



**The United States  
Global Health Strategy**

**Senegal Global Health Initiative Strategy**



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## Acronyms

AMTSL	Active Management of the Third Stage of Labor
BPHS	Basic Package of Health Services
BCC	Behavior Change Communication
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
CHW	Community Health Workers
DHAPP	Department of Defense HIV/AIDS Prevention Program
DHMT	District Management Health Team
DHS	Demographic and Health Survey
DLSI	Division for AIDS/HIV and STI prevention
DO	Development Objective
DOD	Department of Defense
DSR	Division of Reproductive Health
ENC	Essential Newborn Care
EPI	Expanded Program of Immunization
FAS	Foreign Agriculture Service
FGC	Female Genital Cutting
FtF	Feed the Future
GFATM	Global Fund for HIV, TB and Malaria
GHI	Global Health Initiative
GOANA	Grand Offensive for Food and Abundance
GOS	Government of Senegal
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HIS	Health Systems Information
HSS	Health Systems Strengthening
IPD	Institut Pasteur de Dakar
IPTp	Intermittent Preventive Treatment
IRD	Institut Pasteur de Dakar
ISED	Institut de santé et développement
JICA	Japan International Cooperation Agency
LLIN	Long Lasting Insecticide Treated Nets
MARP	Most at Risk Population
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MIS	Malaria Indicator Survey
MLI	Ministry Leadership Initiative
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOP	Malaria Operational Plan
MSRP	Mission Strategic Resource Plan
MTCT	Mother to Child Transmission
NGOs	Non-Governmental Organization

NHP	National Health Plan
NMCP	National Malaria Control Program
NTDs	Neglected Tropical Diseases
OFDA	Office of Foreign Disaster Assistance
ORT	Oral Rehydration Therapy
OSC	Office of Security Cooperation
PBF	Performance Based Financing
PEPFAR	President's Emergency Plan for AIDS Relief
PC	Peace Corps
PCV	Peace Corps Volunteer
PMI	President's Malaria Initiative
PMTCT	Prevention of mother to child transmission
PNDS	Plan National de Développement Sanitaire et Social du Sénégal 2009-2018 or the National Health Plan
PRB	Population Reference Bureau
SLAP	Section de lutte antiparasitaire
SNEIPS	Service National de L'éducation et de L'information pour La santé
UCAD	Université Cheikh Anita Diop (UCAD)
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
WGGE	Women, Girls, and Gender Equality
WHO	World Health Organization

## I. Senegal Priorities and Context

### A. Health Status

Senegal, a stable, democratic country in West Africa, is politically and economically one of the strongest countries in the region. The population of over 12 million (over 40 percent of which is urban) is growing at a rate of 2.6 per cent per year. Significant progress has been made over the last several years, but substantial challenges remain. The adult literacy rate is roughly 45 per cent, while in 2009 the primary school completion rate was 92.5 percent. According to preliminary results from the 2010 Demographic and Health Survey (DHS), infant mortality decreased from 61 to 47 per 1,000 live births between 2005 and 2010 and under-five mortality decreased from 121 to 72 per 1,000 live births. Maternal mortality ratio dropped to 401 per 100,000. Senegal also boasts some of the lowest rates of under nutrition among children under-five in West Africa. Many of these successes can be attributed to progress in scaling up child health interventions, especially but not exclusively the dramatic nationwide scale up of malaria control interventions. Senegal has made substantial improvements in potable water coverage and water sector organization. As such, the country is on track to meet its Millennium Development Goal targets for improving physical access to potable water by 2015. Despite these successes, many health indicators, such as infant and maternal mortality and fertility, remain high. Furthermore, many of the top causes of death for children under five years of age are preventable, including malaria, neonatal causes, pneumonia, diarrheal disease and measles. In recent years, immunization coverage, once a model of country capacity, has declined and measles outbreaks and polio have recurred. Neglected tropical diseases (specifically schistosomiasis, lymphatic filariasis, soil transmitted helminthes and trachoma) represent a major health burden in Senegal.

## B. Indicator Table

Health Indicator	Recent Data	Prior Data	Source and Year
Life Expectancy at Birth	59 years	55 in 2010	Population Reference Bureau, World Population Data Sheet 2011
Infant Mortality	47/1000	54/1000 in 2008	DHS 2010
<5 Mortality	72/1000	85/1000 in 2008	DHS 2010
Neonatal Mortality	29/1000	35/1000 in 2008	DHS 2010
Completed Immunization	62.8%	58.7% in 2005	DHS 2010
Underweight <5	17%	22.2% in 1993	DHS 2005
Anemia (6-59 months)	76.4%	79% in 2008	DHS 2010
Children sleeping under ITN	31.4%	16.4 in 2006	DHS 2010
Total Fertility Rate	5.0	5.3 in 2005	DHS 2010
Modern Contraceptive Prev. Rate	12.1%	10.3% in 2005	DHS 2010
Unmet need for family planning	31.6	34.8 in 2000	DHS 2005
Maternal Mortality Ratio	401	690 in 2000	DHS 2005
Antenatal Care (4+visits)	40%	17% in 1997	DHS 2005
HIV/AIDS prevalence	0.7%	0.7% in 2005	DHS 2010
*TB Incidence	110/100,000	No prior data	MOH Senegal Annual TB Report, 2009
Treatment success rate	77%	No prior data	MOH Senegal Annual TB Report, 2009

Chart includes preliminary data from 2010 DHS. Final DHS report will be finalized in 2011.

## C. Health System Structure

Administratively, Senegal is divided into 14 regions and 46 departments. Each region is led by a Regional Chief Medical Officer, and the system is further decentralized into health districts that may be all or part of an administrative department. Health districts are led by the District Chief Medical Officer who, together with the District Health Management Team, oversees both the District Health Center and the staff at peripheral facilities throughout the district. There are currently 75 health districts in Senegal.

The Senegalese health care system consists of a network of public health facilities that includes 22 hospitals, 78 health centers, 986 public health posts, and 144 private health posts. Regional hospitals provide relatively advanced care; district health centers (1 per 160,256 inhabitants) are intended to provide first-level referrals and limited hospitalization services (approximately 10 to 20 beds); and health posts (about 1 per 13,083 inhabitants) provide preventive and primary curative services, care for chronic patients (such as tuberculosis patients), prenatal care, family planning, and health promotion/education activities.

Health huts are the foundation of Senegal's health care pyramid. Managed by local communities, the approximately 2,000 health huts cover 19 percent of the country's population.

