



SPRING/Senegal

Background

Senegal has made significant advancements toward improving health outcomes, but challenges remain around optimal nutrition, especially for women and children. Nineteen percent of Senegalese children under 5 (CU5) are stunted, a measurement of chronic undernutrition. Only 38 percent of infants are exclusively breastfed for 6 months and, in rural areas, a mere 7 percent of children 6-23 months receive a minimum acceptable diet. Women are often unable to access needed health information and services and, as a result, their health practices are often poor, which can contribute to undernutrition. Lack of access to affordable, nutrient dense foods from animals and horticulture is a barrier to good nutrition; poor hygiene practices also contribute to stunting. Sixty-two percent of rural households do nothing to ensure their water is safe to drink and only 31 percent of people wash their hands after defecation. These



Photo: SPRING/Senegal

poor practices can lead to high prevalence of gastrointestinal illnesses that contribute to undernutrition and stunting.

What We Do

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded cooperative agreement that strengthens global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by the JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute. SPRING provides state-of-the-art technical support and focuses on the prevention of stunting and maternal and child anemia in the first 1,000 days.

Our Work

SPRING/Senegal delivers both nutrition-specific and nutrition-sensitive agriculture interventions that complement and reinforce one another in five regions of the country. Initially, we will focus on Kaolack, Fatick, and Kaffrine before expanding to Ziguinchor and Sedhiou by the end of the first year. We are applying a multi-sectoral approach to 1) increase awareness of and demand for good nutrition-related practices, 2) facilitate access to inputs and services essential for good nutrition, and 3) promote good hygiene practices through water, sanitation and hygiene (WASH)-related activities.



¹ Agence Nationale de la Statistique et de la Démographie (ANSD) and MEASURE DHS. 2013. Continuous Demographic and Health Survey in Senegal (Continuous DHS) 2012-2013. Calverton, Maryland: ICF International.

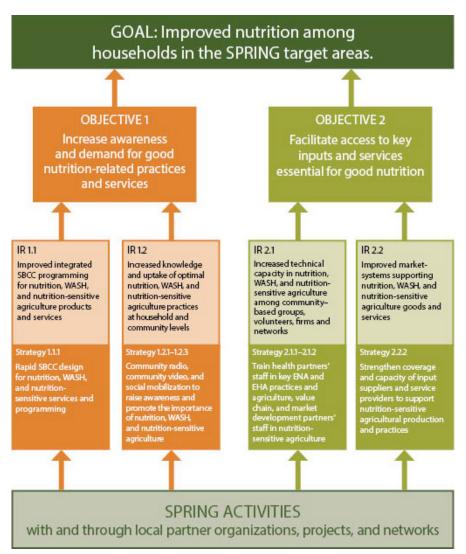
² Ibid.

³ World Bank. 2004. *Le manuel de l'initiative de lavage des mains : guide de preparation d'un programme de promotion du lavage des mains au savon*. Washington, DC: World Bank.

SPRING will use a variety of capacity building and social and behavior change communications (SBCC) approaches to drive organizational change toward nutrition. We will do this through coordination of activities with local stakeholders, sensitization, and training to raise nutrition awareness of organizations/firms and their members/clients. These efforts will include working with local radio stations and producing community videos to promote information about good nutrition and hygiene practices.

Partnerships

To move quickly and work at scale, SPRING will operate with and through existing health, agriculture, and food security programs to address undernutrition in the proposed target areas. Because we recognize the important role that the Government of Senegal (GOS) plays in supporting sustainable outcomes in nutrition, we will support GOS agriculture and nutrition priorities and policies by working through existing programs. However, we will not be working directly with government facilities and systems; instead, we will strengthen the range of private and nongovernmental stakeholders active in our target areas.



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