight Against Malnutrition Unit (CLM, Cellule de Lutte contre la Malnutrition) and PROCASUR Corporation; this Learning Route was held in Senegal from the 26th of May to the 1st of June, 2014. The aim of this publication is to illustrate the experience, its main outcomes, and the lessons learned.

The general objective of the Learning Route was to improve understanding and knowledge of the strategies and mechanisms Senegal has initiated to fight against child malnutrition. At the same time, the Route aimed at sharing good practices and successes in the field of nutrition, facilitating access to practical tools to promote nutrition in participating countries and strengthening ties among SUN members.

In all, 20 people among whom governmental officials, national SUN Focal Points, Civil Society representatives from the SUN multi-stakeholders platform of Benin, Burundi, Ghana, Guinea Conakry, Niger, Sierra Leone and Peru participated to the Route.

The Learning Route focussed on five thematic areas that were identified during its preparatory phase, as key aspects of the fight against malnutrition in Senegal: (1) strategies to involve local government authorities; (2) the multi-sectoral approach to malnutrition; (3) communication for behavioural change; (4) financial management and fund-raising mechanisms and (5) monitoring and evaluation system.

In order to address these thematic areas, a field visit and / or meeting with a panel of experts were organized, followed by a case analysis sessions aimed at identifying good practices and extract the main lessons learned. The work in groups saw different country teams work together, exchanging and learning from their peers, recognising the good practices set up over the years by Senegal to fight against malnutrition and reflecting on them with a critical eye. The main lessons learned that emerged from these workshops are the following:

- **A multi-sectoral approach to malnutrition:** The main lesson learned is that CLM's high-level anchorage greatly facilitates collaboration among the various stakeholders and sectors. Thanks to its position within the Office of the Prime Minister, CLM can interact directly with all the Ministries.
- **Involvement of local government authorities:** The participants learned that the involvement of local government authorities and local communities at all stages of planning as well as monitoring of nutrition activities is a guarantee of success. Good understanding of nutrition leads to ownership of nutrition interventions, which is essential for continuity of interventions. In addition, the community awareness generates local initiatives to respond to contextual nutrition problems.
- **Monitoring and evaluation system's performance:** An effective monitoring and evaluation system enables better visibility of the programme. Regularly collecting data from intervention sites, processing this data, consolidating them by level and finally passing them on provides up to date, "real time" information on programmes' state of progress and thereby becomes a good support for decision-making.
- **Communication strategies:** Nutrition education that relies on tools that suit the context and involve the community is key to success. It is in this framework that CLM supports communication strategies that focus on local beliefs and values in order to change the population's behaviour.
- **Financial management and resource mobilisation:** The financial participation of several partners allows the CLM to allocate donors' resources based on their respective centre of interest and geographic areas of intervention. Among other things, the participants learned that good management can mobilise resources: it reassures financial partners and as a result increases financing opportunities.

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All of these lessons learned are reflected in the “Action Plans” developed by the various countries. In fact, during the Learning Route, group exercises were dedicated to the elaboration of Action Plans by the teams (one Plan for each country team). This activity allowed the participants to adopt and adapt the good practices and innovative solutions learned in Senegal to scale up nutrition in the framework of programme and policies in their countries of origin.

The analysis of the Action Plans shows that the countries that participated in the Route have fully integrated and adapted the lessons learned in Senegal. Among these lessons, the involvement of local government authorities and communities in the design and implementation of nutrition-sensitive projects at local level seems to have inspired a large majority of Plans. This indicates that these are concerns that the countries share, and are identified as aspects that deserve to be addressed in priority.

The creation of a nutrition-specific budget line in local development plans is also proposed in the Plans as a condition for the implication in and ownership of nutrition interventions. In addition, communication’s capital role and the various tools elaborated are very present in the participants’ work. Finally, the participants’ take-home from Senegal’s experience was the importance of having a coordination framework and a good monitoring and evaluation system to ensure the accurate monitoring of the progress made at field level and the achievement of projects’ goals.

The Plans also have the merit of having been elaborated on the basis of and taking into account the opportunities available in each country at a given point in time: the teams were able to identify these opportunities and benefit from them.

Finally, all the Plans showed originality; this was derived from the combination of lessons learned with the specific characteristics of the context in each country. It is a concrete demonstration of the process of taking ownership of and adapting the good practices observed in Senegal.

As the comments of participants show, the Learning Route in Senegal has proven to be an effective tool to facilitate knowledge sharing, dissemination of good practice in nutrition and consolidation of networks among the participating countries. At the same time, the Route provided SUN country members with a personalised learning platform that enabled the germination of new ideas, by promoting sharing of skills and mutual enrichment among SUN key actors. In this context, the close exchange between the Francophone and Anglophone countries in West Africa has been particularly successful and appreciated by the participants. This is why we can affirm that the Learning Route is not coming to an end, but it is rather about to start: this first meeting allowed SUN countries to sow the seeds of good nutrition practices that will spring in new initiatives and exchanges in the near future.

Founded in 2010, the SUN Movement (Scaling Up Nutrition) is a multi-partner and multi-sectoral platform that now consists of 53 countries. This movement unites governments of developing countries, civil society, private sector, researchers, donors and international organizations in a collective effort to improve nutrition.

<http://scalingupnutrition.org/>

Since 2001, the Fight Against Malnutrition Unit (CLM) is the Senegalese government’s body in charge of coordinating actions to improve nutrition in the country. It is placed under the authority of the Office of the Prime Minister and is composed by 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). Consisting of a National Executive Bureau (BEN, Bureau Exécutif National) and three Regional Executive Bureaus (BERs, Bureaux Exécutifs Régionaux), CLM’s objective is to define the national nutrition policy and implement programmes, through a multi-sectoral approach to malnutrition.

<http://clmsn.org>

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PROCASUR Corporation is an international organization specialized in analysing and documenting (or “capitalizing”) and scaling up-local innovations. Its mission is to foster the sharing of local knowledge to fight rural poverty. Through learning platforms based on different knowledge management tools and methodologies adapted to different contexts, the organization fosters the sharing of innovations and brings global institutions and local talents together. PROCASUR has created learning opportunities in over 20 countries in Africa, Asia, and Latin America and the Caribbean, affecting the lives and livelihoods of thousands of rural people across the globe.

<http://www.procasur.org>

Acknowledgments

The Learning Route is the result of active collaboration between the Secretariat of the SUN Movement, the CLM and the PROCASUR Corporation. At CLM, we would like to extend our sincerest thanks for their vital participation to everybody at the National Executive Bureau (BEN) and the Regional Executive Bureau of Thiès. We are also grateful to the Kaolack Regional Government and the Rural Council and population of Patar Lia, the Kaolack Early Childhood Centre, the Palado salt mine Economic Interest Group (EIG) and its community, and the community of the village of Gossas. Finally, we thank everyone who participated in the Learning Route and contributed to its success.

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Acronyms and Abbreviations

AEC Community Implementation Agency (Agence d'Exécution Communautaire)

AGETIP Agency for the Execution of Works of Public Interest (Agence d'Exécution des Travaux d'Intérêt Publique)

ANCR National Association of Rural Councils (Association Nationale des Conseils Ruraux)

ANPECTP National Agency of Small Children and Nursery Schools (Agence Nationale de la Petite Enfance et de la Case des Tout-Petits)

BEN National Executive Bureau of the CLM

BER Regional Executive Bureau of the CLM

CAN National Food and Nutrition Council (Conseil National de l'Alimentation et la Nutrition – Benin)

CCC Community Consultation Framework (Cadre Communal de Concertation – Benin)

CFA Franc of the African Financial Community

CLM Fight Against Malnutrition Unit (Cellule de Lutte contre la Malnutrition)

CLS/PRN, Monitoring Committees (Comités Locaux de Suivi du PRN)

CNSA National Food Security Council (Conseil National de Sécurité Alimentaire)

CONGAD Council of Non-Governmental Organizations (Conseil des Organisations Non Gouvernementales)

CRCCIS Regional Committees to Coordinate and Monitor Salt Iodization (Comités Régionaux de Coordination et de Contrôle de l'Iodation du Sel)

CRS/PRN Regional Nutrition Enhancement Program Monitoring Committees (Comités Régionaux de Suivi du Programme de Renforcement de la Nutrition)

DALN Directorate of Literacy and National Languages (Direction de l'Alphabétisation et des Langues Nationales)

DCMS School Health Control Division (Division du Contrôle Médical Scolaire)

EIG Economic Interest Group

FAO United Nations Food and Agriculture Organization

FMR Financial Management Report

GAIN Global Alliance for Improved Nutrition

HKI Helen Keller International

LCs Local Collectives

LDPs Local Development Plans

MDGs Millennium Development Goals

MDSI Ministry of Development and Social Inclusion (Peru)

PABA Annual Budget Action Plan (Plan d'Action du Budget Annuel)

PASAV Support for Food Security to Households in Vulnerable Situations Project (Projet d'Appui à la Sécurité Alimentaire des Ménages Vulnérables).

PCR Rural Council President (Président Conseil Rural)

PIUS Accelerating Efforts for Universal Iodization of Salt Project (Projet d'Accélération des efforts pour l'Iodation Universelle du Sel)

PMSAN Multisectoral Platform of Food Security and Nutrition (Plateforme Multisectorielle de Sécurité Alimentaire et de Nutrition, Burundi)

PNASA National Food Security Support Program (Programme National Appui à la Sécurité Alimentaire)

PPNS Health and Nutrition Protection Project (Projet de Protection Nutritionnelle et Sanitaire)

PRF Food Enhancement Project (Projet de Renforcement de la Fortification)

PRN Nutrition Enhancement Program (PRN, Programme de Renforcement de la Nutrition)

RC Rural Council

REACH Accelerating the Scale-up of Food and Nutrition Actions

SM Support Mission

SUN Scaling up Nutrition Movement

UNDP United Nations Development Programme

UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WB World Bank

WFP World Food Programme

WHO World Health Organization

I. Introduction

According to the latest FAO estimates (FAO, 2013), 12.5% of the world population—868 million people—is 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 enough quality foods (in terms of nutrients and variety); insufficient correct 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. A political crisis, a war or reprisals such as an embargo levied against a country by other countries can affect food availability. On the societal level, discrimination against certain groups or ethnicities 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 improved. Nutrition interventions were long conducted in isolation, whereas an overarching 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 in a collective effort to 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 53 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. For this reason, the recommendation is to align actions in the different sectors involved and set common targets and measurable outcomes to attain. Countries are invited to mobilise 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 centre 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 enrichment, 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, programmes, resource mobilization and management, coordination, etc.