Of these, 1,620 are supported by USAID and meet the criteria to be considered “functional.”<sup>1</sup> Health huts offer basic services provided by community health workers (CHW). These services include an integrated package of maternal and child health, malaria, nutrition and, in many cases, family planning services. The CHWs are supervised by the nurse at the nearest health post. Additional health hut staff includes *matrones*, who are trained birth attendants and *relais*, who are health educators and communicators.

#### **D. Plan National de Développement Sanitaire et Social du Sénégal (PNDS) 2009-2018 or the National Health Plan**

The Government of Senegal (GOS) is implementing its recently approved National Health Plan (also known as PNDS) 2009-2018. The PNDS envisions a Senegal where all individuals, households, and communities enjoy universal access to quality curative and preventative health services without any form of exclusion. It highlights the GOS’s key priorities for strategic investment in the health sector in order to meet the health Millennium Development Goals (MDGs). Primary objectives of the PNDS are the reduction of maternal mortality, child mortality and morbidity, and total fertility. With the assistance of donors—of which the USG is the largest—Senegal has developed roadmaps for reproductive health (RH) and maternal and neonatal mortality and has a new National Malaria Control Strategy. Furthermore, after an organizational audit, the Ministry of Health (MOH) is undergoing a review of its organizational structure, including staff roles, responsibilities and skills to improve institutional capacity of the MOH.

In considering the many health problems and challenges for the Senegal health sector, the PNDS 2009-2018 focuses on the following priorities:

1. Reduction of the burden of morbidity and maternal and infant mortality.
2. Improvement of the performance of the health sector.
3. Strengthening the sustainability of the health system.
4. Improvement of the governance of the health sector.

The principles that will guide the implementation of the 2009-2018 PNDS are participation, multi-sectorial approach, transparency, solidarity, equity and gender. The PNDS has eleven strategic orientations:

1. Acceleration of the fight against maternal, neonatal and infant mortality and morbidity.
2. Promotion of health improvement.

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<sup>1</sup> A functional health hut is defined as one that has a trained community health worker (literacy is preferred but not required), regular supervision by the chief nurse of the health post, and the basic equipment and space needed to provide services.

3. Strengthening disease management.
4. Strengthening of integrated disease surveillance and response.
5. Development of human resources.
6. Strengthening of infrastructures, equipment and maintenance.
7. Improvement of the availability of drugs and medical products.
8. Strengthening the health information system and health research.
9. Promoting management for results.
10. Improving the capacity of the health sector in planning and administrative and financial management.
11. Strengthening insurance coverage with emphasis on vulnerable groups.

## E. Challenges and Opportunities

While several challenges in the health sector exist, the analysis below, which was informed by discussions and meetings with the GOS, implementing partners and development partners identifies those upon which the GHI Interagency Team will focus.

### 1. Challenges

- **Persistent health status challenges.** Although many major health indicators have improved, there are others of major concern. Contraceptive prevalence rates have remained stagnant for years; immunization coverage has been declining such that measles outbreaks and polio have recurred; malnutrition, including chronic under-nutrition and micronutrient deficiencies, persists.
- **Inconsistent access to high quality health services.** High costs and other barriers limit access to health services for many Senegalese. Quality is often poor. Even where services may be accessible, use of services may be low, and are sometimes perceived as not meeting the needs and demands of the intended clientele, who may want more convenient times, the offer of an integrated package, and services such as newborn care.
- **Persistent health system challenges.** The health system is plagued by continued weaknesses in several areas: Chronic problems with human resources for health, nominally functional Health Information Management and weak governance. Particular challenges in decentralized management of health districts and pharmaceutical supply chains will be areas of focus for GHI Senegal.

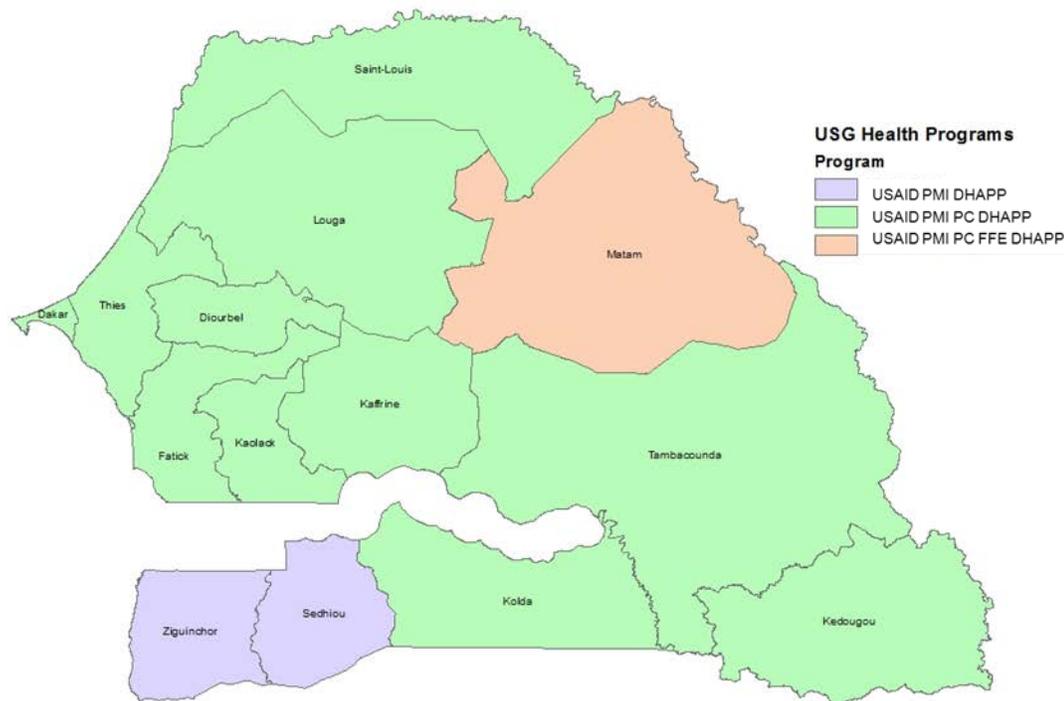
## 2. Opportunities

Despite many challenges, the health sector in Senegal has made much progress, and has established important foundations on which to build future programming.

