



COMMUNITY
ACTION
FOR PREGNANT
WOMEN

SENEGAL

Integrated community health
package for maternal and newborn
care in remote areas

PROJECT OVERVIEW

MAKING A DIFFERENCE

It is possible to effectively deliver and improve uptake and access to health services for pregnant women and newborns through an integrated community-based package of health and nutrition interventions.

Pregnancy and childbirth can be a difficult time for Senegalese women and their newborns. As of 2010, the maternal mortality rate was 392 deaths per 100,000 live births¹.

This is especially true in Kolda, Senegal, where the region's remote location makes it difficult for women to access quality health care. Fewer than half of all pregnant women give birth with a skilled attendant¹.

The Government of Senegal has made maternal and newborn health a top priority. One of the key objectives of its Strategic Plan is to improve community-based neonatal services².

The Micronutrient Initiative (MI) is focused on improving nutrition for the world's most vulnerable, especially women and girls. This includes helping more pregnant women and their newborns receive access to essential health care services, medicines and other commodities, including vitamins and minerals.

From 2011 to 2015, in collaboration with national governments and partners, MI worked with communities in Kolda to increase access to antenatal (ANC), birth care and postnatal care (PNC).

PROJECT APPROACH

- Understand the context of pregnant women & newborns in Kolda through formative research & an in-depth situation assessment.
- Tailor project to Ministry of Health requests, needs of communities & results from situation assessment.
- Train community health workers, Traditional Birth Attendants, nurses & midwives on skills & counselling for package of interventions.
- Engage communities to create peer support groups to promote ANC, birth care & PNC services.
- Improve community-level health hut structures & stock management of essential equipment & materials.
- Strengthen referral system between health huts & facilities for pregnancy & delivery-related complications.
- Evaluate package of interventions with qualitative & quantitative research at beginning & end of pilot project.

“Traditionally, the health of pregnant women and their newborns concerned women only and it was the traditional midwives who took care of them. When they took on the role of Community Watch and Alert Groups, pregnant women began changing unhealthy practices and eventually gave them up. The project succeeded in doing this.”

Ms. Seydi

ADC in Medina Gounass, Velingara

REGION

Kolda, Senegal

PARTNERS

Senegal Ministry of Health
Child Fund, Senegal
Santé Plus, Senegal
Institut de Santé & Développement, Senegal

KEY COMMUNITY-LEVEL INTERVENTIONS

- Promotion of ANC, iron-folic acid consumption, birth assistance & PNC.
- Provide iron-folic acid supplements.
- Nutrition counselling throughout pregnancy.
- Birth planning, detection of danger signs in pregnancy & referral.
- Delivery with a skilled birth attendant.
- Promotion of immediate breastfeeding.
- Misoprostol for the prevention of post-partum hemorrhaging.
- Promotion of exclusive breastfeeding for first 6 months.

ACHIEVEMENTS

- **95,685** pregnant women & newborns reached.
- **67,087** pregnant women prescribed iron-folic acid supplements.
- **2,800** community health workers, nurses, midwives & district/regional health teams trained on maternal & newborn health & nutrition package.
- **1,258** community support groups, including government-conceived Community Watch (CVAC) groups, established & trained to support/monitor pregnant women & newborns.
- **244** community-level health huts equipped with essential maternal & newborn medicines/tools.
- **90** health huts completely renovated.
- **3** waiting homes³, an innovative way of overcoming the weak referral system, equipped & receiving pregnant women & their families.
- More than **2,500** outreach activities conducted by health facility nurse/midwife at newly equipped community health huts; completed **39,424** antenatal care visits.

SUSTAINABILITY

- Based on the project outcomes, the Ministry of Health is scaling up the Community Watch (CVAC) groups across the country.

FINDINGS

ANTENATAL CARE

Many pregnancy complications can be prevented, detected, assessed & treated during ANC visits with trained health workers. The World Health Organization recommends a minimum of 4 ANC visits, starting as early as possible to ensure women get the required attention.

- Antenatal care in first trimester:
23% baseline → 48% endline
- Four antenatal care visits:
14% baseline → 24% endline
- Consumption ≥ 90 iron-folic acid supplements:
53% baseline → 60% endline

BIRTH CARE

Delivering with a skilled birth attendant at a facility allows women & their newborns access to life-saving medicines & skills. It also increases the likelihood of receiving essential nutrition actions, such as optimally-timed cord clamping. If a woman has postpartum hemorrhaging, she has access to skills & medicines that could save her life.

- Delivery with a skilled birth attendant:
47% baseline → 59% endline

POSTNATAL CARE

Many newborns die within the first 48 hours of life, thus increasing the number of women who receive PNC is essential to not only helping the new mother but potentially increasing the life of the newborn.

- Postnatal care with skilled attendant:
57% baseline → 78% endline

1. Senegal Demographic Health Survey, 2010

2. Plan Strategique de la Sante de la Reproduction, 2011-2015

3. A place for pregnant women to stay while waiting to be admitted to deliver their baby