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1.2. The Learning Route in Senegal

The idea of holding a Learning Route in Senegal dates back to 2013, following two major events. First, from June to August of the same year, the SUN Movement Secretariat surveyed its member countries to learn about their needs and expectations with regards to areas of interest concerning learning and sharing activities among countries. The respondents indicated six main thematic areas as priorities to improve nutrition in their countries: (1) the multi-sectoral approach to nutrition; (2) budgeting nutrition plans; (3) scaling-up and implementing community interventions; (4) monitoring and managing national and international funds; (5) proving me results thanks to a good monitoring and evaluation system; and finally, (6) advocacy and communication activities to guarantee government commitment, make nutrition a top priority for countries and place it high on the national political agenda.

Secondly, during the month of September, the SUN countries met for the first time during a global meeting in New York. It was an opportunity for the various countries to get to know each other and talk. The discussions focused notably on the pressing need to share not only successes but also difficulties each faced in fighting against malnutrition in order to learn from each other.

Twelve member countries expressed their interest in sharing good practices to improve nutrition: Benin, Burundi, Ghana, Guatemala, Guinea-Conakry, Lao PDR, Madagascar, Niger, Sierra Leone, Sri Lanka, Tanzania, Peru and Senegal. The last two were then selected to host the delegations of other countries based on a series of pre-determined criteria, such as success in improving nutrition, the relevance and replication potential of their experiences; sustainability of the experience; proven and documented impact; the interest expressed by other countries to learn from them; logistical issues; and, finally, geographic and linguistic balance.

This was the background of the Learning Route in Senegal, with the aim of offering SUN country members an individualised 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.



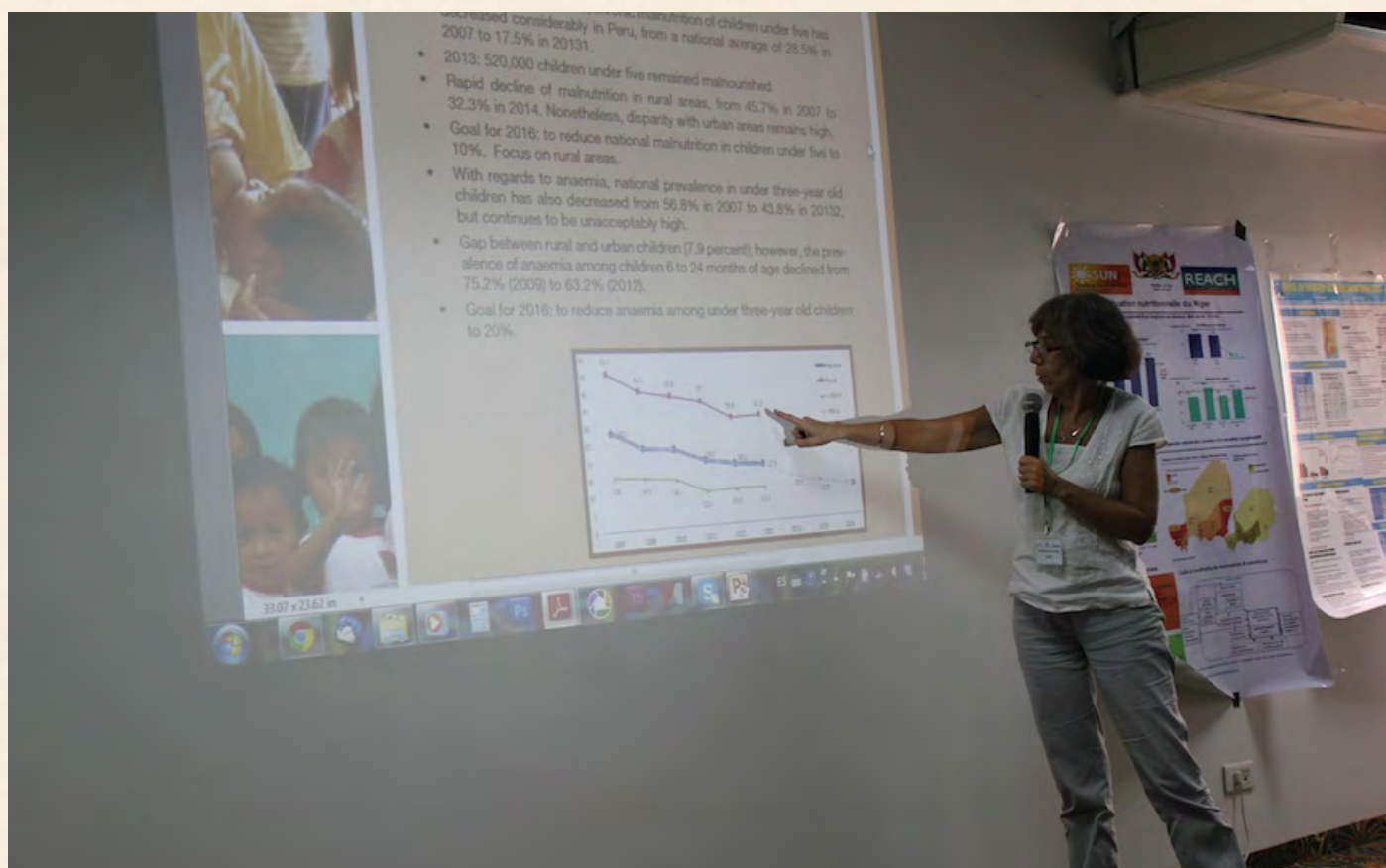
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A “Learning Route” is a capacity-building tool that aims to share knowledge and promote innovative local solutions, in this case to fight malnutrition. A Route is a planned journey with specific learning objectives; it makes room for discussion, analysis and reflection throughout an ongoing learning process. It is a type of on-the-field training and learning, between peers. The learning objectives are designed based on two main components: (i) development stakeholders’ knowledge needs, and (ii) the identification of significant experiences that local stakeholders have used to address similar problems in innovative ways with optimal results, and an accumulated experience that could be useful to others. The Learning Route enables a mutually beneficial exchange of experience and knowledge between participants and the host country. Thanks to this, the participants acquire meaningful knowledge and compare their experience and knowledge. The aim is to develop the ability to identify potentially useful innovations that can be adapted and then applied in the framework of the participants’ organizations in their own country.

During the preparatory phase, the main stages in a Learning Route are: identification of needs for innovation and experiences that can provide learning opportunities during the journey; the systematization of experiences, validation of their contribution, and the design and technical and operational definition of the Route. This is followed by the selection of the LR participants, the coordination with the host experiences and the training of local actors to become trainers (especially, in case of communities or rural organizations).

The Route encourages an active and two-way learning between participants and their hosts; with this purpose, the training methodology is structured following sequenced learning blocks that allow the gradual acquisition and capitalization of lessons learned along the Route. The Experience Fair, that opens the Learning Route, is the first occasion of exchange among participants, which are invited to share the initiatives implemented by their institutions and organizations at country level. This workshop provides participants with the opportunity to appreciate the diversity of existing projects and to express their expectations for the Route.



Experience Fair, presentation by Peru's Country Team

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During the Route, field visits and meetings with key communities' stakeholders are organized in order to learn directly from local actors, and analysis workshops are held with the aim of reflecting on cases visited and extract lessons. A key moment in the Route is the elaboration, by participants, of Action Plans with the aim of adapting and adopting in their home context the good practices learned during the journey. After the Route, a monitoring and support phase accompanies participants in the elaboration and implementation of final Action Plans and the evaluation of their impacts; this is an integral part of the process.

Box 1. The Learning Route in Senegal

The Learning Route in Senegal is the result of active collaboration between the Secretariat of the SUN Movement, the CLM and PROCASUR Corporation. The general objective of the Route was to improve understanding and knowledge of the strategies and mechanisms Senegal has set up to fight against child malnutrition; share knowledge, good practices and successes in the field of nutrition; facilitate access to practical working tools to promote nutrition in participating countries; and strengthen links among stakeholders within the Movement.

In all, 20 people among whom government officials, national SUN Focal Point and Civil Society representatives from the multi-stakeholder SUN platforms in Benin, Burundi, Ghana, Guinea-Conakry, Niger, Sierra Leone and Peru took part in the Route in Senegal from the 26th of May to the 1st of June 2014. The Learning Route also included meetings with central and regional government authorities, field visits to rural communities, thematic meetings with experts and work in groups (see the Route Agenda in the Appendix).



Field visit to Kaolack region, LR participants are welcomed by the rural community of Patar Lia

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 in 1960. It is administratively divided into 14 regions, and contains 5 main ethnic groups, that make up 91% of the population: Wolof (43%), Pular (24%), Serer (15%), Jola (5%) and Mandinka (4%) (ANSD, ICF International, 2013).

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

The government is secular, but 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 corn in smaller quantities. Exports are mainly peanut, peanut oil and cotton; imports are mainly wheat, refined sugar, onions and corn (FAOSTAT). The fishing sector also plays a very important role in the country's economy.

In 2011, 46.7% of the population in Senegal was 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).

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‰), remains high: the risk of death between birth and age five concerns one out of every 15 children (ANSD, ICF International, 2013).

Nearly all children under the age of 6 months are breastfed, but not exclusively (only 38% of children). However, breastfeeding often continues to age 12-15 months of age (ANSD, ICF International, 2013). The World Health Organization (WHO) strongly recommends exclusive breastfeeding for the first 6 months of life because it provides the infant with all the energy and nutrients needed for optimal physical and cognitive development. In addition, breastmilk provides the child with protection against the most common infections and illnesses during the first months of life.

Among children under the age of five, 19% suffer from stunting, 6% of which severe, and nearly one out of every ten (9%) children are moderately or severely underweight (ANSD, ICF International, 2013). Among women, 22% have chronic energy deficiency, while at the same time 21% are overweight (ANSD, ICF International, 2012).

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).

Less than 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.

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).

3. Policies and Programmes to Fight Malnutrition in Senegal

3.1. Before CLM

Among the policies and programmes implemented by the government of Senegal before the 2000s to fight food insecurity and malnutrition, there were the Health and Nutrition Protection Project (PPNS, *Projet de Protection Nutritionnelle et Sanitaire*, 1973-1988), and the Community Nutrition Project (PNC, *Projet de Nutrition Communautaire*, 1995-2000). The first—the PPNS (1973-1988)—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 Public*)—had the goal of responding, in urban areas, to the shocks caused by the structural adjustment policies and devaluation. The main actions were treating malnourished children and educational campaigns. However,

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 causes 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).

