

## COUNTRY CASE STUDY: SENEGAL

### Senegal Adopts Countdown Strategies to Improve MNCH

#### Introduction

The first global Countdown to 2015 conference on child and newborn survival held in London in 2005 served as a significant motivating factor for the Senegal delegation and resulted in concrete national actions toward meeting the MDG 4 and MDG 5 commitments. The main take-home lesson from London was that going to scale with successful, high-impact interventions is a key priority. The global Countdown conference demonstrated that strong evidence can be used to stimulate change; the Senegal delegation resolved to draw on academic and operational research in-country to highlight what works. For the Senegal participants, the London Countdown conference underscored the need to strengthen and systematize partnerships, and renewed commitments to work together more closely upon their return from London. The continuum of care embracing the health of the mother, newborn, and child was seen as an attractive concept which would help Senegal avoid the "saucissonage" of programmes.

Although health conditions in Senegal had improved in the previous 10 years, Senegal's delegates to the London Countdown conference recognized that the country needed to work hard to improve performance towards MDG 4 and MDG 5. Stimulated by these challenges and inspired by the strategies and perspectives shared at the conference, the Ministry of Health and the Prime Minister's Office (Nutrition Programme) worked with a core group from WHO, USAID-BASICS, UNICEF, and UNFPA to analyze the health situation of women, newborns, and children in Senegal; examine the bottlenecks and barriers to effective, full-scale implementation of interventions; and discuss short-term opportunities to accelerate progress towards MDGs 4 and 5. Senegal was the first country to utilize a national Countdown analysis and event to accelerate progress towards MDGs 4 and 5.

Two important events were organized in Senegal following the London Countdown conference. The first was a seminar held in November 2006 and organized by the Ministry of Health and UNICEF to examine available country-level evidence. At this seminar, "Turning Knowledge into Action for Going to Scale with a Child Survival package in Senegal," the University Cheikh Anta Diop of Dakar presented research findings related to newborn and child health. The seminar was attended by the UNICEF Executive Director and officers from the WHO Regional Office. This seminar formed the basis for a national symposium on maternal, newborn, and child health held 13-14 December 2006, in Dakar.

#### Symposium objectives and expected results

Specific objectives of the symposium included:

- Share lessons learned from the London Countdown conference and from the Regional Strategy for Child Survival and Development, the strategic framework for child survival proposed to the African Union by WHO, the World Bank, and UNICEF

- Analyze the present situation of maternal, newborn, and child health (MNCH) in Senegal in terms of compliance with MDGs and the Regional Strategy, focusing on political, programmatic, and operational aspects (intervention packages, acceleration phases, and mapping)
- Share practices and lessons learned in maternal, newborn, and child health
- Identify opportunities and mechanisms for fundraising towards MDG compliance
- Reach consensus regarding next steps

Expected outputs from the symposium included:

- Update and validate the Senegal Countdown profile
- Conduct a mapping of maternal, newborn, and child health interventions, including updated coverage data, and identify gaps
- Define and adopt a package of essential comprehensive interventions for scale-up
- Develop a follow-up workplan, including fundraising, advocacy, and health system intervention activities, with specific deadlines and responsible parties

### **Planning and participation**

The Organizing Committee for the December Countdown symposium was comprised of Ministry of Health and international agency representatives. A Scientific Committee was formed including representatives from UNICEF, WHO, UNFPA, and USAID. Participants at the symposium included National Directors of Health, representatives of local government (ANCR, AMS), NGOs and community-based organizations (HKI, MI,TDH, ACDEV, GPF); associations of pediatricians and of gynecologists; academics and research institutions; UN agencies and international financial institutions (UNICEF, WHO, UNFPA, WB,ADB); USAID; representatives from global health partnerships; and others. Visits from the Director of the global Partnership for Maternal, Newborn, and Child Health (PMNCH) also helped advocacy efforts both before and following the symposium.

This was the first time that donor partners and inter-sectoral partners, including academia, met to discuss Senegal's situation regarding maternal, newborn, and child survival and MDG challenges. A packed 2-day agenda and a team of professional facilitators guaranteed methodological quality and the efficiency and relevance of discussions and results. The participation of local representatives from the Ministry of Health ensured first-hand acquaintance with Senegal's realities regarding MNCH at the community level, as well as the relevance of agreed interventions. The symposium was presided over by the Minister of Planning and Sustainable Development.

