

Country accountability roadmap 2012–2015

**In support of implementing the recommendations of
the Commission on Information and Accountability
for Women's and Children's Health**

Senegal

Draft version*

21 Novembre 2011

* Please note that this is a draft that will be validated through a national accountability workshop involving a broader stakeholder group

Enhancing Results and Accountability for Women's and Children's Health Preliminary Situation Analysis and Roadmap

Senegal

Policy Context	
National health sector	<p>Senegal developed a National Health Development Plan (NHDP) for 2009-2018, based on the results of the performance analysis of the previous plan (NHDP 1998-2007). The NHDP has been developed in collaboration with a broad range of health actors (professionals, partners, , ...) and is articulated around 4 main objectives (supported by 11 strategic orientations):</p> <ol style="list-style-type: none"> 1. Reduce the burden of maternal and child morbidity and mortality 2. Increase performance in the prevention and fight against diseases 3. Build a sustainable health system 4. Improve health sector governance <p>The country signed the International Health Partnership+ (IHP+) Global Compact in May 2010. The national Compact is currently under finalization.</p> <p>Senegal defined maternal, newborn and child health (MNCH) as the first strategic orientation of its NHDP (among the 60 core indicators, 27 are related to the MNCH (6/27 are indicators defined by the Commission). In terms of policy framework for RMNCH the country developed:</p> <ul style="list-style-type: none"> - a National Roadmap for Maternal and Child Death Reduction (2006-2015), including an M&E component (5/24 indicators are Commission ones). - a National Child Survival Strategic Plan (2007-2015) (including 5/24 indicators of the Commission). <p>Across the different plans, 10/11 indicators recommended by the Commission on information and accountability for women's and children's health are covered (few indicators are lacking precision).</p> <p>The CARMMA campaign will be launched shortly (Campaign on Accelerated Reduction of Maternal Mortality in Africa).</p>
Commitment to the Global Strategy	<p>Senegal's commitment to the Global Strategy include:</p> <ul style="list-style-type: none"> • increase the national health spending from the current 10% of the budget to 15% by 2015 and increase the budget allocated to MNCH by 50% by 2015; • improve coordination of MNCH initiatives by creating a national Directorate for MNCH, reinstating the national committee in charge of the implementation of the multi-sectoral roadmap for the reduction of maternal and child mortality and accelerate the dissemination and implementation of national strategies targeting a reduction of maternal mortality. • offer, through these efforts, a full range of high impact MNCH interventions in 90% of health centers, increase the proportion of assisted deliveries from 51% to 80% by increasing recruitment of state midwives and nurses and increasing contraceptive prevalence rate from 10% to 45%, among others.
Results and Accountability	
Monitoring of results	<p>The monitoring of the NHDP falls under the responsibility of a coordination and monitoring committee which suffers from a low and sporadic involvement of the various stakeholders. Roles and responsibilities outside of the Ministry of Health are not always clearly defined. The National Office of Statistics mainly supports the ministry in conducting different national surveys. National institutes play an important role in data analysis and data quality assessment. However, the cost of this involvement remains a limitation to their full implication. Also, there is a need to strengthen analytical capacities as well as conducting independent data verification as this has only been done for specific programmes (HIV, malaria, EPI).</p> <p>An M&E plan of the NHDP has been developed with all the stakeholders (TFP, OSC, NGOs and</p>

* Please note that this is a draft that will be validated through a national accountability workshop involving a broader stakeholder group

	<p>local community). It includes 60 indicators (among which 27 are dedicated to RMNCH), split between the 11 strategic orientations of the NHDP. There is a need to consolidate the core set of indicators, its baselines and targets that appear too ambitious.</p> <p>Data are collected through different surveys (EDS, MICS, ESIP, ENP) but data collections is not regular and well aligned. Thus, data is often not available for the review and reporting exercises.</p> <p>One of the major challenges remains the quality of data collected (there are only few data quality assessment and only related to specific programmes) as well as the analysis and summary of collected data. There is a need to strengthen data collection and data quality assessment mechanisms to improve high quality data availability in a timely manner.</p> <p>Data sharing mechanisms could be strengthened as there is no internet platform for easy public access to the data and results.</p> <p><u>Priority actions</u></p> <ol style="list-style-type: none"> 1. Finalize, sign and implement the National Compact 2. Finalize the M&E plan of the NHDP according to the IHP+ criteria. Continue and improve corrective actions to align M&E plan of specific programmes with the M&E plan of the NHDP 3. Align periodicity of the national surveys/census for better use of the data in national reviews. Conduct a SARA (Service Availability and Readiness Assessment) (including private sector data) 4. Strengthen data quality assessment mechanisms 5. Build/strengthen capacities in data analysis, synthesis and reporting 6. Implement a national health observatory (customize the CHIP tool to the national need) for improve storage, management and diffusion of data and related reports
<p>Birth and death registration</p>	<p>There has been no assessment of the birth and death registration in Senegal and the system presents several weaknesses specifically in term of quality of the data collected. Additionally these data are usually not properly managed and analysed. The government is showing commitment to improve the system through different actions such as the development of legal policies, dedicated internet site, etc. However, there is little follow-up on the implementation of these policies and actions.</p> <p>Health staffs in hospitals reporting deaths are not trained in the use of the International Classification of Disease (ICD) to determine causes of deaths. Innovative methods to collect vital statistics are currently being tested through pilot projects and computerized registration of births is currently being implemented. There are sentinel sites which are not fully exploited for collecting vital statistics.</p> <p><u>Priority actions</u></p> <ol style="list-style-type: none"> 1. Conduct a rapid assessment of the civil registration system, including implementation of related legal policies and give directions to improve the system (including multi-sectoral partnership) 2. Train health staff in using of ICD for reporting deaths and causes of deaths 3. Use innovative methods (mobile phones, etc...) to report vital statistics and communicate data from the sentinel sites to the central level
<p>MDSR & quality of care assessment</p>	<p>Senegal does not have a national policy requiring the notification of maternal death. A functioning review system for maternal deaths is in place and the institutionalization of maternal and neonatal death audits is currently in process.</p> <p>Data collected in hospitals are usually incomplete (causes of deaths not indicated) and it is difficult to evaluate the quality of the reports as they are only produced in districts where maternal death audit is conducted. Only in these districts the data is used for advocacy and community mobilization. In general, there are no innovative methods used to notify maternal deaths and data collected are not publically available.</p> <p>.</p> <p><u>Priority actions</u></p> <ol style="list-style-type: none"> 1. Engage national policy makers to advocate for national policy on maternal death notification 2. Strengthen staff capacity in implementing systematic audit of maternal death and use of the results