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 Programme (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 Preventive

Prior to the 2000s, all these programmes and policies managed food crises (due, for example, to drought, unfavourable 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 programme 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, 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 magnitude 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 Cell to 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; the second was placed under the authority of the Prime Minister to guarantee its operational powers, notably implementation and multi-sectoral coordination. Indeed, the experience of the PNC, which was placed 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 government authorities, 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 institutionalised—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 the Stakeholder Plan for those Involved in the CLM

Since 2001, CLM has been the government body in charge of coordinating nutrition actions in the country. It is placed under the authority of 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 Nationale 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, centre and south of the country. The BERs coordinate the actions of the Community Implementation Agencies (AECs) NGOs, or grassroots community organizations. At

¹ http://www.afd.fr/lang/en/home/projets_afd/education/pages-thematiques/Approche-Programme

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regional level, the CLM also has regional Nutrition Reinforcement Programme Monitoring Committees (CRS/PRN) and regional committees to coordinate and monitor salt iodization (CRCCIS); on the local level, it can count on local PRN monitoring committees (CLS/PRN).

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

Programmes in Place

The CLM currently has four main projects: the "Nutrition Reinforcement Programme" (PRN, Programme de Renforcement de la Nutrition), one of its flagship programmes; 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 Reinforcement Programme" (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 programme'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 measures. The programme is taking place in 14 regions of the country, mobilises 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 focussing on expectant or nursing mothers and children under the age of five through Community Implementation Agencies (AECs).



Community volunteers during a weighing session, Gossas village, Kaolack

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.

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.



Salt mine in Palado, Kaolack

“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 (EIGs), are targeted by the project.

“Food Fortification 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 in Vulnerable Situations” Project (PASAV): This two-year project (2013-2014) 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.

4. Why is Systematizing 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.

5. Key Aspects of Senegal's Success

The Learning Route addressed five themes: (1) the involvement of local government authorities, (2) the multi-sectoral approach to malnutrition, (3) communication for behaviour change, (4) financial management and resource mobilization, and finally (5) the monitoring and evaluation system.

This selection was motivated by the identification, during the systematization activity prior to the Route, of these five aspects as those that exemplify the country's best practices in the fight against malnutrition.

Each theme was the subject of a field visit and/or working sessions, followed by an analysis and reflection session on the cases studied. These group workshops were moments for the various country teams to work together amongst themselves in order to discuss their options in regard to the strengths and weaknesses of the experiences studied and the lessons learned and recommendations to issue in Senegal. The following paragraphs present the activities undertaken by CLM in each thematic area, followed by a summary of the participants' analyses elaborated during the workshops.

“Senegal has the advantage of having been able to start-up and implement actions at field level, in order to have something tailored to mobilise communities and to strengthen the articulation between the different levels, the national one and the local ones. The involvement of communities and their local government authorities, such as women and village leaders, is particularly interesting. Compared to other countries, Senegal is slightly ahead in its strategy to fight malnutrition and I think we have much to learn from the Senegalese experience”.

Delphine Babin-Pelliard (2nd on the left) during a group working session of the Learning Route



Delphine Babin-Pelliard, SUN Movement Secretariat

5.1. 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, the AGETIP, in charge of the PNC (the first nutrition project managed outside the Ministry of Health), 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: it notably brings together all the Technical Ministries concerned by nutrition.

5.1.1. 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 good diets. Equally, good nutrition increases productivity in agriculture because a well-fed population has the strength it needs to work well. In addition, good nutritional status is a necessary condition for the proper development of children's cognitive functions, and a good education has consequences on the adoption of proper food and dietary practices and on prevention. Aware of these close ties between nutrition on the one hand and agriculture, health and education on the other, 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.

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 in regard to monitoring adequate salt iodization and the micronutrient fortification of locally-produced flours and oils.

Strengths, Weaknesses, Lessons Learned and Recommendations

During the Route, as an example of the multi-sectoral approach of the CLM's activities, the participants were able to visit an Early Childhood Centre in Kaolack and the Palado salt mine in the same region (Boxes 2 and 3). They also met with the representatives of the main Ministries (Education, Health and Trade) that work in coordination with the CLM to fight against malnutrition. The participants identified nutrition's anchorage at the highest level—the Office of the Prime Minister—as the main strength. In addition, participants were positively impressed by the availability and commitment of sectors in favour of nutrition, which had made it possible to reposition nutrition in the health sector as well as integrate nutrition into programmes the Ministries of Education and Trade's programmes. However, weaknesses were identified, such as still weak multi-sectoral coordination: in the eyes of the participants, CLM does not coordinate more closely with the multiple stakeholders (Ministries, Local government authorities, NGOs) that act at different levels (nationally, regionally and locally). Participants also indicated the difficulty of the traceability of sectoral budgets allocated to nutrition. The main lesson learned was that CLM's high-level anchorage greatly facilitated collaboration. Thanks to its position within the Office of the Prime Minister, CLM can interact directly with all the Ministries. Finally, a recommendation was formulated to reinforce the multi-sectoral approach by improving the inter-stakeholder coordination system.

Learning Route in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition

Box 2 Early Childhood Centres

There are 704 early childhood centres (Case 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 centres work 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 the age of six. 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 children's development. In the centres, children receive daily meals and many activities regarding nutrition, hygiene and environmental education are carried out.

"This visit to the Early Childhood Centre was really beautiful because it showed how they are taking care of children from zero to six years old. In Peru, children under 3 are under the responsibility of the Ministry of Health, and from 3 to 5—pre-schoolers—are under the responsibility of the Ministry of Education and we still don't see the two of them working together. I think that is really gratifying to see this joint work here. And the other interesting thing here is that you have children accompanied by their mothers, so this is also a good example to follow". Delia Haustein, PRISMA NGO, Peru



Early Childhood Centre, Kaolack

Box 3. The Palado Salt Mine

Kaolack is one of the three main salt production areas in Senegal. Palado, a salt mine in this region, has a large number of small producers, 124 of whom have belonged to an economic interest group (EIG) since 1994. This EIG 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 EIG 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.



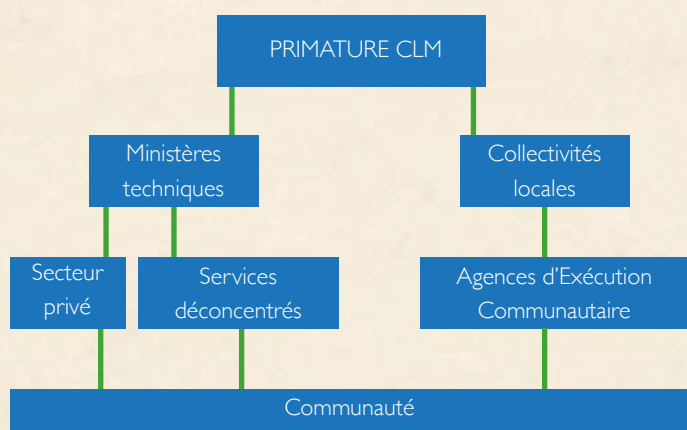
Beyond its multi-sectoral nature—which allows it to address malnutrition from different angles—CLM is also multi-programmatic, meaning that it implements many projects to respond to specific problems (see the section on CLM).

5.2. 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 institutionalise 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 relays⁴ (see Diagrams 1 and 2). In the centre 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.

Diagram 1:

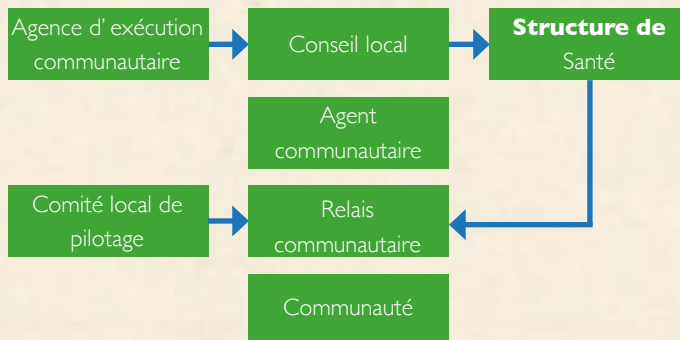
Overall Institutional Schema for PRN Implementation



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).

Diagram 2:

Institutional Schema for PRN Implementation on the Local Level (CLM)



5.2.1. Strategies to involve local government authorities in planning, implementation and monitoring of nutrition projects and community nutrition interventions

As part of the Senegalese government’s decentralization policy, responsibility for health (notably management), including nutrition, was transferred to the local government authorities. This political context created an environment conducive to the inclusion of nutrition in development priorities and made it possible to develop pro-nutrition actions. Indeed, improving the populations’ nutritional situation is more likely to work 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 Reinforcement Programme (PRN, Programme de Renforcement de la Nutrition), local officials shifted from being the beneficiaries of nutrition projects to being the contracting authorities for nutrition projects financed by Phase II of the Project.

The CLM has undertaken three major activities to support the process of turning over responsibility to local government authorities: (1) first, modifying the programme’s institutional framework to position Local Councils 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. Local Councils 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 mobilising 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 execution. Among the activities rolled out by the Rural Council 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 Rural Council collects foodstuffs (such as grains and peanuts) to build up community granaries for the families of malnourished children.



Presentation of the Patar Lia Rural Council

Strengths, Weaknesses, Lessons Learned and Recommendations

To appreciate the strategies implemented by Senegal in order to involve local government authorities in nutrition projects, the participants met with the Patar Lia Rural Council (Box 4).

The strengths identified by the participants were diverse. First of all, the presence of a favourable political context, because the involvement of local elected officials is consistent with the decentralization policy. Indeed, this policy allows the transfer of certain areas of responsibility—including health and nutrition—to local government authorities. Secondly, a coordination framework exists at rural community level. This framework makes it easier to organise participatory community planning sessions, monitor project execution, and share monitoring data in order to motivate various stakeholders. In addition, another strength identified is strong community involvement. In some communities, this takes the form of a financial contribution to nutrition and food donations to community granaries.

However, with regards to initiatives, the weak ties with sectors other than health and education—for example agriculture—were indicated as weaknesses. Among other things, the motivation of (volunteer) relays has not been resolved lastingly, and the inclusion of a budget line dedicated to nutrition is not compulsory, but is instead left to each government authority's choice. The lessons learned by the participants are that the involvement of local government authorities at all stages of planning, as well as monitoring of nutrition activities is a guarantee of success. Good understanding of nutrition leads to ownership of nutrition, interventions, which is key for lasting activities. In addition, community awareness generates local initiatives to respond to local nutrition problems. An example is represented by the community granaries that help feed children during the pre-harvest period. On the basis of their impressions and points of view, the participants also formulated recommendations for their Senegalese peers. First, they felt that it was important to continue to support the institutionalisation of nutrition through advocacy activities targeting local and national authorities. This would guarantee greater consideration of nutrition in local budgets and the on-going support of nutrition through the national budget. The multi-sectoral approach should also be improved through better operational involvement of the various sectors, especially agriculture, water and sanitation. The

issue of the relays' motivation (who are currently volunteers) was raised: financing mechanisms through local budgets need to be found. Finally, it was recommended that knowledge-management mechanisms be set up, notably by capitalizing (analysing and documenting) and disseminating good practices.

