



## PROJECT FACT SHEET

Senegal: Support to the Malaria Control and Elimination Project

### Country Context

- Over the period covering the National Strategic Plan for Malaria (2016-2020), morbidity and mortality indicators have been significantly reduced with the implementation of MILDA's national distribution campaign and the seasonal malaria prevention chemo campaign in the targeted regions.
- Over the period 2015 - 2020 covering the period of the NSP 2016-2020 with 2015 as the reference year: The proportional malaria morbidity decreased from 4.86% in 2015 to 3.81% in 2020, a reduction of 21.6%.
- Proportional malaria mortality dropped from 3.52% in 2015 to 2.07% in 2020, a reduction of 41.2%.
- Despite these results, malaria remains a public health problem in Senegal with disparities between zones (spatial and temporal heterogeneity). Indeed, the burden of disease remains high in the central, south, and south-east areas of the country
- This new configuration requires a more operational stratification to adapt interventions to local epidemiological characteristics. The focused approach to zone-specific interventions then becomes an imperative. Thus, 4 strata have been identified.

### Project Rationale

- Some pre-elimination interventions are funded and carried out in some health districts on all those who are eligible
- The challenge for Senegal is to complement the interventions for these districts and extend them to the others
- Indeed, the goal of elimination requires the use of more appropriate diagnostic and treatment tools, the intensification of surveillance, specific and sustained communication as well as the capacity building of actors
- All these interventions in these areas will help to achieve the elimination targets set out in the 2016-2020 NSP
- In the absence of substantial funding for the implementation of the identified activities, all of these districts will be exposed to persistent malaria.



## Project Objectives

- To accelerate the achievement of the epidemiological threshold of pre-elimination of malaria (less than one case per 1000) in the central regions of Senegal
- Reduce malaria incidence by at least 75% compared to 2015 in target districts
- Interrupt local transmission in eligible districts

## Project Components

The project activities are based on the following components:

- **Component A** = Acquisition and distribution of Long-Lasting Insecticide-Treated Nets (LLIN), Indoor Residual Spraying (IRS), Rapid Diagnostic Tests (RDT), Laboratory equipment and Anti-Malarial Drugs.
- **Component B** = Training of health personnel
- **Component C** = Communication for Behavior Change. Advocacy and communication as part of the implementation of an elimination project
- **Component D** = Case Malaria Management and Monitoring & Evaluation
- **Component E** = Vector Control (MILDA, AID)
- **Component F** = Improved TPI 3 coverage at target district level
- **Component G** = Supply management
- **Component H** = Strengthening surveillance and response
- **Component I** = Monitoring-assessment
- **Component J** = Support for project management

## Key project information

- BID: 89% (US\$32 million of which 30% is granted by the LLF fund and 70% ready)
- ETAT: 11% (\$4 million)
- Total Project Amount: \$36 million
- **LLF Financing**: \$ 22.4 million, OCR \$ 9.6 million, grant
- **Co-financing** \$ 4.4 million (Government)
- Project Approval Date: September 2016
- Date signed: Funding Agreement signed January 23, 2017
- Effective Date: April 17, 2017
- IDB approval of the project: 24 December 2016
- Temperamental Sales Agreement: 2SEN-1016
- Project end date: 31 December 2021
- Project implementation period: 3 years from effectiveness

## Expected Outcomes



- Reducing the incidence of malaria by at least 75% compared to 2015 in target districts
- Stop local transmission in eligible districts

### Benefits and impact

- 2 million people provided free Long-Lasting Insecticide-Treated Nets (LLINs)
- 1.56 million suspected cases checked using Rapid Diagnosis Tests (RDT)
- 62,142 cases managed with appropriate antimalarial drugs at the primary healthcare level
- 4 million people exposed to Information Education and Communication (IEC/BCC) activities
- 432 health personnel trained on malaria control and case management
- Building the capacity of health actors
- Accountability of actors at all levels
- Significant improvement in the level of coverage of interventions
  - ❖ Mosquito nets: 90% use; 100% possession
  - ❖ Intermittent Preventive Treatment in Pregnant Women: 80% -
  - ❖ Intra-Residential spray: 100% (targeted areas)
  - ❖ Investigations: 100%
  - ❖ Support: 100%
- Interruption of local transmission at the targeted district level
- Recipient population: 3,987,786
- Significant reduction in impact indicators
- Proportional malaria morbidity decreased from 4.86% in 2015 to 3.81% in 2020, a reduction of 21.6%.
- Proportional malaria mortality dropped from 3.52% in 2015 to 2.07% in 2020, a reduction of 41.2%.
- Protecting populations by insecticide-treated nets, diagnosing, and treating malaria cases early through testing and effective drugs.
- Intermittent preventive treatment in pregnant women, intra-domestic sprinkling, capacity building, communication for behavioral change, investigation of malaria cases, home management of cases in communities, institutional support, etc.