* Please note that this is a draft that will be validated through a national accountability workshop involving a broader stakeholder group

	<p>3. Use innovative methods to report maternal death and ensure transfer of the data up to the national level</p> <p>4. Advocate for publication of the data on the MoH web site and other sources for public access</p>
Resource tracking /institutionalisation of NHA + RMNCH subaccounts	<p>The country does not have a national financial information system efficient enough to capture health expenditures, including information from the private sector and households. NHA have been established but not conducted regularly (the latest one for 2008 is currently being produced) due to the lack of financial support (this affects the sub-accounts as well). There is a national agreement on data sharing regarding commitments, payments and expenditures. However, there are gaps in the national leadership regarding supervision of TFP contribution and over the private sector (no data available). Estimations of health expenditures for RMNCH are currently in progress but in general NHA/SARH data are not consistently used for national reviews and the development of national policies such as for RMNCH. Data synthesis, estimations and reports are produced but not in a regular and consistent way. Due to a lack on funds, results are not released in a timely manner and not widely distributed.</p> <p><u>Priority actions</u></p> <ol style="list-style-type: none"> 1. Institutionnalisation of NHA and harmonization of data collection tools 2. Harmonize partners monitoring procedures 3. Capacity building for the regional teams in charge of the financial analysis and planning based on the results of the NHA and sub-accounts for RH 4. Implementation of mechanisms large diffusion of results of the NHA and sub-account for RH
Review and accountability mechanisms	<p>Yearly joint review meetings (revue annuelle conjointe) are organized gathering various stakeholders at national level. However, participation of other ministries, development partners and remains low. Prior to these annual reviews, monthly district meetings are held focusing on process and activity indicators. Annual regional reviews involving all regional partners are also organized providing results to be used for the national review. There is no standard methodology for producing review reports and the results are poorly used for planning and resources allocation. Reviews for RMNCH are not conducted due to a lack of funds and results of specific programmes are rarely used in the national review.</p> <p><u>Priority actions</u></p> <ol style="list-style-type: none"> 1. High level advocacy for implication of all actors in the review process 2. Development of monitoring and review platform for progress, support as well other specific review such as RMNCH review. 3. Strengthen capacities in planning and financial management for better allocation of the resources
Advocacy and Action	<p>Parliamentarians are involved in the development of strategic documents, monitoring committees and national reviews. However, participation of national research institutes in the review of progress and performance remains weak. There is no action related to the "Countdown" initiative.</p> <p><u>Priority actions</u></p> <ol style="list-style-type: none"> 1. Strengthen parliamentarians' implication and national institutes' involvement in the reviews 2. Develop a communication strategy for the Countdown initiative and organize first steps for its implementation
Key country documents/reports	<p>All documents are available: L:\Groups\CIAWCH\GrpData\Country Accountability\4. Country assessments & roadmaps\Senegal\Reference documents</p> <p>Cadre de dépenses sectoriel à moyen terme (CDSMT) 2012-2014, juin 2011. Ministère de la santé et de la prévention médicale</p>

* Please note that this is a draft that will be validated through a national accountability workshop involving a broader stakeholder group

	<p>Feuille de route multisectorielle pour accélérer la réduction de la mortalité et de la morbidité maternelles et néonatales au Sénégal 2006-2015, avril 2006. Ministère de la santé et de la prévention médicale</p> <p>Plan de suivi et d'évaluation, juillet 2009. Ministère de la santé, de la prévention et de l'hygiène publique</p> <p>Plan national de développement sanitaire (PNDS) 2009-2018, janvier 2009. Ministère de la santé et de la prévention</p> <p>Plan national stratégique pour la survie de l'enfant 2007-2015, juillet 2007. Ministère de la santé et de la prévention</p> <p>Stratégie de coopération de l'OMS avec les pays 2009-2013 Sénégal, 2009. Bureau régional de l'OMS pour l'Afrique</p>
Country Team	<p>Dr Mame Mbayame Guèye DIONE Chef Division Alimentation Nutrition et Survie de l'Enfant</p> <p>Dr Marie Jésus BUABEY Chef Bureau Santé des Adolescents - Division de la Santé de la Reproduction</p> <p>Mme Coumba Haby SARR Responsable du suivi évaluation à la CAS/PNDS/MSP</p> <p>Melle Ndèye Fama SALL Economiste de la santé à la CAF/SP/MSP</p> <p>Dr Fatim TALL THIAM OMS/FHP</p>

* Please note that this is a draft that will be validated through a national accountability workshop involving a broader stakeholder group