5.3. 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 analysed at all levels—from the local level to the district level to the regional level and finally to the national level—and involve the various stakeholders (respectively, the LCs, AECs, BERs and BEN).

5.3.1. 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 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 on-going 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 behaviours 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.

Strengths, Weaknesses, and Recommendations

Meetings with the M&E team within the CLM allowed the participants to discover the monitoring and evaluation system used. The fact that data collection tools have been defined for each level and stakeholder and that there is a retro-information system was perceived by the participants as a strength. Indeed, the CLM was able to develop a good system to process and transmit data using the Internet network. Another positive point was that the nutrition-related data collected at community level are integrated into the National Health Information Service (SNIS, Service National d'Information Sanitaire). Community activity reports are regularly sent to health care centres and some SNIS indicators are elaborated with these data. However, the participants felt that collection tools could be improved, taking into account other relevant indicators, such as food security indicators; this was seen as a major weakness. In addition, the multitude of coordination frameworks may make it difficult for the monitoring and evaluation system to operate. Furthermore, it would be good to set up a joint system that includes partners, as this is not done in a systematic manner. The main lesson learned is that an effective monitoring and evaluation system enables better visibility of programmes. Regularly collecting data from intervention sites, processing this data, consolidating them by level and finally passing them on provides up to date, "real time" information on programmes' state of progress and therefore becomes a good support for decision-making. The recommendations put forth by the participants included improving data sharing by setting up an online database and including indicators from other sectors (food security, water, etc.) as well as reinforce the overall system by organising integrated data collection with all sectors and partners.

5.4. Activity Adjustment and Planning

The advantage of an efficient monitoring and evaluation 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 specific needs at local level, 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 Promotion Monitoring [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 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 behaviours.

5.5. 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 rolled out on the national level. One such example is the PRN’s shift from Phase I to Phase II.



Analysis session during the Learning Route

5.6. Communication Strategies

Communication for behaviour 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 behaviours 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 behaviours can be adopted sustainably.

Thus, CLM favours 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 mobilise them and

involve them in disseminating messages about behaviours that promote good health and nutrition. A different approach was developed by the AEC with the "expecting mother solidarity circles": this approach is based on the sharing of experience and advice among women undergoing the same things in order to encourage them to adopt behaviours 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 behaviours 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 childcare 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 centres by women, as well as the involvement and participation of men in the Communication for Behaviour Change activities.

In their behavioural 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 weighing session. The community relays use them to discuss nutrition or health problems with people in order to promote appropriate behaviours, 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 analyse it with the beneficiaries by identifying causes and consequences; finally, they guide the targets in finding appropriate solutions.



Présentation des boîtes à images, Case de Tout-Petits, Kaolack

Strengths, Weaknesses, Lessons Learned and Recommendations

As in the village of Gossas, at the Early Childhood Centre, the participants saw examples of communication for behavioural change activities (Box 5). Community commitment, which in villages takes the form of local steering committees that bring together volunteers who support nutrition interventions on site, was seen as an important strength. The existence of simple and practical communication tools (image kits) available to all the relays is a strong advantage. In addition, the availability of a critical mass of community relay agents who are trained, committed and receive technical support from sanitary and health care structures greatly facilitates the work. However, a lack of diversification in the communication activities was noted and seen as a weakness. The main lesson learned was that the determination of the community to self manage itself is a key element of success, as well as nutrition education. The recommendations formulated are about diversifying communication strategies by using the media (such as community radio stations) and involving the private sector, especially mobile communication companies. Building stakeholders' capacities and in particular that of community relays was also suggested.

5.7. The Financial Management System

The financial management system ensures the transparency and autonomy of implementing structures and high fund uptake rates. The PRN programme 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 on-going 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 programme 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.⁴ 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 programme was the first to test the FPR system successfully in Senegal and one of the first to do so in Africa.

Strengths, Weaknesses, Recommendations

The existence of an effective financial management system is an undeniable strength: it allows rapid handling of financial and accounting operations accompanied by autonomy in centres of execution (local government authorities, NGOs, technical ministries). In addition, the participants noted that the budget planning is showing good results, as well as activities' implementation and fund use. Another strength is the high financial contribution from the government, which covers around 60% of the CLM's activities and those of the local government authorities. However, a weakness is the non-systematic allocation of a line dedicated to nutrition in local collectives' budgets. Without written directions, each government authority is free to decide whether to allocate funds or not. Among the lessons learned, the participants highlighted the financial participation of several partners. Thanks to this mechanism, the CLM allocates partners' resources based on their respective centres of interest and geographic areas of intervention. Geographic complementarity and intervention synergy is thereby ensured. Moreover, the participants learned that good management encourages resource mobilisation. Indeed, the CLM is recognised for its good financial management, and this image reassures financial partners. Consequently, financing opportunities are greater. In conclusion, the recommendations are to continue the resource mobilisation efforts as well as advocacy targeting the government, and institutionalise the financial contributions of local government authorities.

6. 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, favourable 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 organised in regions, departments, districts, local collectives (communes or rural communities), and villages or neighbourhoods. 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."⁵ One of the main stages in this process, the year 1972 saw the creation of rural government authorities, 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 hand 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 local government authorities. 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.

⁴ This model enables financial management to be monitored along with progress in activities.

⁵ <http://www.cooperationdecentralisee.sn/Decentralisation-au-Senegal.html>

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 favourable context when implementing interventions and, in Phase II, when handing responsibilities over to the local government authorities.

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 mobilise the government again. This new dynamic led, among other things, to the creation of the CLM.

7. Action Plans

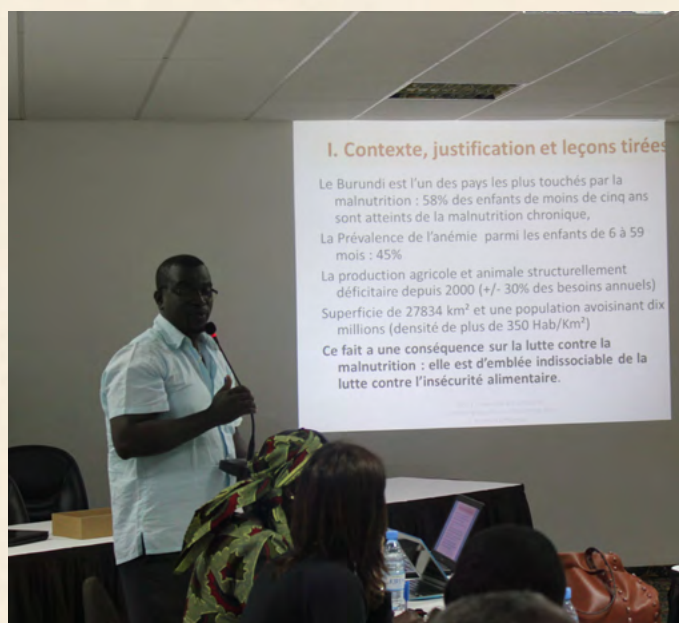
During the Learning Route in Senegal, working groups were organised in order to elaborate Action Plans (one Plan for each country team). This activity allowed the participants to adopt and adapt the good practices and innovative solutions learned in Senegal to scale up nutrition in the framework of programmes and policies in their own countries. The participants were accompanied by PROCASUR and local experts during the elaboration of their Action Plans. On the last day of the Route, the teams presented their Action Plans to the other participants and before a panel of experts composed of SUN, CLM and a randomly selected participant. This panel commented and gave its opinion on the Plans, as did the participants themselves, who were invited to assess their peers' Action Plans.

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 analyse itself and take a critical look at its own experience. This has enabled constant improvement and readjustment of actions finalised 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.

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 their trust. In addition, in the villages, the availability of relays (volunteers from the villages themselves) has been a non-negligible advantage.



Presentation of the Action Plan by the Burundi Country Team

Action Plan elaboration is a process that began during the Route, with the proposal of concept notes by the participants. This process continues after participants have returned home, with the development, definition and implementation of these Plans with the help of colleagues from the participants' institutions/organizations. Post-route Plan monitoring activities are also scheduled for 2014. The following paragraphs were drawn from the Action Plan presentations, or rather the preliminary concept notes elaborated by each country team during the Route. They are, obviously, incomplete and in no way definitive. The aim here is to provide an insight of the countries' background and problems, illustrate the strategies and activities proposed in the Plans, and provide a few general observations.

Action Plan: Benin

Participants

1. AGASSOUNON Célestin, Civil Society Representative, Groupe d'Action pour l'Amour du Bien-être Familial (GABF-ONG)
2. HODE TOHOUEGNON Thérèse, Civil Society Representative, National Food and Nutrition Council (CAN)
3. MONGBO Roch, Permanent Secretary, National Food and Nutrition Council (CAN)

Background

Since 2011, Benin has been one of the countries in the SUN Movement, whose Focal Point is the technical agricultural advisor to the President of Benin. Created in 2012 and attached to the Office of the President, the National Food and Nutrition Council (CAN, Conseil National de l'Alimentation et de la Nutrition) is proof that nutrition is a political priority for Benin. The Council is a multi-sectoral and multi-actor platform in the country, the optimal operation of which is one of the country's goals. In addition, the Strategic Plan for Food and Nutrition Development (PSDAN, Plan Stratégique de Développement de l'Alimentation et de la Nutrition) is Benin's overarching policy document; it has been operationalized via the Result-Based Food and Nutrition Programme (PANAR, Programme National d'Alimentation et de Nutrition Axé sur les Résultats) and the National Food Security Programme (Programme National pour la Sécurité Alimentaire). As a SUN country, Benin is now addressing the following challenges: involving stakeholders in a shared framework for results and harmonizing approaches, methods and tools for action among the various parties involved; aligning the nutrition-sensitive programmes of the sectoral ministries under CAN; and improving national and local budget allocations. Regarding this last item, in 2012, US\$100,000 were allocated to nutrition through a special budget line (SUN), but effort still needs to be made to target malnourished children (45% of children suffer from chronic malnutrition, 21% are underweight, and 16% are wasted) (INSAE, ICF International, 2012). At the same time, in urban areas, overweight and its consequences are beginning to be felt. Poverty is on the rise, and urbanization is growing. Hygiene and sanitation are still poor, and good feeding and weaning practices are not widespread. The Community Nutrition Project (PNC, Projet de Nutrition Communautaire), half way through, is showing encouraging results. A multi-actor consultation framework (the Community Consultation Committee [Cadre Communal de Concertation], CCC) has been set up in each operating commune/village, and 60 Food and Nutrition Security Committees (CSANs, Comités Sécurité Alimentaire et Nutritionnel) have been formed. In addition, a budget line for nutrition has been included and a large number of children have been treated with local food in Community Centres and Nutrition Therapy Centres (CNTs, Centres Nutritionnels Thérapeutiques). The country has several opportunities such as the existence of a reform and investment process in the nutrition sector with the support of the World Bank and UNICEF, and the existence of both national (CAN) and local (CCC) multi-stakeholder frameworks to scale up nutrition.