### **Symposium content**

The first substantive sessions at the Senegal symposium focused on global strategies and lessons learned, drawing on Countdown to 2015 and the Regional Strategy for Child Survival. Discussions highlighted the need to reinforce communities to ensure continuum of care and to strengthen supportive supervision in health services in order to improve quality of care.

Based on national experiences in MNCH service delivery, several challenges were identified, including: the need to improve referral systems, lack of financial resources at the local level, poor continuity of services across the continuum of care, inadequate supervision of trained health personnel, the need for greater sharing of experiences by communities and local health systems, and human resource shortages.

## Regional and district discussions

The group work that followed helped to foster local authority (regions and districts) and partner ownership of the basic strategies to improve MNCH. Group discussions resulted in:

- Definition for each region of intermediate objectives based on the national objectives and MDG 4 and 5 targets for 2015
- Identification of opportunities, bottlenecks, and constraints to achieve these objectives
- Proposal of realistic solutions to overcome barriers and scale-up
- Elaboration of a model to scale-up priority interventions for each of the three levels of care to 2015
- Identifying next steps

Constraints for this group work exercise included the lack of reference baseline data for some indicators such as maternal mortality and coverage of HIV testing and ARV treatment for pregnant women and children. Improvement in data collection and disaggregation, ideally to the district level, relating to the coverage of MNCH intervention packages was identified as a need.

Barriers to the achievement of national objectives towards MDGs 4 and 5 were analyzed for two districts — Thiers and Kaolack — and each group classified the most important gaps according to levels of intervention.

### ***Barriers for Thiers district***

**At the family and community level:** insufficient use or non-availability of community-based services, poor promotion of interventions at the community level, insufficient monitoring and supervision, inadequate use of regulations and guidelines for health care

**At the first level of care, advanced and fixed strategies:** small range of services offered, poor coverage of health level care

**At the referral level:** poorly developed or dysfunctional referral system

In addition to establishing the next steps and their deadlines and responsible parties, the group suggested creating task forces or committees at different levels to follow-up on the symposium recommendations.

### ***Barriers for Kaolack district***

**At the family and community level:** inadequate access to or use of antenatal care

**At the first level of care, advanced and fixed strategies:** inadequate numbers of health personnel, poor quality of care, inaccessibility of services both financially and geographically

**At the referral level:** poor quality of care

The group recommended scaling up a community approach building on the decision-making role of men and grandmothers, and partnership with the private sector and local community groups. They also included collaboration with traditional practitioners, opinion leaders, and traditional communicators. A special mention was made of action research.

The group discussed the need for:

- Functional and accessible facilities for women and newborns
- A consultation framework
- A monitoring and evaluation plan
- Availability of skilled health personnel and logistics in place for fixed and mobile strategies
- A partners network
- A regional team of trainers, research protocols, and financing

## Plenary discussions

After presentations by the two groups, a plenary follow-up discussion session highlighted the need for:

- Immediate measures to ensure follow-up to symposium recommendations. A special reference was made to addressing dysfunctional Emergency Obstetric Care (EmOC) services.
- Partnering with private health sector, especially in the Thiers region
- Hiring additional health personnel and adapting and improving training curricula by introducing social aspects
- Defining intervention packages and scaling-up of successful interventions
- Increased commitment from health personnel in face of the enormous gaps in health services
- Creativity and innovation in finding locally-relevant solutions
- A multi-sectoral approach that includes socio-economic and other factors that affect maternal mortality
- Adoption and dissemination of the roadmap as a guide towards achieving the MDGs
- Engaging men in antenatal services
- Analyzing the resources needed (financial and human) and ways to mobilize them

## Expert panel on fundraising

Chaired by the *Directeur du Cabinet* (DC) of the Ministry of Health and Medical Prevention, this panel reviewed the needs in terms of resources, potential sources, and mechanisms for mobilization. The panelists focused on two questions:

- 1) Why don't health systems work properly?
- 2) What can be done to accelerate progress towards MDGs 4 and 5?

The DC responded with suggestions for tackling the health worker deficit, among them:

- 1) opening regional training centers
- 2) subcontracting health services, especially in remote, difficult areas
- 3) calling for local solutions to avoid the closing up of health centers

WHO, UNICEF, and USAID discussed the need for a greater integration of services, doing more with available resources, strengthening partnerships, adoption of essential packages, and improving monitoring and supervision.