- **Improvements in key health indicators.** As noted above, infant, under-five, and maternal mortality have improved over the last decades. These are in large part due to high immunization rates, improved maternal and antenatal care, and expanded malaria programming which has greatly reduced malaria cases. Fertility rates have fallen while literacy rates have risen. HIV prevalence has been kept low overall.
- **Adoption of new approaches and technologies.** The GOS has adopted a number of new approaches and technologies to improve and extend the reach of services. These include rapid diagnostic tests for malaria, roll out of the active management of the third stage of labor (AMTSL), and provision of an integrated community health package including oral contraceptives by community health workers.
- **Expansion of community based programming and ownership.** Both the package of services available at the community level and the geographic coverage of these services have expanded in recent years. Health committees actively support their community service sites through funding, which indicates their ownership of the program. The number of local non-government organizations (NGOs) involved in the program has also increased.

## II. GHI Objectives, Program Structure and Implementation

### A. USG Partners



#### 1. U.S. Agency for International Development (USAID)

The U.S. Agency for International Development has been active in Senegal since 1962. Its primary health development objective is to improve the health status of the Senegalese population, with a specific focus on women of reproductive age and children under five, through increased use of an integrated package of quality health services; improved health seeking and healthy behaviors; and improved performance of the health system. Its primary components are: Communication; Community Health; Health Services Improvement; Health Systems Strengthening; and HIV/AIDS and Tuberculosis. Senegal is also a President's Malaria Initiative (PMI) focus country. Finally, the regional Office of Foreign Disaster Assistance (OFDA) coordinates USG emergency and humanitarian assistance in West Africa. In Senegal, in addition to supporting flood relief efforts in recent years, OFDA has partnered with other donor organizations to support fortification of wheat flour and cooking oil and to strengthen Senegal's early warning system for food security and nutrition monitoring.

## 2. Centers for Disease Control (CDC)

The Centers for Disease Control provides technical and financial support for malaria and HIV/AIDS surveillance activities and laboratory and testing services and implements PMI programming.

## 3. Peace Corps (PC)

Since 1963, Peace Corps has placed volunteers to work alongside local communities to build long-term capacity. The PC health program seeks to improve the environmental health and nutritional status of targeted communities as well as the health of vulnerable groups. Currently, there are 58 dedicated health volunteers, 38 environmental education volunteers who do some health outreach and 248 volunteers across all sectors who are involved in nutrition and malaria activities.

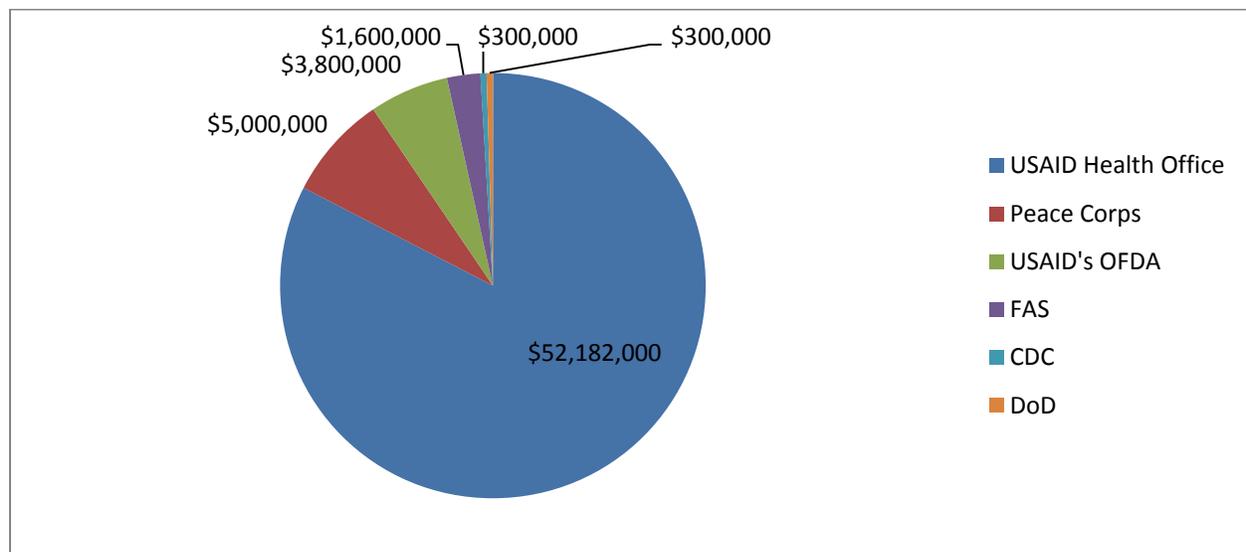
## 4. Department of Defense (DoD)

Since 2003, the Department of Defense's HIV/AIDS Prevention Program (DHAPP) has been working with the Senegalese Armed Forces' HIV/AIDS prevention and treatment program. In addition to supporting HIV/AIDS and prevention of mother to child transmission (PMTCT) activities in all military hospital facilities, it is committed to engaging military wives in prevention strategies and to improving the quality of family planning and prenatal care in all military facilities, which serve both a civilian and military population.

## 5. U.S. Department of Agriculture (USDA) Foreign Agricultural Service (FAS)

Foreign Agricultural Service Dakar works with other US Department of Agriculture (USDA) departments, NGOs, and international organizations to implement a number of food aid agreements to improve food security and advance agricultural development. Its McGovern-Dole International Food for Education and Child Nutrition Program (FFE) focuses on improving child and maternal health and nutrition, promote education and support school feeding projects.

## B. USG FY 2011 Budget



## C. GHI Communications and Management Plan

The GHI Senegal Team, in coordination with the MOH and other responsible GOS partners, will develop implementation mechanisms needed to provide technical assistance and financing for the achievement of the Development Objective under GHI. Targets, indicators and activities will be aligned with those of the PNDS. The USG will continue to work with the GOS and with our implementing partners to ensure that programs are implemented and monitored effectively and in accordance with their respective agreements. The GHI strategy is also a prominent part of USAID/Senegal's Country Development Cooperation Strategy (CDCS), an effort that is whole-of-government.

Although USAID is the primary USG implementer of health programs in Senegal, efforts have been and will continue to remain collaborative. Throughout the planning phase, all of the concerned USG agencies have held regular meetings to develop the GHI strategy. A management steering committee, comprising a representative from each agency and the monitoring and evaluation specialist at USAID, has met more frequently. Once the strategy is complete, each agency will maintain responsibility for oversight of the programs and activities which are implemented through its partners. Regular meetings will continue to be held in order to jointly plan and coordinate activities, to identify gaps and challenges. Twice a year, the status of implementation of activities and progress towards anticipated results will be reviewed, challenges will be discussed and solutions identified. Corrective action, as needed, will be taken for the subsequent six months. USG partners will also meet with GOS, MOH and implementing partners to review progress and solicit feedback.