Action Plan: On the road for nutrition for all in Benin

The Plan is inspired by from Senegal's experience involving local authorities and elaborating communication tools suited to the various targets. The idea is to send a caravan to 12 locations in the country with the aim of increasing stakeholders' commitment to fight malnutrition. The problem that the Plan aims to address is, precisely, poor knowledge among local elected officials, the private sector and civil society of nutrition-related challenges and existing tools to improve nutrition. By taking advantage of the various opportunities in the country—such as the existence of CAN and the multi-stakeholder platform, the community-level experience of nutritional treatment, and the existence of community consultation committees in several areas—the Plan proposes to create specific communication tools and conduct information and awareness-raising sessions at each stop of the caravan. In addition, it plans to encourage the candidates in elections to commit in favour of nutrition. The Plan will involve different stakeholders, including the CAN, technical and financial partners, NGOs, the private sector, Prefects and the Mayors of the communes/villages involved. Finally, all this will help keep nutrition on the national political agenda.

Remarks

The Plan clearly identifies the problems to solve and the specific objectives it wishes to attain. The strategies envisaged make it possible to reach the Plan's targets, are in line with the objectives, and are sufficient to achieve the goals. Stakeholders involved are diverse and numerous; and the opportunities seized countrywide surely favour the proper roll out of the Plan. However, it would be important to also consider the availability of communication experts. Furthermore, carrying out a risk assessments, especially regarding potential political risks, should not be neglected is running on the risks the Plan could encounter, notably political risks.

Action Plan: Burundi

Participants

1. NGOMIRAKIZA Evelyne, Director of PRONIANUT, Ministry of Public Health and Fight against AIDS
2. NKURUNZIZA Jean Claude, National Facilitator, National SUN/REACH Secretariat
3. RUREMA Déo-Guide, SUN Focal Point – Deputy Head of Cabinet, Second Vice-President of the Republic

Background

The year 2013 was significant for Burundi when it came to commitment in fighting malnutrition. To date, the country has officially joined the SUN Movement, appointed its Focal Point in the office of the Second Vice-President, and launched a multi-sectoral and multi-stakeholder platform. In 2014, the Multi-sectoral Platform of Food Security and Nutrition (PMSAN, Plateforme Multisectorielle de Sécurité Alimentaire et de Nutrition) was created and then the technical and financial partners were included in it. The PMSAN also includes 10 Technical Working Groups. Today, the platform includes (1) a steering committee chaired by his Exc. the Second Vice-President and made up of the Government, the heads of United Nations agencies, the lead donor; (2) the SUN/REACH Secretariat; (3) the technical committee, composed by 10 technical working groups made up of members from all networks, several Ministries (including Health, Agriculture and Livestock, Trade and Industry, Finances and Economic Development, Water and the Environment, among others). In addition, the 2014-2016 Multi-Sectoral Food Security and Nutrition Strategic Plan (2014-2016) and its 4 strategic lines were defined, with the commitment to reduce the prevalence of malnutrition from 58% to 48% by 2017. This shows strong, high-level political commitment and the successful establishment of nutrition stakeholder networks (Government, civil society, United Nations, donors). Burundi is currently continuing its efforts to harmonise practices and actions of various stakeholders involved in the fight against malnutrition and above all to mobilise resources to implement activities. The country still has challenges to overcome, as 58% of children suffer from chronic malnutrition, 29% from underweight, and 6% from acute malnutrition (ISTEEBU et al., 2012). One of the main problems is represented by a shortfall in agricultural and livestock production since 2000, accompanied by rising food prices, demographic, and exchange rates unfavourable to imports.

Action Plan: Promote communication for commitment, change and the adoption of behaviour that favour nutrition and food security at community level

The Plan's objective is to involve the community and induce behavioural changes. This will be accomplished by creating, after the approval of the PMSAN steering committee, at colline⁶ level, a multi-sectoral structure dealing with food security and nutrition composed, following a participatory decision, by the colline representative, community health agents, an agricultural monitor, a community animal health agent, a women's representative, and a representative of a grassroots community association and/or a farmers' group. The strategies envisaged by the Plan are to develop image kits on nutrition, health and food security, and organize cascading social mobilization workshops from central level to community level. The Plan will bring together various stakeholders at all levels: the PMSAN, the decentralised structures of the ministries/sectors involved in nutrition and food security, technical and financial partners, national and international NGOs and finally the colline committees. The Plan shows the challenges represented by funding and resource mobilisation, as well as by the implication of technical and financial partners.

Remarks

The Plan takes into account the example provided by Senegal regarding the importance of involving local government authorities in nutrition interventions, raising community awareness, and its own handling with the aim of ensuring lasting results.

The choice of two targets, the colline committee and the community, is a response to the strong desire to obtain two outcomes: the commitment of authorities, and behaviour changes. This is surely very ambitious, although the link between these objectives and the desired results is less clear. The list of stakeholders involved is relevant.

Action Plan: Ghana

Participants

1. QUARSHIE Kate, Head of Nutrition, Ministry of Health (Ghana Health Service)
2. ODOOM Prince, Executive Member, Ghana Coalition of Civil Society Organizations for Scaling Up Nutrition

Background

Since 2011, Benin has been one of the countries in the SUN Movement, whose Focal Point is the technical agricultural advisor to the President of Benin. Created in 2012 and attached to the Office of the President, the National Food and Nutrition Council (CAN, Conseil National de l'Alimentation et de la Nutrition) is proof that nutrition is a political priority for Benin. The Council is a multi-sectoral and multi-actor platform in the country, the optimal operation of which is one of the country's goals. In addition, the Strategic Plan for Food and Nutrition Development (PSDAN, Plan Stratégique de Développement de l'Alimentation et de la Nutrition) is Benin's overarching policy document; it has been operationalized via the Result-Based Food and Nutrition Programme (PANAR, Programme National d'Alimentation et de Nutrition Axé sur les Résultats) and the National Food Security Programme (Programme National pour la Sécurité Alimentaire).

⁶ A Colline is an administrative subdivision, a sub-section of a commune/village.

As a SUN country, Benin is now addressing the following challenges: involving stakeholders in a shared framework for results and harmonizing approaches, methods and tools for action among the various parties involved; aligning the nutrition-sensitive programmes of the sectoral ministries under CAN; and improving national and local budget allocations. Regarding this last item, in 2012, US\$100,000 were allocated to nutrition through a special budget line (SUN), but effort still needs to be made to target malnourished children (45% of children suffer from chronic malnutrition, 21% are underweight, and 16% are wasted) (INSAE, ICF International, 2012). At the same time, in urban areas, overweight and its consequences are beginning to be felt. Poverty is on the rise, and urbanization is growing. Hygiene and sanitation are still poor, and good feeding and weaning practices are not widespread. The Community Nutrition Project (PNC, *Projet de Nutrition Communautaire*), half way through, is showing encouraging results. A multi-actor consultation framework (the Community Consultation Committee [*Cadre Communal de Concertation*], CCC) has been set up in each operating commune/village, and 60 Food and Nutrition Security Committees (CSANs, *Comités Sécurité Alimentaire et Nutritionnel*) have been formed. In addition, a budget line for nutrition has been included and a large number of children have been treated with local food in Community Centres and Nutrition Therapy Centres (CNTs, *Centres Nutritionnels Thérapeutiques*). The country has several opportunities such as the existence of a reform and investment process in the nutrition sector with the support of the World Bank and UNICEF, and the existence of both national (CAN) and local (CCC) multi-stakeholder frameworks to scale up nutrition.

Action Plan: Promote an optimal nutritional status during the first 1,000 days of life, by supporting grandmothers

When elaborating this Plan, the Ghana team took inspiration from Senegal's experience with interpersonal communication, notably the grandmother strategy. The main lessons learned are that interpersonal communication activities at community level are as important as mass communication strategies, and that changing behaviours requires both capacity building among stakeholders and available supporting materials.

The main objective of the Plan is to improve the nutritional situation of children and pregnant women. Several factors have a negative influence on the latter, including a lack of knowledge among mothers that is further worsened by erroneous messages from grandmothers.

Therefore, the idea is to mobilise and train grandmothers as well as other actors who can act as agents to change with regards to proper food practices for children and women during and after pregnancy. Consequently, the level of knowledge among young mothers would improve. Thanks to the country's current opportunities, such as the existence of community-level nutrition activities as well as grassroots community organizations and trained health care professionals, the plan will rely on several actions. First of all, building a consensus among stakeholders involved and mobilising them, especially grandmothers. The aim is to develop grandmothers' capacities to train and in this way be able to communicate correct nutrition messages to young mothers. Secondly, supporting materials, preferably in local languages, will be identified and developed. A set of stakeholders will be involved, from Ministries (Health, Agriculture, Children's Affairs, Gender and Social Protection), to local agencies, and community-based or religious organizations.

Remarks

The Plan clearly identifies the problems and establishes the link between the causes of the precarious nutritional situation and the actions envisaged. The same holds for the outcomes to attain, especially improved knowledge and capacity building, which are in line with the Plan's strategy. The planned concrete actions directly tackle the problems, and therefore have a potentially high chance of succeeding.

However, efforts are still required with regards to the exact definition of the target population, and stakeholders involved. Regarding the latter, it would be desirable to also include communication experts and concentrate only on the main stakeholders. Finally, a risk assessment would be necessary. For example, although consideration of the opportunities in the country is quite exhaustive, addressing the financial aspects could be envisaged, given that the availability of resources for nutrition programmes is still a challenge in the country (SUN, online).

