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# MCH PROGRAM DESCRIPTION

## Senegal



### Overall MCH and health sector situation

Senegal has a population estimated at 11.6 million, growing at a rate of 2.6 percent per year, and is ranked 156 out of 177 countries worldwide on the United Nations Human Development Index. Senegal's high infant and MMR, 61/1,000 and 401/100,000, respectively, are largely attributable to inadequate services, including insufficient emphasis on prevention. Fertility has slowly but consistently decreased but remains high, at 5.3 children per woman; only about 10 percent of married women of reproductive age use contraceptives. The adult HIV prevalence rate is estimated at 0.7 percent for adults 15 to 49 years of age, with 56,000 adults 15 to 49 years of age and 5,000 children estimated to be living with HIV/AIDS. Although substantial improvements have been achieved since the 1960s, Senegal's health indicators show that much more progress is needed in order to meet the country's development goals. The three primary objectives of the national health plan as well as the health component of the poverty reduction plan are to reduce maternal and child mortality and morbidity, and to decrease total fertility. In addition, health is one of the government's "competencies" to be decentralized as part of Senegal's overall decentralization plan.

The Senegalese health care system consists of a network of public health facilities. Seven regional hospitals provide relatively advanced care; district health centers (1 per 150,000 inhabitants) are intended to provide first-level referrals and limited hospitalization services (approximately 10 to 20 beds); and health posts (about 1 per 11,000 inhabitants) provide primary curative care, caring for chronic patients (such as tuberculosis patients), prenatal care, family planning, and, to some extent, health promotion activities related to nutrition, hygiene, and sanitation. It is also significant that at the community level, there are thousands of health huts offering basic services provided by community health workers. In all public health facilities in Senegal, patients are charged at a "cost recovery" price for services, drugs, and commodities, and local health committees manage these funds.

Despite progress in MCH indicators over time, there remain significant sectoral issues and constraints that can be summarized as follows: 1) insufficient access to health services; 2) poor quality and low efficiency and accountability in health services; 3) insufficient emphasis on prevention and behavior changes; 4) weak institutional capacity; 5) insufficient coordination with communities and the private sector; 6) inadequate sector financing and budgetary procedures; and 7) high financial barriers to access and to utilization of health services.

### MCH interventions at the Mission level

USAID's approach in Senegal is to scale up innovative, high-impact strategies and tools in the health system with the objective of contributing to reducing child and MMR by 25 percent, and increasing contraceptive prevalence by 30 percent over the next 5 years. The Government of Senegal presently has funds, partners, and capacity to implement basic health programs, such as immunization, vitamin A supplementation, and clinical treatment of childhood illnesses. USAID helps decentralize basic services to the community using volunteer community health workers, and introduces and institutionalizes effective approaches.

The Mission's contribution to Senegal's MCH objectives includes institutionalizing a package of interventions to make pregnancy and childbirth safer, supporting integration of a neonatal care package at all health facilities, improving maternal and child nutrition, building capacity for effective supervision of service delivery and outreach services, and expanding availability of essential services by decentralizing MCH services to the community level wherever possible. All of these activities are currently covering all districts of five regions of the country. Malaria is a major cause of maternal and child morbidity and mortality, and Senegal was selected as a PMI focus country starting in 2007, resulting in malaria being a large focus of the health program in Senegal, with PMI-supported interventions reaching all 11 regions.

### **Delivery approaches and mechanisms supporting expanded coverage/use of interventions**

To ensure that these services and practices become standard over time, the Mission's program improves MCH services by extending IMCI beyond health facilities and into communities, expanding communications designed to encourage more women to access prenatal care services and to prepare birth plans, in addition to increasing the quality of these services, and systemizing safer birth practices and essential newborn care at both clinical and community levels. The Mission also helps fund a regional vitamin A oil fortification project that also contributes to MCH objectives.

### **Specific actions supported as part of the MCH approach**

USAID supports local communities, including locally elected officials, the general public, and civil society, to develop local health plans that improve the quality of maternal and child health services, and provides matching grants to spur financing of these plans. The program also strengthens and expands the coverage of 55 mutual health organizations. Finally, transparency, accountability, and leadership within the health system are all focal points in USAID's program.

### **The USAID program's geographic focus**

The USAID MCH program focuses geographically in 5 of 11 regions (45 percent of Senegal's population estimated at 5.2 million). The family planning program touches additional regions, and the malaria program reaches nationwide. USAID advocates to the Government of Senegal for investment in non-USAID focus regions in order to scale up USAID-supported innovations, such as essential newborn care, matching grants to local health action plans, and safe birth programs nationwide.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

Senegal's national health plan and poverty reduction strategy highlight reductions in both child and maternal morbidity and mortality as two of the country's three primary health objectives, and improvements in MCH services are an integral part of the USG's foreign assistance priorities for Senegal. Mission support is considered by MOH as part of its strategic plan. USAID is a member of the MCH steering committee that follows the implementation and monitors the results.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

*USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

USAID MCH programs and PMI are integrated in regions where both occur. Title II programs do occur in Senegal but are not well coordinated with the bilateral Mission program. However, as Title II has different focus regions than the bilateral MCH program, there may be potential to link and leverage.

*Investments and initiatives of other donors and international organizations*

Many other donors (bilateral and multilateral) work in Senegal and much of the work is well coordinated. Many groups working in MCH – MOH, UN agencies, donors, and NGOs – collaborate on an MCH “roadmap.” UNICEF funds immunization and district health operations in some regions, and the World Bank pays for MOH budget support and a large nutrition program. The African Development Bank funds health system infrastructure and the World Health Organization provides technical assistance to MOH. GAVI and the Program for Appropriate Technology in Health contribute to immunization. The Japan International Cooperation Agency funds health programs, and volunteers working in MCH and other health elements. All donors generally try to coordinate efforts by attending regular donor coordination meetings, sharing strategic plans and work plans, and undergoing joint planning exercises where possible.

### **Planned results for the Mission's MCH investments over the next 5 years**

Over the next 5 years, the USG program will contribute to a 25 percent decrease in MMR and a 30 percent increase in contraceptive prevalence.



<b>MCH COUNTRY SUMMARY: SENEGAL</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	4,640,000 USD
<b>Country Impact Measures</b>	
Number of births annually*	464,000
Number of under-5 deaths annually	56,000
Neonatal mortality rate (per 1,000 live births)	35
Infant mortality rate (per 1,000 live births)	61
Under-5 mortality rate (per 1,000 live births)	121
Maternal mortality ratio (per 100,000 live births)	401
Percent of children underweight (moderate/severe)	16%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	91%
Percent of women with at least four antenatal care (ANC) visits	40%
Percent of women with a skilled attendant at birth	52%
Percent of women receiving postpartum visit within 3 days of birth***	28%
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding	23%
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	48%
Percent of DPT3 coverage	78%
Percent of measles coverage	74%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	91%
Percent of children receiving adequate age-appropriate feeding	61%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	75%
Percent of children under 6 months exclusively breastfed	34%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT	52%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	41%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to Improved Water Source**	77%
Percent of population with access to Improved Sanitation**	28%
<small>* Census International Database  ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report  *** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey.  (Unless otherwise noted, the data source is the 2005 Demographic and Health Survey.)</small>	