#### **D. Other Development Partners**

In terms of scope and levels of funding, the most significant donors in the health sector are:

- The World Bank, which provides budget support and will support a program for health financing and policy reform.
- The Global Fund, which provides funding for malaria, HIV/AIDS, and TB programs as well as for health systems strengthening.
- UN organizations: UNFPA, UNICEF, and WHO which provide important technical support for such areas as immunization, reproductive health, water and sanitation, and MCH.
- Other bilateral donors include Germany, Japan, France, Luxembourg and Belgium.

Several foundations also provide health sector support. The Bill and Melinda Gates Foundation is funding an Urban Reproductive Health Initiative to support expansion of family planning in major urban areas and supports the Ministerial Leadership Initiative which intends to build leadership capacity at the central Ministry of Health.

## **E. GHI Cross-Cutting Priorities**

Although USAID is the largest USG implementer of health programs in Senegal, all health efforts have been and will continue to remain collaborative. To develop the GHI strategy, the USG team held regular joint planning meetings and chose the two cross-cutting priorities below:

- 1. Improving Maternal and Child Health through Health Systems Strengthening**
- 2. Improving the Nutritional Health of Women and Children**

The selection of the two cross-cutting priorities by the GHI Senegal Team is the recognition of the need to move best practices to scale in Senegal and to increase coverage of interventions towards sustainable impact. Specifically:

- Improving MCH and nutrition are high priorities for the GOS and the PNDS outlines several objectives designed to attain that improvement.
- Each agency has activities or programming priorities in both and combined efforts will more rapidly yield sustainable impacts. GHI enables each USG agency to strengthen each other's programming by filling in any gaps in programming or expertise and by sharing all materials, successes and expertise.
- Further opportunities exist with the Feed the Future Initiative and given the limited resources available for nutrition, a deliberate effort to integrate and expand nutrition and MCH activities, is not only a cost-effective means to scale-up programming nationally, but also enables cross-sectoral collaboration beyond health to include agriculture programming through USAID and USDA.
- The decision to undertake a health systems strengthening approach, is recognition by the GHI Senegal Team of the necessity to create an enabling policy environment and to improve health service delivery particularly at the community level.
- Lastly, although there has been significant progress made in malaria programming in Senegal, as evidenced by the 40 percent decrease in malaria cases (RBM Progress and Impact Series November 2010), inadequate progress has been made in MCH and in nutrition. Focus and scale-up of nutrition and MCH programming can significantly accelerate results achievement. By integrating programming onto the malaria platform already built by PMI and Peace Corps activities, cost-efficiencies in population coverage can be achieved. For example, all Peace Corps volunteers implement community-level malaria prevention and control efforts that are coordinated with PMI and the National Malaria Control Program. These collaborative efforts will continue under GHI in support of the two cross cutting priorities.

## **F. Alignment between USG programming, GOS priorities and USG comparative advantage**

### **Maternal Child Health**

USG investments in health respond to the GOS objectives and strategic priorities as described in the PNDS. In its PNDS, GOS has committed to an accelerated reduction in maternal and child morbidity and mortality; improved health promotion; strengthened case management; strengthened integration of epidemiological surveillance; strengthened health system; increased financing to promote demand; and improved health governance. With the assistance of donor agencies, Senegal has developed roadmaps for reproductive health and maternal and neonatal mortality that guide implementation of these components of the PNDS.

USG/Senegal is recognized for its partnership with the GOS and the consistency of its approaches with the GOS PNDS 2009-2018. As a Development Partner, USG/Senegal has strengths that are important in meeting the needs of Senegal's health sector. These include:

- Strong technical support and expertise and credibility with the GOS, MOH, and other donors.
- Access to high quality global technical leadership and expertise.
- Substantial financial support at all levels of implementation and flexibility to move funds quickly, with an ability to fill gaps not being addressed sufficiently by the GOS or other donors.
- Proactive approach to influencing GOS and leveraging resources from other donors.

### **Nutrition**

Reducing under-nutrition is a clear GOS priority. In the current poverty reduction strategy, the GOS outlines the objectives of its nutrition policy which includes intensifying key community-based interventions such as the integrated management of childhood illnesses; promoting the fortification of cooking oil, flour, and salt; and conducting bi-annual vitamin A supplementation and de-worming campaigns. Building on the success of the World Bank funded Nutrition Enhancement Program (Phase I 2000-2005) which demonstrated a 25 percent reduction in under-nutrition in the targeted areas, the GOS also identifies the nation-wide expansion of this program as a priority.

In terms of nutrition investments, USG/Senegal has the advantage of being one of the largest and most consistent donors in the health sector; particularly, community level health care and prevention activities. This approach is known for achieving more sustainable change by enabling people to take charge of their health. The focus on Senegal as a Feed the Future (FtF) focus country also presents opportunities to expand USG investments in agriculture and to improve food security and the nutritional status of the population. Significantly, the USG is able to affect changes throughout the country at the community level through its network of Peace

Corps Volunteers who are able to contribute to improved nutrition through activities that range from intensive production of nutritious crops to nutrition education. USG activities also effect systematic changes, such as coordinating with other donors to bolster Senegal's early warning system for food security and nutrition. Each USG agency has a nutrition component and the combined efforts of each agency and of each agency's expertise presents opportunities for immediate and sustained impacts.

### III. Linking High-Level Goals to Programs

Two high level goals have been selected based on areas of common programming and interest.

- I. By the end of 2012, the Interagency GHI Team will work with the MOH and other donor partners to develop a comprehensive community health policy to increase funding, ownership and oversight of community health programming in Senegal.

Despite significant investments by the GOS and financial and technical partners to improve primary care at the community level, the lack of a formal policy framework has prevented some highly successful initiatives from being scaled up nationally by the GOS. The USG and multiple stakeholders including UNICEF, UNFPA and divisions in the MOH are interested in this policy issue given its importance to sustaining primary health care for the rural poor. Under GHI, a Technical Working Group will be put in place, under the leadership of the MOH to establish a policy framework to define the statutes, norms, and protocols to bring about a policy reform on community health programming to ensure national impact.

- II. By the end of 2013, the Country Team will coordinate and scale up the current USG nutrition-related interventions at the policy, clinical, and especially the community levels that bolster access to and quality of health care and nutrition services, contributing to the overall reduction in underweight prevalence, nationwide.

