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HEALTH SECTOR STRATEGY 2011 - 2016

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ACRONYMS AND ABBREVIATIONS

ADEMAS	Agency for Social Marketing (from French)
AMTSL	Active Management of the Third Stage of Labor
AO	Assistance Objective
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
CBO	Community Based Organization
CFA	Currency of the West African Community
CDC	Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CYP	Couple-Years-of-Protection
DG	Democracy and Governance
DHAPP	Defense HIV/AIDS Prevention Program
DHS	Demographic and Health Survey
DO	Development Objective
DOTS	Directly Observed Treatment, Short course
DP	Development Partner
DSRP	Strategy for Growth and Poverty Reduction (from French)
DSSP	<i>Division de Soins de Santé Primaire</i>
ECD	<i>Equipe Cadre de District</i>
ECR	<i>Equipe Cadre de Région</i>
EG	Economic Growth
EPI	Expanded Program for Immunization
FGC/M	Female Genital Cutting/Mutilation
FP	Family Planning
GOANA	Grand Offensive for Food and Abundance (from French)
GHI	Global Health Initiative
GOS	Government of Senegal
GTZ	German Technical Cooperation
HDMT	Health District Management Team
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HPN	Health, Population and Nutrition
HRH	Human Resources for Health
IEC	Information, Education and Communication
IR	Intermediate Result
IPTp	Intermittent Presumptive Treatment in Pregnancy
ITN	Insecticide Treated Net
MCH	Maternal and Child Health
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MLI	Ministerial Leadership Initiative
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health

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MOP	Malaria Operational Plan
MSM	Men who have Sex with Men
NAC	National AIDS Council
NGO	Non-Government Organization
ORS	Oral Rehydration Salts
PBF	Performance Based Financing
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PND5	National Health Development Plan (from French)
POCL	Operational Plan for Local Authorities (from French)
PPP	Public-Private Partnership
PTA	Annual Action Plan (District level) (from French)
RDT	Rapid Diagnostic Test
SNEIPS	National Health Education and Promotion Service (from French)
SNIS	National Health Information System
SP	Sulfadoxine Pyrimethamine
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
USG	United States Government
WHO	World Health Organization

USAID/SENEGAL HEALTH SECTOR STRATEGY 2011 - 2016

I. Background: purpose and process.

A. Purpose. This USAID/Senegal Health Sector Strategy 2011- 2016 will serve as the Health Team's contribution to the USAID/Senegal Country Development Cooperation Strategy and will guide USAID health program investments in Senegal over the next five years. The Health Sector Strategy is based on a series of analyses and consultations regarding the next phase of USAID's assistance to Senegal's health sector. This document includes sections that present the health context, health sector successes as well as priority problems and challenges in sector performance, the contributions of other US Government and development partners, and USAID's strengths and programming parameters. The document then describes the Development Objective (DO) and Intermediate Results (IR), the major Program Components and proposed structures for USAID health sector assistance, possible mechanisms for supporting implementation, and further steps and analyses to facilitate the transition from the present to the future Health Sector Strategy. A separate document proposes a new structure for the USAID/Senegal Health Team to ensure effective implementation of this Health Sector Strategy.

B. Process. The USAID/Senegal Health Sector Strategy 2011 - 2016 builds on the successes of and lessons learned from USAID's prior assistance; takes into consideration the recently developed Senegal Health Development Plan 2009-2018 (PNDS 2009-2018) and recommendations from many discussions and stakeholders meetings with Government of Senegal (GOS) officials, implementing, and development partners; responds to the many reforms and changes in international development assistance, in USG policy and programming, and in Senegal's health and development sectors; and addresses health sector problems and challenges for which USAID assistance is needed and relevant. The development of the Health Sector Strategy involved the following:

- **Document Review.** Prior to Health Sector Strategy development, the USAID/Senegal Health Team commissioned a number of assessments of its on-going programs that included analyses of the data available on the health status of the Senegalese people. The Health Team also utilized planning documents from the President's Malaria Initiative (PMI), a 2009 rapid assessment of the Senegalese health system, and annual planning and reporting documents required by USAID. Important Government of Senegal documents, including the PNDS 2009-2018, and other reports, for example, assessments of the private sector, were also consulted. [A list of these documents is provided in Annex 1.]
- **Dialogue and Consultation with Stakeholders.** The USAID/Senegal Health Team has had on-going consultations with its implementing partners, GOS Ministry of Health (MOH) stakeholders, and stakeholders within and outside USAID in other sectors and civil society to consider priorities for future programming. During the two-week intensive Strategy development phase, the Health Team met with representatives of other USAID sectoral programs and several development partners, including the World Bank and the World Health Organization (WHO). To solicit recommendations on challenges and opportunities for the new Health Sector Strategy, USAID/Senegal facilitated very productive meetings as follows:
 - **USAID/Senegal Implementing Partners**, on May 18 including most Chiefs of Party and several of their Senior staff;

- **Secretary General of the Ministry of Health**, on May 18, in the MOH;
- **Field Stakeholders in St. Louis**, on May 20, including Medical Officers, Midwives, Nurses, and other representatives from the Regional and District levels from St. Louis, Matam, Diourbel and Thies;
- **Field Stakeholders in Tambacounda**, on May 20, including Medical Officers, Midwives, Nurses, and other representatives from the Regional and District levels from Tambacounda, Kolda, and Kaffrine; and,
- **Dakar Stakeholders**, on May 25, including senior representatives from priority MOH departments, e.g., the Directors of Health, Hygiene, and Reproductive Health. [See Annex 2 for a list of all participants in interviews and stakeholder meetings.]

