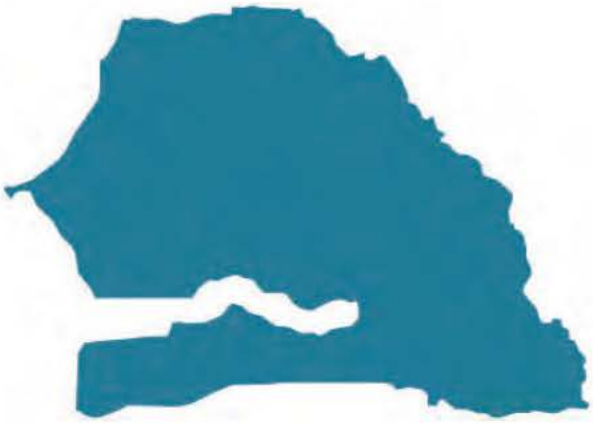
MCHIP Country Brief: Senegal



Selected Health and Demographic Data for Senegal	
Maternal mortality ratio (deaths/100,000 live births)	390
Neonatal mortality rate (deaths/1,000 live births)	26
Under-5 mortality rate (deaths/1,000 live births)	72
Infant mortality rate (deaths/1,000 live births)	47
Contraceptive prevalence rate	16.1
Total fertility rate	5
Skilled birth attendant coverage	90.7%
Antenatal care,4+ visits	50%

Sources: World Bank, UNICEF, WHO as of September 2014; DHS 2012-13
*Indicates urban [rural]

Health Area:

- Immunization

Program Dates	January 2012–June 2014					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of regions	21%	No. of districts	76	No. of facilities	1,315
Country and HQ Contacts	Dr. Hassane Yaradou, National Immunization Advisor, Dr. Mamadou Adama Diallo, Regional Immunization Technical Advisor, Dr. Michel Othepa, Immunization Technical Advisor, Nefra Faltas, Program Officer					

INTRODUCTION

Senegal achieved high immunization coverage in recent years, peaking at a reported 94 percent in 2007, but rates declined to 70 percent in 2010—with some regions showing coverage as low as 30 percent. This reduced coverage contributed to polio and measles outbreaks in 2009 and 2010, which prompted the Global Alliance for Vaccines and Immunization (GAVI) to support the introduction of new vaccines in Senegal.

In response to declining DTP3 (diphtheria+tetanus+pertussis 3rd dose) coverage, and to prepare for new vaccine introduction, MCHIP was invited to lead and coordinate a multi-agency external Expanded Program on Immunization (EPI) review. This 2010-2011 review aimed to identify factors that had contributed to recently declining immunization coverage and lay the groundwork for strategies to address system and other challenges. MCHIP assisted the Senegal Ministry of Health in analyzing and presenting EPI review findings and recommendations, which were then used to develop an implementation plan to strengthen the National Immunization Program.

In 2012, USAID/Senegal requested that MCHIP support the National EPI in implementing this plan. An MCHIP country project was formally launched in Senegal in January 2012. Meanwhile, GAVI had just approved proposals for the introduction of two new vaccines, pneumococcal conjugate vaccine (PCV13) and the MenAfriVac™ vaccine (MenA). MCHIP/Senegal's objectives evolved from Program Year 5 (PY5) to PY6, but can be summarized as follows:

Photo: JSI/MCHIP

A health worker explains the importance of early childhood vaccinations to a mother visiting her health facility.

Objective 1: Reinvigorate the routine immunization (RI) system to increase immunization coverage, maximize investments in new and underused vaccines, improve data quality, and reduce inequities among hard-to-reach populations.

Objective 2: Provide technical assistance to the MOH/EPI for the successful introduction of new vaccines—including Meningitis A conjugate vaccine (MenAfriVac™) and pneumococcal conjugate vaccine (PCV-13), and by conducting a measles-rubella (MR) catch-up campaign—and for the development of new proposals for submission to GAVI.

KEY ACHIEVEMENTS

MCHIP/Senegal worked with the Ministry of Health and other USAID partners at the national, regional, and district levels to strengthen RI, introduce new vaccines, improve linkages between the health facility and community levels, and ensure the sustainability of the efforts. Over the course of the project, MCHIP:

- Contributed to national, regional, and district-level planning for the introduction of numerous vaccines, including MenAfriVac™, PCV13 and MR vaccine as a catch-up campaign. For other vaccines, measles second-dose (MSD) with introduction of rubella containing vaccine (MR) into the routine immunization (RI) system, as well as rotavirus vaccine, MCHIP played a key technical role in the development of proposals and preparing

for their introduction. In recognition of Senegal's ambitious plans to introduce several new vaccines in the coming year, and continued technical assistance needed from MCHIP to support these efforts, USAID/Senegal asked the project in March 2013 to continue to work beyond its originally planned September 2013 end date, until the end of June 2014.