The USG will focus mainly on reinforcing the existing foundation of government and donor programming, leveraging years (in some cases, decades) of investment to scale up interventions for greater impact. As a value-added, the USG will focus on exploiting the synergies between nutrition and agriculture interventions to maximize impact and to rationalize the use of USG resources. USAID, as the largest USG contributor, will implement a system-wide approach, addressing challenges at the policy, clinical and community levels in access to and quality of nutrition related prevention and treatment services. The US Peace Corps, through its extensive network of community volunteers, will continue to contribute to efforts at the community level through activities that range from the intensive production of nutritious crops to nutrition education. Other USG Agencies with nutrition related funding include USDA/FAS, through its Food for Progress and Food for Education programs; the Food for Education program is implemented by the same partner that implements the USAID/Senegal Health Office's Community Health Program, but in different, often more food insecure areas, thereby extending the reach of USG programming to the most vulnerable.

## IV. Implementing GHI principles

### 1. Focus on women, girls and gender equality (WGGE)

A gender analysis carried out in June, 2010 by USAID/Senegal identified the following key gender constraints:

- Social beliefs about appropriate ideas of masculine behavior that encourage men to participate in risky health behaviors and discourage them from health-seeking behaviors.
- Gender inequalities experienced by women including fear of violence limit their ability to negotiate for safe sex or for medical care and the expenses associated with it.
- Gender roles and their expectations for women to carry out more household chores limit their time and ability to care for themselves or seek medical care.

The Senegal GHI strategy is premised on the idea that integrating the GHI principle of WGGE will improve the nutrition and maternal and child health status in Senegal and that given the cross-cutting/ cross sector nature of both nutrition and MCH work, intensive focus on improving these areas will necessarily have an impact on gender; one can't happen without the other. Key challenges to improvements in each of these areas are found in gender and social norms, which are summed up in the three points from the Gender Assessment noted above. Advancing women and girls empowerment and gender equity is infused throughout the USG program. Some of the major themes that permeate the USG programming include: engaging men and boys as clients, supportive partners, and role models; increasing the participation of women in health programming (design and implementation); ensuring equitable access to health services at the facility and community level, and addressing the various determinants of health status through a multi-sector approach.

#### **Approaches and activities that demonstrate GHI Principle #1**

**Improving the quality of MCH service delivery at GOS health facilities.** USG programming will continue to work to make service delivery at government health facilities respond to gender needs of clients. This includes, among other activities, training health care providers on gender awareness; the re-organization of services that allow them to respond to these gender needs; and special programming targeting men as heads of household to garner their support for the use of these services. DHAPP engages with military wives in HIV/AIDS and PMTCT activities and DHAPP's presence in and support of all military hospitals could serve as an important platform for strengthening maternal and child health services at military hospitals.

**Increasing demand for Community Health Services.** USG program interventions at the community level will complement the work at the facility level. A major focus will be on involving men and women to create demand for and sustain community level services. Activities are designed explicitly to deal with unequal power relations between men and women

and the role this plays in the use of health care services. A specific community-level best practice encouraged throughout the program is using targeted groups such as “circles of pregnant women” and “circles of future fathers” among which participants explore ideas about how to change the attitudes and behaviors.

**Engaging women in advocacy.** Work will continue with the largest women’s CSO network in Senegal as a sub-partner in the new five-year health strategy to advocate for women’s health issues (among others) and to increase demand for these services. These actions continue to build the capacity of women and girls to communicate and to advocate for their needs. At the community level, we will work to ensure that women are not only members of the health committees managing the health huts and other community health services providers, but that they are also in leadership roles, actively deciding how local health resources are allocated and how programs are designed.

**Addressing the multi-sector determinants of under-nutrition.** A focus on nutrition improves health status and gender equality not only as a key part of MCH interventions, but also through its direct links to other sectors such as agriculture and education. Specifically, as a Feed the Future country, Senegal, over the next five years, will be implementing an integrated agriculture and nutrition program. In this program, gender considerations are not limited to thinking of women only as end beneficiaries, but as active participants as farmers and livestock raisers, to improve nutrition status. Linking up with Peace Corps to establish school and community gardens, the whole community, men women, boys and girls, will be targeted with information and education to positively influence eating habits and practices. FAS’ Food for Education programming will improve the educational environment for students, particularly girls; and their maternal and child nutrition activities improve the food security and nutritional status of the target population.

**Promoting “youth-friendly” services and information.** Building on the success of a pilot to address school-related gender-based violence in middle schools in three regions, the USG will continue its efforts to address the information and life skills needs of adolescent boys and girls by fostering “youth-friendly” services at government health facilities that cater to the specific needs of adolescent boys and girls. Similarly USG programming will work with youth counseling centers to ensure that information and resources are available so that youth can make informed, healthy decisions.

## **2. Encourage country ownership and invest in country-led plans**

Senegal has a comprehensive set of strategy documents and plans that outline the objectives to be met and the priority actions necessary to achieve these objectives. These include a National Poverty Reduction Strategy, a National Health Development Strategy, and a National Child Survival Strategy. USG/Senegal-supported programs contribute directly to GOS strategic priorities.

Promoting the growth and development of Senegalese professionals and local non-governmental and civil society organizations is a high priority. Programs and activities will use local Senegalese capacity to the maximum extent possible in all aspects of program design and implementation.

Building local ownership and increasing local demand for relevant services are vital to ensure program sustainability, equity, and community empowerment. Programs and activities will build effective partnerships with all relevant stakeholders in intervention areas to promote local ownership of the program-funded activities. GOS has been deeply involved in program design, allowing USG to take into account its priorities and pay attention to its guidance in selection of program implementing mechanisms.

### **Approaches and activities that demonstrate GHI Principle #2**

- **Development of Community Health Policy** – As a key priority for GHI Senegal, the GHI Senegal Team will work with the MOH and other donor partners to develop a comprehensive community health policy to increase funding, ownership and oversight of community health programming in Senegal.
- **Direct funding** - Direct funding mechanisms for regional, district and central Ministry departments will be developed, to build the capacity to manage USG funding and for to facilitate direct implementation of activities by MOH.

### **3. Strengthen and leverage other efforts**

Under the framework of the Paris Declaration, the MOH put in place an internal monitoring committee that includes multilateral and bilateral donors in the health sector and meets every six months to share information and discuss current issues. Multilateral and bilateral donors in the health sector have their own coordination mechanism chaired by the WHO Representative to Senegal. This group meets bi-monthly to share information and strategies and discusses current issues. USAID also convenes a specific Steering Committee Meeting on a bi-annual basis, chaired by the Secretary General of the MOH and attended by all National Directors in the MOH, with representation from the Ministry of Finance. A key barrier to donor coordination is that donors have different mechanisms of financing, and many donors in Senegal provide direct budget support. Because the USG does not provide direct budget support, direct coordination on specific health activities is not always possible.

