

Senegal — BASICS II Country Program

Like other developing countries, Senegal suffers from high morbidity and mortality among children under five. The mortality rate for children under five years of age is 106.7 per 1,000 live births; infant mortality is 55 per 1,000 live births.¹ The proportion of neonatal deaths in the infant mortality rate is rising, and malaria is now the leading cause of morbidity and mortality in children under five. Immunization rates remain low, with coverage for three doses of DPT at only 52% for children ages 12 to 23 months.²

Child Survival Program Overview

BASICS II builds on and expands the work of BASICS I, which began in 1993 and was designed to strengthen Senegal's Nutrition and Control of Diarrheal Diseases (CDD) programs, conducted by the National Food and Nutrition Division (SNAN). The Project provides the child health component of a broader USAID program that also includes reproductive and maternal health and health sector reform. Working to reduce the morbidity and mortality rates of Senegalese children, BASICS II provides support to the Ministry of Health and Prevention (MSP) to plan, implement, monitor, and evaluate child survival policies and programs. Activities in Senegal are expected to continue through June 2004.

Technical Approach

The BASICS II program is based on the

principles of decentralization, collaboration with the private sector, and an integrated management of childhood illness at community level that is congruent with the priorities of the Ministry of Health National Development Program. The Senegal program exemplifies the potential for a multitude of partners, working within national guidelines, to develop and implement a comprehensive and large-scale package of integrated child health services in a setting where decentralization is being inaugurated. The main technical intervention areas are immunization, nutrition, integrated management of childhood illness (IMCI), and perinatal/neonatal health. Partnerships with multi-lateral as well as local organizations help to achieve child survival objectives in a cost-effective way.

Through its technical expertise, the Project supports the MSP in community participation and social mobilization,

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Senegal*.
2. World Health Organization. 2001. *Vaccine Preventable Disease: Monitoring System, 2001 Global Summary*. Geneva.



training and supervision to reinforce health personnel capacities, integrated activities for communication and behavior change (CBC), and linkages with the private sector and non-governmental organizations (NGOs). The Project works with partners to ensure uniformity of messages and materials that support national strategies for key child survival behaviors. The Integrated Communication Package (PIC) approach, designed by BASICS II, analyzes behaviors and helps to adapt and prioritize communication activities and messages regarding household practices.

Interventions

Immunization

Strengthening routine immunization. BASICS II provides input in routine immunization strengthening through district-focused situation analysis, improved data collection and management, immunization training and supervision, as well as technical support for national immunization days (NIDs) and measles control. By working closely with the MSP and UNICEF at the national level, the Project's immunization technical influence extends nationwide.

In USAID target districts, the Project works to increase coverage and quality of immunization

services through improved systems and data management, guidance on cold chain revitalization, and improving health worker performance. Community health volunteers (called *relais*) are trained to promote immunization and improve coverage. In early implementation posts, drop-out rates were reduced dramatically, and DPT3 coverage increased from 40% to 62%.

Improving management and injection safety.

Improved immunization management and injection safety have been initiated nationwide with PATH/CVP, UNICEF, the World Health Organization (WHO), and NGOs and through the Global Alliance for Vaccines and Immunization (GAVI) Initiative. With Project support, an injection safety component was introduced into the national EPI and HIV/AIDS programs. Other national-level input includes technical guidance with the development of a national measles control strategy and planning of a national mass media campaign, which are assisting in increasing measles vaccine coverage.

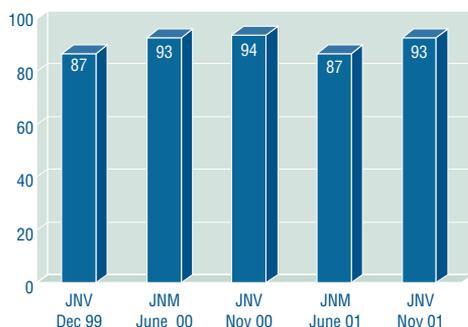
Polio NIDs and vitamin A supplementation. The Project provides technical assistance in planning the polio NIDs and the Micronutrient Days—the latter carried out for the first time by each district rather than by national entities. BASICS II support contributed to the achievement of over 80% coverage of children 6 to 59 months of age with two doses of vitamin A distribution.