### Data around beneficiary communities / individuals

- The management of malaria cases between 2015 and 2020 has improved significantly. Even if the 100% target is not met.
- Increased availability of TDRs and ACTs has improved diagnostic and appropriate treatment performance.
- The rate of diagnostic testing remains above 99%. Compared to 2015 this rate increased by 0.3% in 2020 from 99.3% in 2015 to 99.7% in 2020.



- According to the Demographic Health Survey (EDC) between 2016 and 2018 the parasitic prevalence rose from 0.9% to 0.4%
- Changes in the positivity rate of the tests confirm the reductions in malaria morbidity and mortality recorded in the country in 2020. Between 2015 and 2020 there was a 42% reduction in the test positivity rate from 34.9% in 2015 to 20.2% in 2020.
- The ACT dispensation rate for confirmed cases improved markedly with a 5% increase between 2015 and 2020 from 95.2% in 2015 to 99.9% in 2020
- The results of the 2019 EDS-Continue show an increase in the ownership and accessibility of MILDA by populations. Rates of MILDA use in the general population, children under 5 years of age and pregnant women have improved markedly.
- These results are attributable to the mass distribution campaign organized during the first half of 2019. Compared to 2015, ownership increased by 5% from 76.8% in 2015 to 81% in 2019. Over the same period:
  - ❖ The rate of use of MILDA in the general population increased from 51% in 2015 to 62.5% in 2019.
  - ❖ The rate of use of MILDA among children under 5 years of age has increased from 55.4% in 2015 to 65.4% in 2019.
  - ❖ The rate of use of MILDA among pregnant women increased from 51.8% in 2015 to 68.1% in 2019
- With routine distribution strategies reorganized and strengthened in 2020 that have resulted in the distribution of 581,648 MILDA, it is hoped that the results of the 2020 Malaria Indicators Survey will confirm the continued improvement in these indicators.
- The various initiatives implemented between 2017 and 2020 by the programme and its partners for the relaunch of intermittent preventive treatment in pregnant women have really paid off.
- From 2015 to 2020, IPT coverage indicators for pregnant women have shown a positive development despite the MS breakdowns recorded at certain delivery points in 2016 and 2018.
- Coverage in ICT 2 (the number of women seen in antenatal care who received direct treatment with two doses of pyrimetamine sulfadoxine) increased from 70% in 2015 to 75% in 2020, an increase of 7.4%.
- And coverage in TPI 3 (the number of women seen in antenatal consultations who received directly observed treatment with three doses of pyrimetamine sulfadoxine) increased by 47.3% from 42.7% in 2015 to 62.9% in 2020.
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### Strategic departments and services

- Ministry of Health and Social Action
- Ministry of Finance and Budget



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## **Donor Partners**

- **Abu Dhabi Fund for Development (ADFD)**

The Abu Dhabi Fund for Development (ADFD) is an aid agency established by the government of Abu Dhabi in 1971. ADFD aims to help developing countries to achieve sustainable socio-economic growth; through financial assistance in the forms of concessionary loans, managing government grants and equities. ADFD also peruses investments in order to encourage the private sector in the recipient countries to play an essential part in accelerating the economic development process, and at the same time playing a pivotal role in strengthening and diversifying the future resources of the Fund.

- **Bill and Melinda Gates Foundation (BMGF)**

The Bill & Melinda Gates Foundation (BMGF) is an American private foundation based in Seattle, Washington. The primary goal of the foundation is to enhance healthcare and reduce extreme poverty across the globe and to expand educational opportunities and access to information technology in the U.S.

- **Islamic Solidarity Fund for Development (ISFD)**

The Islamic Solidarity Fund for Development (ISFD) is dedicated to reducing poverty in its member countries by promoting pro-poor growth, emphasizing human development, especially improvements in health care and education, and providing financial support to enhance the productive capacity and sustainable means of income for the poor, including financing employment opportunities, providing market outlets especially for the rural poor and improving basic rural and pre-urban infrastructure.

- **King Salman Humanitarian Aid and Relief Centre (KSRelief)**

Saudi Arabia established the King Salman Humanitarian Aid and Relief Centre (KSRelief) in 2015. KSRelief works in 46 countries around the world with a focus

on humanitarian and relief work in the Middle East and North Africa region.

- **Qatar Fund for Development (QFFD)**

QFFD is a public development institution committed, on behalf of the State of Qatar, to improving the livelihood of communities around the world by Providing financial tools to developing countries in the Arab and Muslim world and beyond for responsive and effective humanitarian and development aid.

- **UK Aid – The Foreign, Commonwealth, and Development Office (FCDO)**

UK Aid Direct is DFID's main centrally managed funding mechanism for small and medium sized civil society organizations, based in the UK and overseas, who are working to achieve the global goals. Formerly known as the Global Poverty Action Fund (GPAF), the fund was relaunched in 2014 as UK Aid Direct.