### **Approaches and activities that demonstrate GHI Principle #3**

- USAID, PMI and UNICEF have developed a Joint Declaration on Integrated Community Case Management for Childhood Illness which defines joint financial and technical support to USAID/PMI's Community Health program. Under GHI, this partnership is expected to be expanded to additional regions to increase population coverage.
- An MOU will be signed with the Japan International Cooperation Agency (JICA) to strengthen support in MCH in focus regions. As a complementary activity to the development of the Community Health Policy, JICA will support an accreditation

program of community health workers/traditional birth attendants to standardize and formalize service provision at the community level.

- Building on the Peace Corps developed model of universal coverage, PMI will work with Global Fund and other development partners to complete universal coverage of long lasting insecticide treated nets (LLIN) for every sleeping space in Senegal by mid-2012.
- Joint development of a Performance-Based Financing pilot is underway, which will be co-financed by the USG, the World Bank and other bilateral donors.
- Joint planning and financing of the Continuous DHS Survey, which will begin a pilot survey in Senegal in 2012.

#### **4. Increase impact through strategic coordination and integration**

Under GHI, strategic coordination of USG activities and the integration of MCH and nutrition activities into the existing PMI platform will be key to scaling-up best practices and high impact interventions, accelerating results achievement in stagnant MCH and nutrition indicators and increasing population coverage.

Integrated programming is the hallmark of USG activities in Senegal. USAID/PMI activities feature integrated programming that includes implementing mechanisms that integrate all funding streams and that are interdependent. CDC's work with malaria and disease surveillance and the DHAPP work with HIV/AIDS in the military are also integrated. Peace Corps has developed an integrated approach in the area of malaria prevention and food security that involves volunteers from all sectors, with PC and USAID successfully collaborating on malaria prevention and awareness campaigns and on nutrition activities. The military's humanitarian assistance work is coordinated with the USAID, to develop common approaches to HIV/AIDS programming in Senegal. Given that the patient population at military hospitals is largely civilian, there exist many opportunities to capitalize on DoD's presence and relationship with the Senegalese Armed Forces and the other USG agencies technical expertise to expand and scale up both maternal and child health programming and nutrition activities at military facilities nationwide.

#### **Approaches and activities that demonstrate GHI Principle #4**

- **Scaling up community-based nutrition efforts through the nationwide network of health huts.** Senegal has some of the lowest under-nutrition rates in the sub-region due in part to its national Nutrition Enhancement Program. The GOS has identified this as a best practice that needs to be brought to scale. The USG Feed the Future (FtF) strategy is based on leveraging this program and taking it nation-wide by expanding nutrition services, especially the high impact interventions that support the Essential Nutrition Actions (ENA) and have been shown to reduce maternal and infant mortality as well as

under-nutrition, through the nationwide health hut network supported through the USAID's Community Health Program.

- **Scaling up the multi-sector FtF program.** The USG will extend interagency collaboration to advance the Feed the Future program, particularly in nutrition. First, the two main community-based activities, the USAID/Community Health Program and the USAID/ Agricultural Development (FtF) Program were designed to complement each other in regions joint program implementation; the first emphasizing the health-related aspects of ENAs and the second helping to create an enabling environment for the practice of ENA through food-based approaches. Given the limitations of agricultural funding, the FtF program is limited in geographic coverage, but the combined nutrition/agriculture related activities promoted therein can be scaled-up through the Community Health Program. The FtF programs are expected to share lessons and approaches to scale-up a holistic (health and agriculture) approach to improving nutrition.
- **Capitalizing on the Peace Corps experience:** The USG will expand its internal collaboration with Peace Corps', making use of their presence at the community level and best practices at the grassroots level in program implementation. This is exemplified by the current collaboration between PMI and PC that led to positive results in universal coverage of LLINs and the on-going work in community and school gardening and nutrition through the PAPA signed with the USAID economic Growth Office. For example, PCVs will be invited to work closely with the two programs mentioned above to support these activities.
- **Nation-wide scale-up of AMTSL** to prevent post-partum hemorrhage, magnesium sulphate and calcium (for prevention and management of eclampsia).

## 5. Build sustainability through health systems strengthening

USG technical assistance contributed to the GOS's identification of health system weaknesses and to the development of national health plan, which, in part, addresses those weaknesses. The health systems strengthening component of the PNDS focuses on human resources, equipment, training, capacity building, and rehabilitation of health structures.

### Approaches and activities that demonstrate GHI Principle #5

- **Pilot testing of Performance-Based Financing (PBF)** - PBF works to strengthen the health system by increasing the coverage of services provided, improving the quality of services, significantly contributing to health worker salaries and increasing funding for general health service maintenance. The approach will be piloted and if successful, scaled-up to additional districts over the life of GHI.
- **Creation and refurbishment of PMTCT sites.** DHAPP will work to create and refurbish Prevention of Mother to Child Transmission sites in military facilities in Senegal, enabling the cost-effective integration of MCH services.

## 6. Promote learning and accountability through monitoring and evaluation

The PNDS 2009-2018 includes planned interventions to lead to the achievement of the poverty reduction strategic goals and MDGs 4, 5, and 6 relating to, respectively, child health; maternal health; and fight against HIV, malaria and other diseases. To track progress on those results, the National Health Plan selects for and tracks many MDG indicators. Under the GHI strategy, many of the indicators which are tracked coincide with those of the PNDS and the MDGs.

Implementing partners will be the primary data sources. Secondary data sources will be utilized, as needed. Overall, the approaches to gather the data to track progress on the attainment of the various results at various levels will put emphasis on:

- Local capacity building and institutionalization to pave ways for sustainability,
- Dialogue, consultation, coordination, and alignment with host country institutions and organizations to ensure ownership, and
- Joint funding of data collection efforts.

The partnerships with multiple stakeholders, including other multilateral/bilateral donors, implementers, targeted GOS offices, and local non-governmental organizations ensures more vigorous and sustained efforts for data collection. This participatory approach lays the foundation for increased efficiency and ownership by successfully engaging all parties and sharing responsibilities for monitoring and information gathering activities. This is critical for the timely availability of data that are not collected on an annual basis due to complexity and cost considerations. Working closely with the relevant government offices at all levels will institutionalize data collection, processing, analysis and reporting.