At the local level it was suggested that decision-makers should show initiative and creativity to mobilize resources even from the local level. Also, multi-sectoral efforts should be driven by the MOH with a clear definition of roles and responsibilities so as to make the best use of all the resources.

## Next steps

The following actions and recommendations were agreed upon:

- Harmonize the definition of intervention packages at each level
- Formalize partnership and establish a task force within the MNCH partnership to coordinate advocacy and fundraising activities
- Organize a meeting with *Médecin chef de région* (MCR) to discuss symposium results and foster their commitment to MNCH

- Map MNCH interventions
- Create committees at appropriate levels to follow-up on the recommendations of the symposium
- Create a strategic document integrating the national “roadmap” and the Child Monitoring Strategy
- Set up sustainable financial mechanisms to guarantee essential services (PTME/PMTCT, C-sections, newborn, etc.)
- Elaborate/update regulations and procedures for implementation of community interventions (capacity building, regulations, follow-up mechanisms, planning, etc.)
- Engage in joint integrated planning (decentralized and consolidated), within and across sectors
- Elaborate a participatory advocacy tool for MNCH
- Organize activities to exchange experiences, lessons learned, and results from MNCH strategies and activities
- Set up mechanism to exchange information regularly on MNCH activities (bulletin, journal) with decision-makers
- Organize a Presidential Council for MNCH

## Conclusion

In concluding, the DC of the Ministry of Planning, Sustainable Development, and International Cooperation (MPDDCI) noted that Senegal had given priority to human capital, and the financial resources, policies, institutional reforms, and declarations were proof that health is considered essential. Senegal is committed to reducing morbidity and mortality, especially that of mothers, newborns, and children, its most vulnerable populations.

To face this challenge, the DC called for scaling up effective interventions and strengthening organization, cooperation, and coordination at all levels. He highlighted strategies such as fundraising at the local level, good human resources management, and support to local initiatives in order to achieve the MDGs. He also requested the international community to support the MOH to engage local communities and to strengthen human resources for health.

**Products** included a national conference report and updated coverage data.

## Successful outcomes:

1. Resulted in the "*Plan National Stratégique pour la Survie de L'Enfant 2007-2015*" (National Strategic Plan for Child Survival 2007-2015) which complements the Senegal Roadmap for Maternal and Newborn Health. The introduction to this plan mentions the connection to the December symposium and the London Countdown conference
2. Additional data gathered by the universities in order to document best practices
3. Costing and planning analysis was done using the MBB (Marginal Budgeting for Bottlenecks) tool
4. Senegal introduced a Maternal, Newborn and Child Health declaration into the Islamic Conference that took place in Dakar in early 2008

## Sources

- PLAN D'ACTION 2007 DU PARTENARIAT POUR LA SMNI / OMD 4 ET 5 AU SENEGAL
- Rapport du Symposium National sur la Santé de la Mère, du Nouveau-né et de l'Enfant UCAD II 13 au 14 Décembre 2006
- Agenda Provisoire du SYMPOSIUM NATIONAL SUR LA SANTE DE LA MERE, DU NOUVEAU-NE ET DE L'ENFANT au SENEGAL, 13-14 Décembre 2006, Dakar, Sénégal
- Email correspondence with Dr. Flavia Guidetti, Ian Hopwood, Biram Ndiaye, and Professor M. Guéyale Sall

## Abbreviations:

ACDEV	Action pour le développement	MPDDCI	Ministère du Plan et du Développement Durable et de la Coopération Internationale
ADB	African Development Bank or Banque Africaine de Développement (BAD)	MSPM	Ministère de la Santé <del>de et</del> de la Prévention Médicale
ANCR	Association nationale des conseillers ruraux	NGO	non-governmental organization
AMS	Association des Maires du Sénégal	GPF	Groupe de promotion des femmes
EmOC	Emergency Obstetric Care	PTME	Prévention de la Transmission Mère-Enfant (du VIH) or PMTCT
GPF	Groupe de promotion des femmes	TDH	Terres Des Hommes
HKI	Helen Keller International	USAID	United States Agency for International Development
MBB	Marginal Budgeting for Bottlenecks	WB	World Bank
MCR	Médecin Chef de région		
MI	Micronutrient Initiative		

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