Nutrition

Integrated activities through PAIN. In nutrition, BASICS II supports the development and operationalization of a national program of selected priority nutrition interventions called PAIN (*Paquet d'Activités Intégrées de Nutrition* or Minpak). The PAIN platform forms the base for IMCI at the community level interventions. BASICS II is the lead organization for IMCI

Senegal – National Second Dose Vitamin A Supplementation Coverage

Percentage coverage, children ages 6–59 months



JNV = NIDs for polio

JNM = National Micronutrient Day

implementation in Senegal, and contributes to training of health workers and the elaboration of national strategies.

In continuing support to the successful PAIN approach, BASICS II focuses on strengthening the quality and reach of complementary feeding and continued breastfeeding. The Project has begun implementation of community-based growth promotion to strengthen nutrition efforts at the community and household levels. In Kebemer and Darou Mousty, early indicators are that the prevalence of exclusive breastfeeding (29% and 39% respectively) exceeds the national average (24%).

National nutrition advocacy. At the national level, BASICS II continues to play a strong role in nutrition technical leadership and is the primary partner in breastfeeding promotion and support, in close collaboration with the MSP, UNICEF, and local NGOs. BASICS II was a key participant in a national workshop “Advocacy for Nutrition using the Profiles Process” that assisted the coordination

of various government sectors’ work in nutrition. BASICS II trained district teams on the Integrated Package of Activities and Positive Deviance (PAIN/PD) approach that is applied to nutrition rehabilitation. Assistance with planning district nutrition activities was also provided. Through BASICS II participation in the preparatory phases of the World Bank’s \$40.5 million Nutrition Sector Enhancement Project, PAIN and IMCI at the community level approaches were adopted as strategies in this project.

IMCI at the Community Level

Advocacy for IMCI. BASICS II has taken the lead in organizing the MOH and national NGOs to incorporate the framework for addressing child health issues through IMCI at the community level. Partners, including WHO and UNICEF, participated in the national workshop organized by BASICS II to enhance the role of NGOs in child health. The Project successfully advocated for the MOH’s implementation of IMCI at the community level, with or without the facility component and/or the training of health workers. BASICS II also facilitated clinical training of IMCI at the community level in ten districts.

The Project organized a series of workshops in 15 districts on the Integrated Communication Package (PIC) for IMCI at the community level. The foundation for PIC is an analysis of care-seeking behaviors in preparation for introducing IMCI at the community level in these districts. Also, after BASICS II and RPM+ conducted an analysis of drugs for child health interventions in five districts, the partners successfully advocated for a community-based program for treatment of acute respiratory infection.

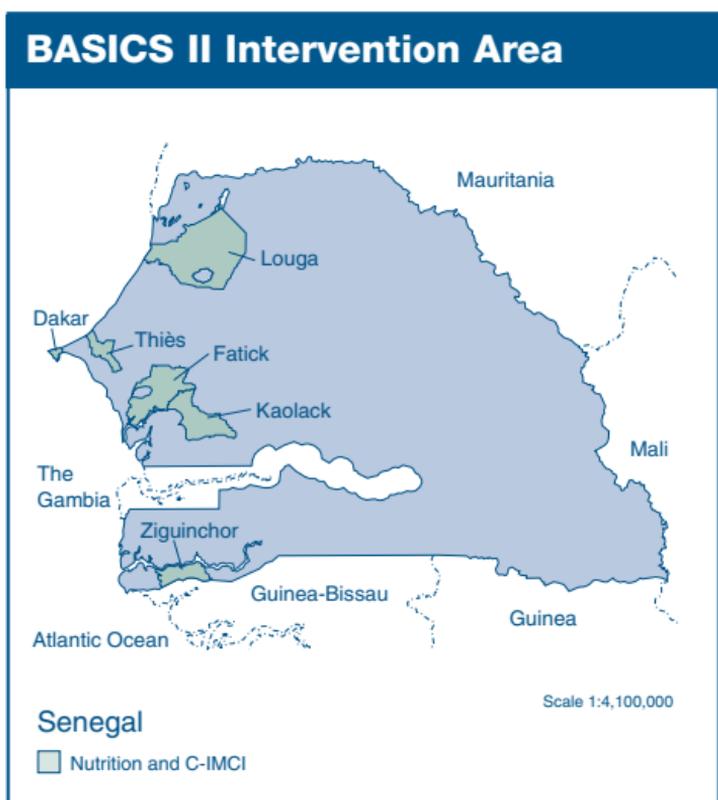
Malaria initiatives. The Project and partners developed national plans, policies, and technical guidelines for malaria control. Discussions with the MSP led to further definition of the role of the *relais* in expanding community access to drugs