### Approaches and activities that demonstrate GHI Principle #6

- Under GHI, the USG will pilot the **Continuous Demographic and Health Survey** in Senegal to meet the ongoing need for data to plan, monitor and evaluate health and population programs and to enhance the capacity within host-country institutions to collect and use these data. Technical assistance will be provided to implement data collection and analysis, which will form the basis for decisions on policy reforms, norms and protocols, coordination mechanisms, priority setting, budget allocation, and implementation-related corrective actions.
- USAID/Senegal will conduct an impact evaluation of FTF investments to determine the extent to which interventions have collectively contributed to sustainably reducing poverty and hunger. Issues to be investigated will include the following: to what extent has USAID/Senegal achieved FTF objectives and what types of investments in value chain market led to poverty reduction and improved nutrition (in areas where value chain work is taking place)? The FTF impact evaluation will also investigate questions related to gender equality, gender integration, and women empowerment.

## 7. Accelerate results through research and innovation

The PNDS notes the key role of research in certain areas, including malaria treatment and acute respiratory infection, but external partnerships are still necessary to promote and assure the quality of health research. USG programs that include research activities include PMI support of operations research on malaria epidemiology, insecticide treated net longevity, and duration of action of insecticides and CDC support to UCAD, to research and evaluate PMTCT programs and malaria entomological research. Opportunities also exist for the USG to contribute to building country capacity and systems for research.

### Approaches and activities that demonstrate GHI Principle #7

Given GHI Senegal's emphasis on community level programming and scale-up of best practices to increase impact, research activities will focus on intervention areas that can be integrated in current programming and be replicated rapidly.

- **Evaluating the impact** of integrated community case management of childhood illness.
- **Scale-up of administration of misoprostol** by community health workers offers an innovation for Senegal to scale-up after a successful pilot test
- **Pilot testing intramuscular administration** of depo-provera by community health workers and the subcutaneous formulation when available.
- **Scaling-up new preventive treatment strategies**, such as seasonal malaria chemoprophylaxis through community health workers (upon WHO approval).

## V. Monitoring and Evaluation and Learning

Improved Maternal and Child Health Status is a Development Objective (DO) of the USG health team's GHI Results Framework for its Global Health Initiative interventions.

The intermediate results (IRs), judged as necessary and sufficient, to achieve the DO are:

1. **Improved use of health services and commodities**
2. **Improved nutritional status, especially of women and children**

Other variables that impact the DO include those relating to education, especially of women, and socio-economic and demographic factors. The USG/Senegal Health team does not have the required resources and comparative advantage to tackle the education and socio-economic obstacles. Fortunately, there are other USG/Senegal teams that intervene in those sectors. Given the lack of control of the USG/Senegal's health team over the education and similar factors, the team decided to include them on the list of critical assumptions. Other critical assumptions include, but are not limited to: the continued support of the other development partners; and the stability of the political situation, continued USG funding, and continued commitment of the GOS to health sector. The USG/Senegal health team will closely monitor the external factors and work together with other key stakeholders to alleviate the constraints that may hamper the achievement of the identified results, including the DO, the IRs, and the sub-IRs.

The sub-IRs underneath the IR "improved use of health services and commodities" are *"improved access to health services and commodities," "improved quality of health services," "increased demand of health services and commodities,"* and *"sustainability of health systems and demand bolstered."* The IR "improved nutritional status, especially of women and children" is function of the following sub-IRs: *"improved access to diverse and quality foods," "improved health and nutrition-related behaviors," "increased access to quality nutrition services,"* and *"increased private sector investment in nutrition."*

The achievement of the DO and sub-results will be measured against DO-level indicators as well as IR and sub-IR-level indicators. The below pictorial representation for how the USG/Senegal's health team will deliver on their GHI Strategy includes illustrative indicators. Overall, the indicators include, but are not limited to, the following:

- Percent of children one year old immunized against measles,
- Percent of deliveries with a skilled birth attendant,
- Percent of children under 5 who slept under ITN
- Percent of pregnant women who slept under ITN
- Number of women receiving AMTSL through USG-supported program,
- Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs,
- Number of postpartum/newborn visits within three days of birth in USG-assisted programs,
- Number of children under 5 years of age who received vitamin A from USG-supported programs,

- Percent of women following recommended course of prevention of malaria during pregnancy,
- Percent of service delivery points that encountered a stock-out of any tracer drug during the past 12 months, and
- Percent of grass-root level management structures that are operational and which boards include at least one woman and one young person.

Focus on the GHI core principle of **“increasing impact through strategic coordination and integration”** forms the basis of the GHI Senegal Team’s focus to accelerate health achievement in Senegal. Integrating upon the investments already made in the malaria present the most efficient means for rapid scale-up, while also effectively coordinating with other donor programming, particular the Global Fund and UNICEF.

The GHI Senegal Team will include, as appropriate, specific gender-related indicators to capture the changes in men’s and women’s health practices. Of particular note, Senegal has been selected to pilot a continuous Demographic and Health Survey (DHS) beginning in 2012 and key indicators will now be collected annually. This opportunity will not only enable the GHI Senegal Team to more frequently track trends in the various health sectors, it will also enable the correction in the strategic approach should indicators in nutrition and MCH remain stagnant.

GHI Senegal will add to the listed indicators, as appropriate, indicators to track progress on gender issues, country ownership, and all other GHI principles deemed essential to move the program forward. For instance, to track progress on country ownership, GHI Senegal will monitor the (a) allocation and proper use of the public resources to enhance the nutritional, maternal and child health programs; (b) sources of financing for MCH and their relative shares of total expenditure; and (c) issuance of a national strategic plan that includes a vision, budgets and priorities, and required human resources.

The development objective of the USG GHI strategy links to those of the USG agencies and departments which seek to improve the health or economic status of the Senegalese population. Under GHI, the USG will further focus on the sub-population of women and children.