Action Plan: Guinea-Conakry

Participants

1. DAFPE Mamady, SUN Focal Point, Ministry of Health
2. CONDE Mory, Program and Project Agent, Guinean Civil Society Organisations' National Council (CNOSCG)
3. KONAN Nathalie, National Coordinator, National Food Security Council, Ministry of Agriculture

Background

Guinea has been part of the SUN Movement since 2013. In order to coordinate management of the fight against acute malnutrition in nutritional rehabilitation centres, integrated health care centres and national hospitals, the Food and Nutrition Division was created and based in the Ministry of Health and Public Hygiene. The integrated treatment of acute malnutrition has been added to other principal initiatives in the country, such as the promotion of maternal breastfeeding and complementary feeding, the 1,000 days initiative by the Ministry of Health and WFP; the integrated fight against chronic malnutrition by the Ministry of Health, the Ministry of Agriculture and FAO; vitamin A supplementation of children between 6 and 59 months by the Ministry of Health, UNICEF and HKI; deworming of children from 12 to 59 months by the Ministry of Health and UNICEF; nutritional treatment of HIV+ people by the Ministry of Health, CNLS (the National Committee to Fight AIDS) and WFP; the community malnutrition screening programme by the Ministry of Health, UNICEF, WFP and the community; and school meals by the Ministry of Health, the Ministry of Education, the Ministry of Social Affairs and WFP. Nutrition is taken into account in the Poverty Reduction Strategy Paper (PRSP III, 2013-2015), and in the National Agriculture and Food Security Investment Plan (NAFSIP 2010-2015), in the National Health Development Plan (NHDP). In all, in Guinea, 31% of children suffer from chronic malnutrition, 10% are wasted, and approximately 18% are underweight (INSMP et al., 2012). Anemia is also a public health problem, since 77% of children under five and 49% of women are anemic (INSMP et al., 2012). The country's main challenges are: create a budget line for nutrition; finalise the food and nutrition policy and the multi-sectoral action plan; funding for the multi-sectoral plan; increasing the involvement of civil society and the private sector as well as the commitment of public authorities and partners to fund nutrition.

Action Plan: Improving the Nutritional Status of the Population

The general objective is to improve the nutritional status of the population. The identified causes are numerous, and include the non-involvement of local government authorities in nutrition programmes, weak multi-sectoral involvement, lack of a budget line for nutrition, and a weak monitoring and evaluation system. The desired results are pro-nutrition advocacy actions, the setting up of community relays, and the creation of multi-sectoral coordination bodies at all levels. In addition, the planned actions also include the development of a monitoring and evaluation system and the creation of Economic Interest Groups for salt producers as well as the setting up of a central purchasing office for potassium iodate. The project will bring together a large number of stakeholders ranging from rural communities to the National Association of Guinean Communes (ANGC) to Ministries (Trade, Security, Agriculture, Local Development, and Energy) and members of the Technical Committee on Nutrition.

Remarks

The Plan shows the links with the lesson learned in Senegal. First of all the importance of involving local authorities and communities, and the advantage of having a local steering committee and community relays. The Senegalese experience also shows—and the Plan reflects this—that creating a specific budget line for nutrition is crucial for success. The Plan also takes inspiration from the salt producers' economic interest groups visited during the Learning Route. The determination to cover such a vast set of objectives is surely very ambitious, but the Plan would need to be re-focused on few objectives and better define the groups addressed by the project. Similarly, the identified problem—malnutrition—should be tackled from several angles, prioritizing only one or two aspects. The Plan could be used rather as a general framework, a programme, within which more limited projects could be developed.

NB: Due to the outbreak of Ebola in the country during the months following the Learning Route, the activities of follow-up and implementation proposed in the Plan are currently being suspended.

Action Plan: Niger

Participants

1. HAROUNA Souley, General Coordinator, FORSANI NGO
2. MAHAMADOU Aboubacar, Health and Nutrition Advisor, Office of the President of the Republic, Office of the High Commissioner for Initiative 3N (HC3N)
3. OUSMANE Nassirou, Nutrition Director / SUN Focal Point, Ministry of Health

Background

Niger joined the SUN Movement in 2011. Its main programme to fight against malnutrition is the “3N: Nigeriens Feed Nigeriens” (2012-2015, Nigériens Nourrissent les Nigériens), which coordinates the actions of the Ministries of Public Health (National Nutrition Division), and of Agriculture and Livestock. Among the interventions, we find the Integrated Management of Acute Malnutrition Programme (PCIMA, Programme de prise en Charge Intégré de la Malnutrition Aigüe), the Malnutrition Prevention Programme (Programme de Prévention de la Malnutrition, promoting of good infant and child feeding practices, vitamin A supplementation and deworming, promotion of early childhood growth, water, hygiene and sanitation, nutrition education, school gardening and small livestock rearing in schools and communities, and nutrition-sensitive interventions (agro-sylvo-pastoral and fishery production, diversification and processing). Finally, the AGIR program (UNDP) aims at increasing resilience to crises. In 2013, the national budget dedicated to nutrition doubled, reaching US\$2 million, thanks also to the support of various partners (European Union, USAID, United Nations and NGOs) (SUN). Furthermore a platform of 18 national and international civil society organizations exists, to which SUN contributed with US\$428,000 (SUN). In Niger, the rate of chronic malnutrition among children (46%) is above the critical threshold of 40% set by the WHO, and has barely changed since 2009. With regards to underweight, it affects 36% of children, and anemia affects nearly $\frac{3}{4}$ of all children (73%), approximately half of all women (46%) and more than $\frac{1}{4}$ of men (26%) (INS, ICF International, 2013). The country is preparing to address tackle the challenges of coordinating nutrition interventions countrywide, consumption of mobilised resources, and finally community ownership of initiatives.

Action Plan: Plan to align partners

The Plan reflects several lessons drawn from Senegal's experience. First of all, the importance of involving local government authorities and communities as a guarantee of the ownership of nutrition interventions and their continuity; this would be done through the application of regulations which state that 10% of the commune's/village's budget should be destined to participatory health programmes. Secondly, putting resources in common and boosting the coordination framework. Finally, the effectiveness of a good monitoring and evaluation system in programme visibility, through the creation of a common results framework. Consequently, the Plan has several objectives that include strengthening government leadership in order to harmonise and implement vast nutrition interventions, integrate nutrition in Community Development Plans and Annual Investment Plans to get communities to invest in nutrition, and finally the collection of quality nutrition data at all levels. The planned activities are advocacy actions targeting the government to align partners and mobilise resources, as well as targeting communities to advise and support them. In addition, it has been decided to build stakeholders' capacities to collect data and enter them into the National Health Information System (SNIS, Système National d'Information Sanitaire). The strategies imagined in the Plan take advantage of opportunities available in the country, such as the existence of laws governing decentralization, the coordination framework at the highest level (3N) and finally steering tools (National Nutrition Policy – Multi-Sectoral Strategic Plan, Politique Nationale Nutrition-Plan stratégique Multisectoriel)

Remarks

The Plan clearly targets the main issues that need to be addressed in priority. The three objectives are clearly indicated, as are the strategies to attain them. However, the strategies risk being insufficient: among the risks that could be faced, the change in institutional priorities at country level.

Action Plan: Peru

Participants

1. HAUSTEIN Delia, Director, PRISMA NGO
2. LAZARO Mirko, Team Lead for Techniques and Technology, National Food and Nutrition Centre (CENAN), Ministry of Health
3. SARA MUELLE Edgardo, Coordinator, Social Policy, Ministry of Development and Social Inclusion (MIDIS)

Background

Peru joined the SUN Movement in 2010, and in 2011 saw the creation of the Ministry of Development and Social Inclusion (MIDIS), which has strengthened governance of nutrition within the country. Within the MIDIS, the SUN Focal Point is the Vice-Minister in charge of policy and social assessment. The fight against malnutrition brings together different stakeholders: among others, the Inter Ministerial Commission of Social Affairs (CIAS, Comisión Interministerial de Asuntos Sociales), the Ministries of Health, Education, Economy and Finance. The "CRECER" and the "CRECER PARA INCLUIR" strategies allow the coordination of programmes fighting malnutrition in the country. Several Ministries have also signed a "National Agreement for Coordinated Action to Fight Child Malnutrition", which includes a multi-annual budget commitment for nutrition. In all, the government participates in the fight against malnutrition with a budget of US\$1.1 billion (SUN). One of the country's objectives is to improve inter-governmental and inter-sector coordination of nutrition interventions and build the capacities of regional and local authorities to improve public services and spending. Peru has made considerable progress in recent years. For example, stunting among children under five has dropped from 28.5% in 2007 to 17.5% in 2013 (ENEI, 2013). The prevalence of anemia has also dropped, but still remains very high (43.8% of children under three years of age, in 2013) (ENEI, 2013). It is encouraging to see that rural areas have been interested by these improvements (ENEI, 2013). However, the disparity between rural and urban areas remains significant. Therefore, by 2016, the goal is to reduce the rate of malnutrition among children under five to less than 10%, especially in rural areas.

Action Plan: Promoting child growth through the involvement of local government authorities (at district and department level)

Among the lessons learned from Senegal's experience, this Plan takes into account the importance of involving local government authorities and communities in nutrition-related initiatives and the participation of a range of different stakeholders in elaborating advocacy documents. The objective is to turn local authorities into promoters of good child development within their jurisdictions. The regional and local elections planned for the coming months are a good opportunity to mobilise candidates and their staff and raise their awareness of the importance of nutrition. Through candidates—the Plan's direct target—it will be possible to indirectly reach households with young children, along with pregnant and breastfeeding mothers, in the poorest districts targeted by the direct cash transfer programme, "JUNTOS". This could help attain the national goals for the reduction of stunting (below a threshold of 10%) and anemia (below a threshold of 20%). The main outcome the Plan would like to achieve is the development of advocacy actions between now and the elections: they would be followed, after the elections, by the elaboration of plans for communication, capacity building, formative support and finally monitoring and evaluation. The planned strategies are capacity building and advocacy in order to generate awareness among election candidates of the importance of nutrition, supported by the distribution of guidelines on child growth and development, taking into account cultural aspects and gender. The strength of this approach is also the candidates' long-term capacity to put pressure on the winners using nutrition-related arguments. Round tables with local governments will also be held and agreements will be signed. Several actors will be involved at national level (Ministries of Development and Social Inclusion, Health, Education and Finances) as well as their local and regional agencies, the region presidents, without forgetting civil society, local associations and the private sector. However, one of the identified risks is the high turnover rate among central political staff, which could affect political support, as well as the lack of "power of influence" of the country's civil society.

Remarks

The strongest point of the Plan is that it perfectly grasps an excellent opportunity (the upcoming elections) to place nutrition front and centre of the political agenda. The direct and indirect targets are clearly defined. The chosen strategies are entirely relevant and make it possible to achieve the objective of advocacy targeting candidates. It would even have been possible to plan the insertion of nutrition in the candidates' electoral campaigns.