and to the training design for this component. Through intensive advocacy and lobbying, the Project played a pivotal role in the lowering of tariffs on insecticide-treated nets to increase access and use. Malaria case management and behaviors were included in the information-education-communication materials of PIC. Also, working with other Cooperating Agencies, the Project has been instrumental in organizing national consensus and planning for the Malaria Plus Up initiative—USAID’s contribution to the global Roll Back Malaria effort in Africa.

Child Health and Nutrition Weeks. BASICS II organized Child Health and Nutrition Weeks in two districts, accompanied by broad media coverage of supporting messages. The very successful mobilization efforts included the promotion of several child health issues: immunization services to boost routine EPI (Expanded Programme on Immunization), vitamin A supplementation, growth monitoring, use of insecticide-treated nets, and sanitation.

Perinatal/Neonatal Health

Essential newborn care. Perinatal/neonatal interventions make up the final technical component of the BASICS II program in Senegal. The Project provides critical support to the National Committee for Newborn Health, which encourages other partners in Senegal to adopt the initiative. BASICS II lobbied for and participated in a multi-partner working group to draft a protocol for implementation of essential newborn care in which emphasis is on newborn care, both at the community and peripheral facility level. Similar to BASICS II interventions in other areas, strategies include community mobilization, communications for appropriate behavior, and capacity-building.



Health Status Overview

Total population of Senegal	10.3 million ^a
Under 5 mortality (CMR)	106.7/1000 live births ^a
Infant mortality (<1 year) (IMR)	55/1000 ^a
Neonatal mortality (<1 month)	31.4/1000 ^b
DPT3 coverage (among children 12–23 months)	52% ^c

a. PHNIP Country Health Statistical Report: Senegal, March 2002 Reference Document.

b. Enquete Démographique et de Santé au Sénégal (EDS III), 1999.

c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

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Key Partners

Ministry of Health/National Level

- Division Nationale de l'Alimentation et de la Nutrition (DNAN)
- Division Immunization et Surveillance Epidémiologique (DISE)
- Division Nationale de l'Education pour la Santé (DNEPS)
- Division Nationale de la Santé de la Reproduction (DNSR)
- Service National de l'Hygiène (SNH)

Regional and District Levels

- three regional health teams in Kaolack, Louga, Thiès, and 15 district health teams within these regions

Multi-laterals: national-level partners in nutrition, malaria, EPI, IMCI, and perinatal/neonatal health

- PRN (Programme de Renforcement de la Nutrition): *World Bank-funded project*
- WHO
- UNICEF

Non-governmental Organizations (NGOs)

- World Vision International
- PLAN International
- CCF/CANAH
- National Association of Catholic Health Posts
- Rotary International
- Siguil Jiggen (women's group)
- Federation Nationale des Groupements de Promotion Feminine
- Terre des Hommes
- Africare

Community-Based Organizations

- women's groups (GPF), youth groups (ASC), health committees (ECS)
- Association des Relais Polyvalents (ARPVs)
- local governments: *Conseil Rural, Conseil Municipal, Conseil Regional*

USAID Cooperating Agencies

- MSH
- Agence Pour le Développement du Marketing Social
- FHI/ANCS
- DAI/Abt Associates
- ENABLE/CEDPA

Public-Private Partnership

- Colgate-Palmolive, UNACOIS