- Trained 743 health providers including nurses, other health facility- (*poste de sante*) based health workers, community health workers, and community relays.
- Supported key national-, regional-, and district-level efforts to strengthen the RI system. This included contributing to the revision of the country Multi-year Plan (cMYP) in 2012 and a National Immunization Coverage Survey (NICS) in 2013, the results of which were used by all regional and district health teams to develop district-level work plans using the Reaching Every District (RED) approach.
- Contributed to the Vaccine Management Assessment and to the national cold chain inventory in January 2013. Findings were used to address cold chain gaps and to develop logistics and data collection tools, with financial support from the Ministry of Health, GAVI, and UNICEF.
- Co-convened monthly technical Inter-Agency Coordinating Committee (ICC) meetings at the central level, and championed the reinvigoration of ICC technical sub-committees in which MCHIP's technical country staff actively participated.
- Supported the smooth introduction of MenA through a ten-day campaign in November 2012, and provided technical assistance for a post-campaign coverage survey. The campaign targeted one- to 29-year-olds in 35 districts in eight regions with the highest risk of meningitis A spread, reaching 95 percent of a targeted cohort of 3.9 million people in most health districts.
- Provided technical leadership and coordinating support for the introduction of PCV13 and rubella-containing vaccine through the MR catch-up campaign. This included supporting the reinvigoration of four ICC technical subcommittees and participating in a workshop, during which key planning and management tools for the MR campaign were developed or revised, including the Using Measles Activities to Strengthen Immunization and Surveillance (UMASIS) tool. To sustain routine immunization strengthening, four job aids for health workers to use during and after the MR campaign were developed, pre-tested and distributed to districts.

Photo: JSI/MCHIP.
Pre-testing of MCHIP-developed job aids introduced during Senegal's MR campaign in November 2013, based on evidence from the UMASIS tool.

- Helped launch introduction of PCV13 on November 5, 2103. PCV13 is now administered in all 76 health districts in Senegal.
- Participated in the MR campaign conducted from November 18th to 27th, 2013 and in the post-MR vaccine campaign coverage survey (December 11th to 20th, 2013). Survey results showed 97 percent coverage nationwide.
- Provided extensive technical support toward the development of proposals for new and underutilized vaccine introduction (NUVI), and of introduction plans for rotavirus vaccine, measles second-dose (MSD) vaccine and injectable polio vaccine (IPV). Proposals were endorsed by the High-Level ICC and submitted to the GAVI Board.

- Spearheaded collaboration with IntraHealth-led *Renforcement Prestation Santé* (RPS) project and Child Fund-led *Programme Santé/Santé Communautaire* (PSSCII) project, also funded by USAID, to strengthen the RI system by implementing the RED approach in four target, underperforming districts (Koki, Koungheul, Mallem-Hoddar and Thiadiaye). Collaboration has led to increased district-level technical support in terms of supportive supervision, monitoring of completeness of EPI reporting data, immunization training for health workers and community volunteers, stronger linkages between facility- and community-based RI programming, and improved coordination among all partners.

Summary of MCHIP interventions by technical area, 2012–2014

TECHNICAL AREAS	FINDINGS	MCHIP ROLE	RESULTS
Planning	cMYP not up-to-date	MCHIP identified this problem and recommended revising the cMYP during its first visit after the EPI review.	New cMYP revised for 2012-2016 and submitted to GAVI, along with PCV13 proposal.
	Annual, district-level workplans available but lacked plan to secure financing for activities in hard-to-reach areas.	MCHIP flagged issues during technical ICC meetings; in response, most districts revised their microplans along with their workplan budgets.	Issues flagged during technical ICC meetings accounted for during planning for district-level outreach.
	The RED approach was being implemented in the districts; however, very few districts were implementing all five components.	MCHIP and partners conducted training sessions on RED approach in target and other districts.	Implementation of RED approach improved considerably in most health districts.
ICC and partnership	ICC was expanded to include more partners, but ICC subcommittees still lacked terms of reference and not all subcommittees were holding regular meetings.	MCHIP played a key role in opening ICC meetings to more partners, and in drafting ICC sub-committee terms of reference. ICC subcommittees conducted trainings, monitoring meetings, and supportive supervision.	More immunization partners now attending ICC meetings; ICC subcommittees created and terms of reference developed. ICC technical subcommittees now regularly hold monitoring meetings, with financial support from partners such as UNICEF, IntraHealth.
Policy documents	Senegal had been planning to introduce new vaccines, but most of the country's relevant policy documents were not up to date.	In coordination with other partners, MCHIP revised key policy documents for immunization.	Recording and reporting tools were revised; training materials were adapted and used.
Data Quality and reporting	Senegal did not report immunization data for more than two years, due to health worker strikes. When the strike ended in March 2013, monthly EPI data was still missing and/or still failed to be reported by most districts. Monitoring of (including key indicators for) report completeness did not exist.	MCHIP raised the issue with ICC technical team arguing for district report completeness to be monitored at the central level.	MCHIP initiated the high-level ICC's establishment of an indicator for tracking percent completeness of monthly, district-level EPI reports; MCHIP led creation of a quarterly EPI bulletin developed to encourage information sharing and accountability (2 bulletins developed, printed, and disseminated though MCHIP funding); district report

			completeness increased from 10% to about 60% from November 2013 to March 2014.

Improvements in vaccination indicators under MCHIP

INDICATORS	NICS 2010	NICS 2013
Immunization card possession	75.7%	81.1%
Never vaccinated "0 dose"	3.5%	1.3%
Penta 3 (card+recall)	74.1%	91.6%
FIC by 12 months of age	16.7%	27.1%

WAY FORWARD

- Ensure more rigorous technical support around new vaccine introduction—balancing this need with the concurrent need for intensified efforts to reinforce the RI system to be able to support these new vaccines.
- Support RI system strengthening activities, with a focus on all five components of the RED approach, and through other proven strategies such as PIRI and using SIA activities to strengthen immunization and surveillance.
- Strengthen partnerships with other USAID implementing partners and other key immunization stakeholders in country, including through joint/coordinated work planning, and through contractually formalizing collaborative efforts to strengthen immunization programming links between the health facility and community levels.
- Intensify efforts to improve EPI data quality (e.g., through data quality surveys, continued supportive supervision, and cultivating M&E champions), particularly at the district level.
- In close consultation with USAID, ensure handover and continuity of MCHIP/Senegal's investments in immunization beyond the project's closeout.