## Results Framework

### DO: Improved Maternal and Child Health Status

Indicators:

Under 5 Mortality Rate  
Maternal Mortality Rate  
Under one Mortality Rate

#### Critical Assumptions:

- The political situation remains stable
- The USG funding remains stable, at a minimum
- Continued support of the other development partners
- The GOS commitment to health sector remains stable
- The education level of women and girls are higher
- Improved socio-economic factors

### **IR 1: Improved Use of health services and commodities**

Indicators:

At least 4 ANC visits completion rate  
% of births attended by skilled health personnel  
% of children one year old immunized against measles  
# of children under 5 years of age who received vitamin A from USG supported programs

### **IR 2: Improved Nutritional Status, especially of women and children**

Indicators:

Wasting rate among under five children  
Stunting rate among under five children

<p><i>Sub-IR 1.1: Improved access to health services</i></p> <p><u>Indicators:</u> % of service delivery points where a specified service is offered % of health workers who can correctly state and describe the danger signs of severe febrile illness</p>	<p><i>Sub-IR 2.1: Improved access to diverse and quality foods</i></p> <p><u>Indicators:</u> % of 6-23 month children receiving acceptable diet</p>
<p><i>Sub-IR 1.2: Improved quality of health services</i></p> <p><u>Indicators:</u> % of health workers who manage cases of ...in accordance with protocols % of facilities with personnel reporting one or more visits by their supervisors in the past 3 months # of women receiving AMTSL through USG supported programs # of newborns receiving antibiotic treatment for infection from appropriate health workers through USG supported programs</p>	<p><i>Sub-IR 2.2: Improved health and nutrition-related behaviors</i></p> <p><u>Indicators:</u> Prevalence of exclusive breastfeeding # of children in growth monitoring programs</p>
<p><i>Sub-IR 1.3: Improved demand of health services and commodities</i></p> <p><u>Indicators:</u> ITN use by pregnant women ITN use by children under 5 years</p>	<p><i>Sub-IR 2.3: Increased access to quality nutrition services</i></p> <p><u>Indicators:</u> # of beneficiaries of school feeding # of fortified food kits socially marketed</p>
<p><i>Sub-IR 1.4: Sustainability of health systems and demand bolstered</i></p> <p><u>Indicators:</u> # of persons covered by health financing arrangements % of the public operating budget allocated to Health</p>	<p><i>Sub-IR 2.4: Increased private sector investment in nutrition</i></p> <p><u>Indicators:</u> # of fortified food kits socially marketed # of private entities entering in partnership with the public health to fortify foods</p>

## Illustrative Activities

<b>Sub-IR</b>	<b>Illustrative activity</b>
<i>improved access to health services and commodities</i>	Supplementation/control of vitamin A deficiency in children and postpartum women, de-worming, vaccination Supplementation of iron foliate Indoor Residual Spraying (IRS), Insecticide Treated Net distribution (ITN)
<i>improved quality of health services</i>	Safe motherhood: ANC, IPTp, AMTSL, Malaria prevention and treatment trainings
<i>increased demand of health services and commodities</i>	Safe motherhood promotion, birth preparedness Malaria prevention trainings Promotion of healthy practices related to diarrhea, immunization, antenatal care, postnatal visits
<i>sustainability of health systems and demand bolstered</i>	Advocacy for adequate financial and institutional support of the GOS, community mobilization, establishment of mutual health organization
<i>improved access to diverse and quality foods</i>	Establishment of community and school gardens Food fortification, food for education
<i>improved health and nutrition-related behaviors</i>	Nutritional education, education and public health outreach campaigns to promote the consumption of locally available nutritious foods Breast feeding promotion, complementary feeding practices Growth monitoring promotion
<i>increased access to quality nutrition services</i>	Food fortification school feeding
<i>increased private sector investment in nutrition</i>	Food fortification

To complement the information generated by the monitoring system, the GHI team will conduct cost-effective performance and impact evaluations. The evaluation questions will include, but will not be limited to: Are additional components necessary to achieve the GHI DO? Is the impact on health status greater in the places where there are both democratic governance and health seeking interventions as compared to places where there is only one of these programs? What are the leading causes of the child mortality trend?

## GHI Country Strategy Matrix

	<b>Reduce maternal mortality by 28%</b>	<b>Reduce under 5 mortality by 35%</b>	<b>Reduce the prevalence of underweight children under 5 by 41%</b>
<b>GOS National Priorities</b>	<ol style="list-style-type: none"> <li>1. Reduce the burden of maternal morbidity and mortality</li> <li>2. Improve the availability of and access to an integrated quality package of services for the mother/child pair.</li> <li>3. To reduce unmet need for contraception from 30% to 15%.</li> <li>4. To reinforce institutional capacity of reproductive health infrastructure and services</li> <li>5. To integrate FP and MNCH</li> <li>6. To decentralize the provision of long acting methods to the lower levels of the health system (health posts)</li> <li>7. To ensure the availability of contraceptives products at the community level.</li> <li>8. To focus IEC/BCC on men's involvement in FP.</li> </ol>	<ol style="list-style-type: none"> <li>1. To reduce under-5 mortality from 72/1000 to 47/1000</li> <li>2. To reduce neonatal mortality from 29/1000 to 16/1000.</li> <li>3. To improve the availability of an integrated package of services</li> <li>4. To increase the demand and utilization of services, particularly by the most vulnerable populations</li> <li>5. To create an enabling institutional, legal and economic environment for the scaling-up of the integrated package of interventions</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduce by 50% the prevalence of underweight children under-five.</li> <li>2. At least 80% coverage of exclusive breastfeeding</li> <li>3. Ensure Adequate treatment of at least 80% of sick children at health structures and 80% at community level</li> <li>4. At least 90% of children receive adequate complementary feeding</li> <li>5. Ensure 95% coverage of vitamin A supplementation and de-worming</li> <li>6. Reduce by one-third the prevalence of iron deficiency anemia</li> </ol>
<b>GOS National Initiatives</b>	PNDS Maternal and neonatal mortality roadmap RH roadmap National Malaria Control Strategy	PNDS National Strategic Plan for Child Survival Maternal and neonatal mortality roadmap National Malaria Control Strategy	PNDS National Strategic Plan for Child Survival Maternal and neonatal mortality roadmap Nutrition Enhancement Program

<b>Indicators and Targets</b>	Maternal mortality rate: Target: 287/100,000 Baseline: 401/100,000	Under 5 mortality rate: Target: 47/1000 Baseline: 85/100	1. % of children underweight Target: 10% Baseline: 17% 2. % of children stunted Target: 13% Baseline: 16% 3. % of children wasted Target: 6% Baseline: 8% 4. % of infants 0-6 months exclusively breastfed Target: 80% Baseline: 34% 5. % of children with anemia Baseline: 82.6% Target: 55%
<b>GHI principles</b>	All GHI principles are represented	All GHI principles are represented	All GHI principles are represented
<b>Key Partners</b>	GOS/MOH WHO World Bank The Global Fund UNFPA	GOS/MOH WHO World Bank The Global Fund UNICEF	GOS/MOH World Bank