Action Plan: Sierra Leone

Participants

1. FOH Mohamed Beva Kelfala, Coordinator, SUN Secretariat
2. JALLOH Mohamed Bailor, Director-General, Focus 1000
3. SHERIFF Mohamed Ajuba, Deputy Director, Planning, Monitoring and Evaluation and Statistics Division, Ministry of Agriculture, Forests and Food Security

Background

Sierra Leone joined the SUN Movement in 2012. The country set up a Food Security and Nutrition Policy Implementation Plan following the adoption of the National Policy on Food and Nutrition. This shows that nutrition ranks high among Sierra Leone's objectives. Among the initiatives that have shown results in recent years, the country counts preventive measures for good nutritional status and treatment of malnourished children, as well as the coordination of activities of various stakeholders in the field of nutrition. The main stakeholders are Ministries (first of all Health and Agriculture, Forests and Food Security, but also a large number of others), the Government, SUN, the United Nations and donors. The fight against malnutrition is a priority for the country, which has included it in its main policy documents, such as the "Agenda for Prosperity – Third Generation Poverty Reduction Strategy Paper 2013-2018". One of its components is the programme to improve nutritional and food security through agriculture, fisheries and agro-industry, which has four pillars: food availability, accessibility, the stability of both, and utilization. However, the situation in the country is still critical, because 38% of children suffer from stunting, 16% are underweight, and 9% are wasted (SSL, ICF International, 2013). Micronutrient deficiencies are also a major concern because, for example, 80% of children are anemic. The challenges that Sierra Leone will have to address in the coming years include the limited funding from government and donors, limited private sector involvement, as well as the level of human resources and capacities for monitoring and evaluation.

Action Plan: Coordinate and mobilise local authorities to manage nutrition and food security projects

The Plan starts from the observation of a set of problems regarding: low involvement of local authorities in pro-nutrition activities, limited coordination among communities, difficulties delivering local services, and the fragmentation of monitoring and evaluation activities. The importance of all these aspects has been drawn from Senegal's experience. The final objectives are to improve mothers and children's food practices, and put nutrition on the political and national development agenda in a lasting way. The Plan suggests several activities in order to increase the participation and commitment of the country's 19 local government authorities, increase the capacities of health and agriculture agents at community level, reinforce coordination structures for food and nutritional security in 14 districts, harmonise the communication and advocacy strategy for the civil society platform, and finally strengthen joint monitoring and evaluation activities.

The strategies include, among others, the inclusion of nutrition in development plans, advocacy, workshops, and developing communication tools for development agents. The stakeholders who are supposed to take part are, of course, local council members and the presidents of local governments, the Ministries of Agriculture, Education and Health and their local agents, as well as the SUN Secretariat.

Remarks

The problems and causes are clearly described, and the objectives are well linked to the respective problems. However, the strategies and activities discussed might not be entirely sufficient to attain the Plan's overarching objectives, which are to improve food practices and keep nutrition on the political agenda.

NB: Due to the outbreak of Ebola in the country during the months following the Learning Route, the activities of follow-up and implementation proposed in the Plan are currently being suspended.

Overall Conclusions Regarding the Plans

The analysis of the Action Plans shows that the countries that participated in the Route have fully integrated and adapted the lessons learned in Senegal. Among these lessons, the involvement of local government authorities and communities in the design and implementation of nutrition-sensitive projects at local level seems to have inspired a large majority of the Plans. This indicates that these are concerns that the countries share, and are identified as aspects that deserve to be addressed in priority.

« Honestly, the commitment level I've seen in the villages we visited is overwhelming. To the extent that the locals agree to contribute with their production to a common granary for future use. They recognise that that is the little they could do to support nutrition interventions for the well-being of their own children. This is a culture they have built for themselves. I am going to sensitize my community people that health is sacrifice, that we all need to make, to make life better for us all.» Prince Odoom, GHACCSSUN, Ghana



with the national delegation from Sierra Leone during the Learning Route

The creation of a nutrition-specific budget line in local development plans is also proposed in the Plans as a condition for the implication in and ownership of nutrition interventions. This aspect is developed, for example, in the Nigerien plan.

In addition, communication's capital role and the various tools elaborated are often present in the participants' work. Among the teams, Benin, Burundi and especially Ghana placed communication front and centre in their Plans.

Finally, the participants' take-home from the Senegal's experience was the importance of having a coordination framework and a good monitoring and evaluation system. This can be seen more specifically in Sierra Leone's and Niger's Plans.

"We had the chance to share the M&E tools used to monitor the activities undertaken at community level. I would like to acknowledge the significant contribution provided by the grassroots communities: contributions in food, which are stored by locals into a community granary, in order to provide a balanced diet for children. All this has gratified us and allowed us to take these aspects into account once we'll be back home for better action to reduce chronic child malnutrition in our own countries."

Célestin Agassounou, GABF-NGO, Benin



The Plans also have the merit of having been elaborated on the basis of and taking into account the opportunities available in the respective countries at a given point in time: the teams were able to grasp these opportunities and benefit from them. Peru's Plan is exemplary in this regard.

Finally, all the Plans showed originality; this originality was derived from the combination of lessons learned with the specific characteristics of the context in each country. It is a concrete demonstration of the process of taking ownership of and adapting the good practices observed in Senegal.

Nevertheless, the Plans have some limits. Indeed, several addressed overly broad issues and as a result these plans included an excessive number of objectives and strategies. Re-focusing them on a smaller set could therefore be envisaged. Similarly, more precisely defining and limiting target populations could help better attain the Plans' objectives. In some cases, the stakeholders need to be defined with greater precision and communication experts should be included. Finally, risk analysis should never be neglected.

In conclusion, it must not be forgotten that these Plans represent a preliminary stage of the elaboration of final projects to include innovations in national nutrition programmes after adapting lessons learned in Senegal during the Learning Route. This process is currently underway.

8. Conclusions

Senegal has shown very encouraging results in the fight against malnutrition, especially in reducing prevalence of stunting among children under 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 of assessment, the readjustment of objectives and continuous planning. Finally, this has been accompanied by a very innovative and effective communication strategy and by general enabling factors in the country.

Learning Route in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition

However, some challenges still have to be addressed. Senegal will continue the efforts to fight against malnutrition in order 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; and

- **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 evaluation; and high-level government leadership shall ensure the transparency and accountability of the various stakeholders and close project monitoring.

The outcomes of the Learning Route that took place in Senegal from the 26th of May 26 to the 1st of June 2014 were very encouraging. The Route has been an excellent opportunity to strengthen ties between SUN member countries, which allowed the exchange of successes and difficulties encountered by all in the fight against malnutrition. This had previously been set as the Movement's objective following its first global meeting in 2013.

Throughout the Route, the participants have been able to learn from their peer, Senegal, the good practices set up over the years, reflect on them with a critical eye, and learn useful lessons in order to adapt them to their own context.

"We were very happy to receive the Learning Route's participants. The Rural Community is huge and it includes many sites, so it has been a great honour and a source of satisfaction for us to be chosen for this visit. The advice that we would like to give them is to rely on communities and help families without expecting anything in return, knowing that the benefit will be in the future, because today's children are adults tomorrow, who will serve their communities and their countries."

Fatou Faye, President of the Local Community Committee, Gossas village, Kaolack

The main lessons that the participants learned in Senegal are the following:

- **A multi-sectoral approach to malnutrition:** The main lesson learned is that CLM's high-level anchorage greatly facilitates collaboration among the various stakeholders and sectors. Thanks to its position within the Office of the Prime Minister, CLM can interact directly with all the Ministries.
- **Involvement of local government authorities:** The participants learned that the involvement of local government authorities and local communities at all stages of planning as well as monitoring of nutrition activities is a guarantee of success. Good understanding of nutrition leads to ownership of nutrition interventions, which is essential for continuity of interventions. In addition, the community awareness generates local initiatives to respond to contextual nutrition problems.
- **Monitoring and evaluation system's performance:** An effective monitoring and evaluation system enables better visibility of the programme. Regularly collecting data from intervention sites, processing this data, consolidating them by level and finally passing them on provides up to date, "real time" information on programmes' state of progress and thereby becomes a good support for decision-making.
- **Communication strategies:** Nutrition education that relies on tools that suit the context and involve the community is key to success. It is in this framework that CLM supports communication strategies that focus on local beliefs and values in order to change the population's behaviour.
- **Financial management and resource mobilisation:** The financial participation of several partners allows the CLM to allocate donors' resources based on their respective centre of interest and geographic areas of intervention. Among other things, the participants learned that good management can mobilise resources: it reassures financial partners and as a result increases financing opportunities.

All of these lessons learned are reflected in the Action Plans developed by the various countries, especially the importance of local government authorities' involvement.

At the same time, the Route was an opportunity for Senegal to examine and analyse its own experience, capitalise its successes and difficulties to highlight the lessons learned. Furthermore, the discussions with the other participants allowed the Senegalese team to draw on other points of view to enrich their view of their own experience and current context. Indeed, during the case study workshops, the participating countries also formulated recommendations for the Senegalese team to improve its system for fighting malnutrition.

In conclusion, we hope that this Learning Route will pave the way to several other opportunities for SUN countries to come together to facilitate and promote the sharing of good practices and innovations. SUN countries, on their side, are continuing their efforts to reinforce multi-sectoral platforms to fight against malnutrition at the national level.

