

## Vitamin A supplementation helped reduce child deaths in Senegal by 37% in 5 years

*This success story was provided by Helen Keller International.*

Vitamin A is an essential nutrient for infants and children that supports growth and helps combat infections. When children are vitamin A deficient, it can lead to vision problems, illness, and death. Vitamin A supplementation is a cost-effective, life-saving nutrition intervention that can prevent child death and disability.

Though the under-five mortality rate in Senegal is high, it has declined considerably over the last few decades. Recently, large-scale vitamin A supplementation has played a major role in decreasing Senegal's under-five mortality rate from 59 to 37 per 1,000 live births in 5 years.

The USAID Neema Project, a consortium with IntraHealth Prime and Helen Keller International, works to ensure that communities in Senegal have sustainable access to high-quality, routine health and nutrition care, including vitamin A

### Key Stats - Vitamin A Supplementation

- Vitamin A deficiency affects **about 190 million preschool-age children**, mostly from Africa and Southeast Asia
- Vitamin A can be **safely provided to children in a large dose**, rather than more frequent smaller doses, as it can be stored by the body and released over time as needed
- Vitamin A supplementation can **reduce child mortality from all causes by approximately 23%**



supplementation. With the support of partners, the national routine vitamin A supplementation program has scaled from a small pilot project in 2013 to reach all districts by 2019. By 2019 the program was reaching 100% of children from 6-11 months and 72% of children from 12-59 months with routine vitamin A supplementation.

Nurse Brigitte Malou, Chief of Health at Sinbandi Balante (South Senegal), received training through the Neema Project. “Some women come from very far away, like from other districts or even Guinea-Bissau,” she says. “Regardless of where they come from, we take them into our care and offer integrated services, including vitamin A supplementation for children aged 6-59 months.” At each visit she takes the child's measurements and temperature, confirming that the child is appropriately nourished. She administers vaccines (if needed), vitamin A and/or medications, gives medical advice, and refers cases of severe wasting to the Goudomp Health Center. She also gives advice on how to nourish children using local foods, offers hygiene tips, and reminds mothers of the importance of bringing sick children to health centers and continuing vitamin A supplementation up to 5 years of age.

Severe malnutrition stunts potential and wastes lives, but it doesn't have to. Scaling up proven interventions like Vitamin A supplementation – one of the Power 4 Nutrition Interventions – will allow children around the world to escape these preventable deaths.

# Fighting Severe Malnutrition: The Power 4 Nutrition Interventions

Severe malnutrition occurs when a child reaches the most serious stage of any form of malnutrition and is at the greatest risk of death, disease, and long-term disability. High-risk forms of malnutrition include children who are too thin (wasted), too short (stunted), or too small (underweight). Risks increase when a child experiences a combination of these, when a child is sick, or when a baby is born malnourished.

Every year, millions of children worldwide are severely malnourished, and roughly 3 million children die because of severe malnutrition. Not only are severely malnourished children much more likely to die than their well-nourished

peers, but those who survive are also much more likely to suffer from lifelong illness and impaired cognitive development. Severe malnutrition is the number one killer of kids under 5, killing more kids every year than AIDS, malaria, and tuberculosis combined.

There are four essential actions we can take **now** to prevent children from dying of severe malnutrition. These interventions span the course of the critical 1,000-day period between a woman's pregnancy and a child's second birthday, when there is a unique window of opportunity to build healthier and more prosperous futures for mothers and their babies.

## Supply all pregnant women with prenatal vitamins



Despite the proven benefits of supplying pregnant women with a full dosage of multiple-micronutrient supplements (MMS), the majority of women do not have access to these critical supplements. MMS not only prevents maternal death and still births, it also increases the chances a baby will be born at a healthy weight and survive to his or her second birthday.

## Continue large-scale Vitamin A Supplementation



Supplying a child with two high doses of Vitamin A every year is one of the most cost-effective ways to protect children from blindness, diarrhea, and other fatal illnesses. Until recently, Vitamin A supplementation was routine and easily accessible because it had been paired with national polio vaccination efforts. However, now that polio has been mostly eradicated, these vaccination campaigns are being phased out. After years of increasing, the number of children who have access to Vitamin A coverage has started to drop alarmingly. Transitioning national Vitamin A supplementation efforts to a sustainable delivery platform is essential to ensuring children continue to receive this critical preventive regimen.

## Support breastfeeding mothers



Babies get the best start at life when they drink nothing but breastmilk until they are 6 months old, and continue breastfeeding until they are 2 years old while also consuming other nutritious complementary foods. Even though breastfeeding is the best way to protect newborns from malnutrition, infections, and disease, only 41% of babies around the world are exclusively breastfed. Many mothers who would like to breastfeed cannot access the support and information they need to be successful. One-to-one and group breastfeeding counselling helps provide mothers with the support they need to reach their breastfeeding goals.

## Expand coverage of specialized foods for treatment



The first priority of any nutrition program should be to make wasting treatment unnecessary by preventing children from ever becoming wasted. Unfortunately, millions of children every year still require wasting treatment. Ready-to-Use Therapeutic Food (RUTF) is an energy-dense, life-saving product that gives wasted children the nutrients they need to survive. Yet we are reaching less than a quarter of even the most severely malnourished children. Expanding coverage of services will help ensure no child dies because they don't have access to the fundamental treatment they need to stay alive.

As the development community responds to the global impact of COVID-19, we cannot allow the emerging and concurrent malnutrition pandemic to be overlooked. The stakes are too high. For the sake of the children whose lives are at risk today, and the entire generation that risks losing out on tomorrow, these interventions are of the utmost importance.

1,000 Days is the leading non-profit advocacy organization working to ensure women and children in the U.S. and around the world have a healthy first 1,000 days.



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