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Annexes

I. Learning Route Agenda

	SUNDAY 25	MONDAY 26	TUESDAY 27	WEDNESDAY 28	THURSDAY 29	FRIDAY 30	SATURDAY 31	SUNDAY 01
07:00- 08:00		Breakfast Official Opening of the Learning Route Panel Presentation of CLM and its main programmes	Breakfast Meeting with the Local Governor of Kaolack	Breakfast Topic 3 Field visit Integrating nutrition into different programmes Visit to a Salt Production site in Palado	Breakfast Topic 4 & 5 Panel Financial management systems and effective fund-raising mechanisms; M&E system	Breakfast Topic 3 Panel Multi-sectoral approach: CLM's collaboration with key Ministries	Breakfast Work in groups Design of the Country Action Plans (Country National Teams)	Breakfast Presentation of the Country Action Plans
	Arrival and reception of participants in Dakar (during the whole day)	Presentation of the Learning Route Team and LR Agenda Experience Fair (poster session)	Topic 1 & 2 Field visit Strategies to involve local government authorities into nutrition-sensitive programmes and communication strategies Meeting with Patar Lia Local Council Visit to a nutrition site in Gossas	Visit to an early childhood center (Case de Tout-Petits)	Meeting with Ministries: Education Family, Women and Childhood; Health; Trade.	Roundtable discussions on the different topics		
13: 30 - 14:30		Lunch	Lunch with the community	Lunch	Lunch	Lunch	Lunch	Lunch
		Experience Fair (continuing previous session) Travel to Kaolack	Travel back to the hotel Introduction to the Country Action Plans	Work in Groups Case Study Analysis (mixed groups) Travel back to Dakar	Work in Groups Case Study Analysis (mixed groups) Free Time	Free time Preparation to present the Learning Route's outcomes (meeting with journalists) Meeting with journalists: presentation of the outcomes of the LR Cocktail	Work in groups Design of the Country Action Plans (Country National Teams)	Participants travel back to their place of origin
20 :00- 21 :00		Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner

II. List of participants

Family Name	Name	Position	Organization
BENIN			
AGASSOUNON	Célestin	Civil Society Representative	Groupe d'action pour l'Amour du Bien-être Familial (GA-BF-NGO)
HODE TOHOUEGNON	Thérèse	Civil Society Representative	Civil Society Representative - National Council on Food and Nutrition (CAN)
MONGBO	Roch	Permanent Secretary	National Council on Food and Nutrition (CAN)
BURUNDI			
NGOMIRAKIZA	Evelyne	Director of PRONIANUT	Ministry of Health
NKURUNZIZA	Jean Claude	National Facilitator (SUN/REACH)	Permanent Secretariat SUN/REACH
RUREMA	Déo-Guide	SUN Focal Point – Deputy Chief	Second Vice-Presidency of the Republic
GHANA			
ODOOM	Prince	Executive Member	Ghana Coalition of CSOs for Scaling Up Nutrition (GHACCSSUN)
QUARSHIE	Kate	Head of Nutrition Department	Ghana Health Service – Ministry of Health
GUINEE Conakry			
CONDE	Mory	Programmes and Projects Officer	National Council of Guinean Civil Society Organizations (CNOSCG)
DAFFE	Mamady	SUN Focal Point	Ministry of Health
KONAN	Nathalie	National Coordinator, National Council on Food Security	Ministry of Agriculture
NIGER			
HAROUNA	Souley	General Coordinator	FORSANI NGO
MAHAMADOU	Aboubacar	Health and Nutrition Advisor	Presidency of the Republic-High Commission for the Implementation of the 3N Initiative (HC3N)
OUSMANE	Nassirou	Head of Nutrition / SUN Focal Point	Ministry of Health
PERU			
HAUSTEIN	Carmen Delia	Executive Director	PRISMA NGO
SARA MUELLE	Edgardo	Social Policy and Planning Coordinator	Ministry of Development and Social Inclusion (MIDIS)
LAZARO SERRANO	Mirko	Coordinator of Educative Technologies in Nutrition	National Centre of Food and Nutrition/ Ministry of Health
SIERRA LEONE			
FOH	Mohamed Beva Kelfala	SUN National Coordinator	SUN Secretariat
JALLOH	Mohamed Bailor	Chief Executive Director	Focus 1000
SHERIFF	Mohamed Ajuba	Deputy Director, Planning Evaluation Monitoring and Statistics Division	Ministry of Agriculture, Forestry and Food Security

III. Comments and impressions of the Route

Blog : Transforming one community at a time, 28th of May 2014, by Maria Pizzini, Scaling Up Nutrition (SUN) Movement Secretariat



Something extraordinary is happening in Senegal this week. Seven countries have been invited by the Fight Against Malnutrition Unit (CLM) hosted by the Office of the Prime Minister to see first-hand how Senegal is scaling up nutrition.

Representatives of government and civil society from Benin, Burundi, Ghana, Guinea, Niger, Sierra Leone and Peru are spending the next few days together under the leadership of Mr Abdoulaye Ka, Senegal's SUN Movement Government Focal Point forging new relationships and accelerating their own understanding of nutrition by sharing critical insights to the most practical questions.

So what is different? To start, very few if any laptops or smartphones seem to be distracting participants and rather than debate what nutrition programmes could look like, this group is seeing with their own eyes. To kick off this pilot programme, the CLM provided an in-depth overview of the way they work in the decentralized system of government in Senegal. This was followed by an 'experience fair' where each country presented their own approaches, priorities and challenges. After less than 24 hours in the capital, the group ventured four hours out to Kaolack, a salt-producing area, to speak with representatives from the Rural Council (in between several impressive percussion sets) about the role that local government authorities are playing in fighting malnutrition.

Representatives from the nearby village of Gossas explained to the group that after they were announced to have the worst nutrition indicators in the area, they decided to take action. Community nutrition workers walked through group through the steps they take in ensuring that mothers and their babies are well nourished including routine child weight and growth monitoring, cooking demonstrations, home visits and group discussions to promote nutrition-improving behaviour. The engagement of all members of the community in these actions, combined with a community granary and an iodized salt bank are helping Gossas to slowly but surely push itself up the ranks as one of Senegal's shining community-level nutrition success stories.

Only two days in to this week long exercise, not much encouragement to speak and certainly no energy-boosting exercises are needed with this group. The debates and discussions are intense and forthcoming. Tough questions are asked and respondents seldom spare any hard truths. The participants from these eight countries are doing exactly what was envisioned when the SUN Movement started in 2009 – coming together to inspire country-led transformations for nutrition – one village at a time.

Learning Route in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition



Blog : A community-based perspective, 30th of May 2014, by Ousseynou Diakhate, Fight Against Malnutrition Unit -CLM

Not even a four hour bus drive, the aches and pains of fatigue, a blazing sun rising over Kaolack or a temperature of 40 degrees (in the shade) dampened the curiosity and enthusiasm of the participants in their visit outside of the Senegalese Capital of Dakar.

After a short courtesy visit to the governor of the Kaolack region on Tuesday morning, the expedition headed towards the rural community of Patar Lia. As they stepped off the bus, participants discovered the colourful welcome prepared by the community. In front of a welcome banner positioned at the entrance to the main square and tents to protect all of the ceremonies participants from the late morning sun, rural councillors, women and children of the rural community lined up to receive the delegation. The feverish sounds of drums, chants and applause completed the atmosphere. The Learning Route participants then joined representatives from the Rural Council for an in-depth discussion regarding the involvement of the Local Community in the implementation of nutrition activities. The President of the Rural Council proudly explained the activities carried by the Community Implementing Agencies under his direction.

After two hours of questions and answers, the delegation headed towards Gossas village to learn more about their community nutrition activities. With a tent pitched, chairs and mats spread across the ground and flipchart paper secured to the walls – the heart of the village was transformed into an outdoor classroom for scaling up nutrition. Women

and children from the community gathered on the chairs and mats, enriching the afternoon's lesson. For the next few hours the participants had the opportunity to discover all the nutrition services delivered by community volunteers with support from the local steering committee and under the supervision of the community worker. The group discussed growth monitoring and promotion, communication for behaviour change as well as surveillance and management of malnutrition. To conclude the visit, the village invited the Learning Route participants to join them for a family-style meal of chicken and rice.

The second day of field visit started with an early journey through the streets of Kaolack towards Palado. This village, populated mainly by ethnic Serer inhabitants, has one of the region's largest salt production sites. Through a dynamic Economic Interest Group (GIE), and with the help of Universal Salt iodization Project, the village has been able to build a thriving economic sector from salt mining for the benefit of the community. For example, thanks to profits from the sale of salt, the village has been able to build a new classroom at the local school, buy supplies and provide health care for some community members. The Universal Salt Iodization Project involves partners and key stakeholders such as the Ministry of Commerce and the Chamber of Artisanal Crafts (whose role is to supervise small producers and support marketing). Participants in the learning route were able to exchange with representatives from these groups to better understand the implementation of the project.

Learning Route in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition

At their last stop, the learning route participants were welcomed to the tune of Senegal's national anthem brilliantly sung by the children of the Touba Ndonrong early childhood centre. For the next half an hour, the children entertained the group with their songs, dances and a skit on the importance of a diversified diet. Early childhood centres like these are an essential component of nutrition support in Senegal. These institutions focus their support on both women and their children presenting a great opportunity for the efficient delivery of a package of health and nutrition services.

Tested by the heat and fatigue but inspired by the implementation of nutrition activities, participants boarded the bus with smiles and satisfaction. After a short break at the hotel, the Learning Route participants headed back Dakar to continue to reflect on what they learned and discuss how they will apply these lessons upon return to their countries.

<http://www.aulaprocasur.org/moodle/blog/index.php?entryid=4>



Blog : The LR in Senegal: an intense and valuable experience, 2nd of June 2014, by Edgardo Sara Muelle, Peruvian Ministry of Development and Social Inclusion - MIDIS

The Learning Route in Senegal has been an opportunity to share experiences and lessons learned in relation to nutrition policy with other members of the SUN Initiative. The Route aimed at understanding the strategies and tools promoted by Senegal to achieve impressive results in reducing, during the last two years, chronic malnutrition among children under 5 from 27 to 19 % in,. The one-week learning experience exceeded the expectations of the Peru Country Team.

During the journey we had the opportunity to visit the town of Kaolack and learn about a centre of early childhood development, a nutrition centre in the village of Gossas as well as an iodized salt production centre. Moreover, we met with local authorities, community leaders, health workers and other relevant actors at local level. Upon return to Dakar intense dynamics of group work with representatives of other countries, along with presentations from public sector representatives, which provided us with a greater understanding of the role of the various ministries involved in nutrition and their coordination mechanism.

Learning Route in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition

There were many lessons learned. The importance of promoting participatory processes, especially at local level, is clear. Similarly, good coordination among all stakeholders is a key factor of success. This was reflected in the development of multi-sectoral processes and the design of policy instruments that reflect the same language and commitment among stakeholders. Also worth noting is the monitoring and evaluation system, which generates timely reports and allows to target interventions to the most vulnerable areas.

In conclusion, the Learning Route in Senegal has been an intense and enriching experience regarding the implementation of general public policy to improve nutrition. Networks and contacts with other stakeholders and decision makers in the participating countries were created, thus strengthening the sharing of knowledge. The Learning Route in Peru will be held in August of this year, and we hope to share the various policies and interventions in our country to promote nutrition and contribute to the efforts of the member countries of the SUN Movement.

<http://www.aulaprocasur.org/moodle/blog/index.php?entryid=6>

For further information, please visit:

Virtual Learning Community (Learning Routes): <http://www.aulaprocasur.org/>

SUN Movement: <http://scalingupnutrition.org/>

Fight Against Malnutrition Unit - CLM: <http://www.clm.sn/>

PROCASUR Corporation: <http://www.procasur.org/>

LEARNING ROUTE in Senegal

Strengthening the capacities of SUN Countries by sharing and disseminating good practices in the fight against malnutrition



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