- **In-House Health Sector Strategy Planning and Team Strengthening Retreat.** On May 26-28, 2010, the Health Team, including a Health, Population, and Nutrition (HPN) expert from USAID/W, and two consultant facilitators, held a Health Sector Strategy planning and team strengthening retreat. Team discussions revealed strong consistency in the key problems identified by team members across the sector, whether considering malaria, HIV/AIDS, child health, nutrition, or family planning, and those identified by the stakeholders. Suggestions for priority areas for USAID assistance and proposed Program Components for the future health program also were very consistent. Retreat outcomes are reflected in the strategic directions and programming presented in Section V.
- **Review with USAID/Senegal Leadership and GOS.** Following the decisions made at the retreat for the Health Sector Strategy, the Health Team prepared a presentation highlighting key steps in the analytical process they followed and major decisions reached on the Results Framework and Program Components.

II. Context: Health Status, Health Sector Strengths, and Priority Problems and Challenges.

The Government of Senegal is completing its preparation of a follow on document for the Strategy for Growth and Poverty Reduction 2006-2010 (DSRP II 2006-2010) and is already implementing its recently approved PNDS 2009-2018. Both plans support GOS initiatives to meet the health Millennium Development Goals (MDGs, MDGs 4-6), improve health services and information for the most vulnerable populations (underserved and disadvantaged), strengthen health systems and service delivery to meet those objectives, and further reinforce decentralization of authority and decision-making.

A. Health Status. Senegal, a stable, democratic country in West Africa, is politically and economically one of the strongest countries in the region, but much remains to be done on the road to development. The population of over 12 million (over 40 per cent of which is urban) is growing at a rate of 2.6 per cent per year. Although there has been good progress in the social sectors in Senegal over the past few decades, there are many improvements that are needed. The adult literacy rate is about 40 per cent, while the primary school completion rate is almost 70 per cent. Approximately 43 per cent of primary school graduates are girls, with the disparity growing even higher in the upper levels of the education system. Although many health indicators, such as infant and maternal mortality, have improved over the last few decades, they remain unacceptably high. Top causes of death for children under five years include malaria, neonatal causes, pneumonia, diarrheal disease and measles.

Table 1. Selected Health Indicators for Senegal¹

Health Indicator	Recent Data	Changes in Indicator and Comments
Life Expectancy at Birth	56 years	Up from 40 years in early 1970s
Infant Mortality	54/1000	
<5 Mortality	85/1000	Dropped recently (likely due to malaria control)
Neonatal Mortality	35/1000	
Completed Immunization	80%	But slipping further
Underweight <5	14%	
Anemia (6-59 months)	79%	
Children sleeping under ITN	29.2%	Recent estimates indicate higher percentages
Total Fertility Rate	4.9	Down from 6.6 in 1986
Modern Contraceptive Prev. Rate	10.3%	
Unmet need for family planning	31.6	
Maternal Mortality Ratio	401	
Antenatal Care (4+visits)	40%	Up from 17% in 1997
HIV/AIDS prevalence	0.7%	National
HIV prevalence MSM	21.5%	At risk group
HIV prevalence Sex Workers	19.5%	At risk group
HIV Prevalence Southern regions	2.3%	At risk area
TB Incidence	110/100,000 ²	
Case detection rate	77%	Below WHO recommended target of 70%

B. Health sector strengths. 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. HIV prevalence has been kept low overall; however, it should be noted that HIV prevalence is high in many at risk groups.
- **Adoption of new approaches and technologies.** A number of new approaches and technologies to improve and extend the reach of services have been adopted. 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.

¹ Most of the data in Table 1 from DHS of 2005 and 2008 Malaria Indicator Survey; all data and analysis should be updated when data from the DHS now planned for field work in September-October 2010 and for release of results in early 2011.

² MOH Senegal Annual TB Report 2009

- **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 the last 5-10 years. Health committees are actively supporting their community service sites through funding and indicate their ownership of the program. The number of local non-government organizations (NGOs) involved in the program has also increased.
- **Demonstrated commitment by GOS to Health Sector.** The higher political commitment by the GOS to the sector is best demonstrated through the increased funding going into the national health budgets. In addition, the GOS is focusing on prevention and on gender, has developed a national strategy to eliminate female genital cutting (FGC), and is initiating its own food security program, the Grand Offensive for Food and Abundance (GOANA).
- **Decentralized management and delivery of health services.** The process of health system decentralization began in earnest in 1992 and was reinforced in 1996 when health was one of nine areas (others were education and environment) over which authority for decision-making and resource mobilization was delegated to locally elected officials at the district level. All levels of the health system are concerned with governance and the need to budget for and evaluate health programs in a transparent manner. The national health information system (SNIS) has also been effective and supports all levels of system management.
- **Expanded financing approaches.** The GOS has been very open to innovative approaches to financing for health programs including local health committees, community insurance schemes called mutuelles, and the like. National health insurance is being actively discussed. While not an approach to developing more sources of financing, piloting of performance-based financing (PBF) is also being planned; PBF will be tied with community based health insurance and use available financing, including donor support, in ways that will create incentives for increased levels of higher quality service delivery.
- **Health now a national concern of all citizens.** MOH staff noted that concern for health now goes well beyond those directly involved in the health sector and beyond the GOS. Local citizens are more actively engaged in programming and promotion.

C. Health Sector: Priority Problems and Challenges

For Senegal to meet its MDGs and its own goals and objectives in the PNDS 2009-2018, the GOS/MOH has to address significant challenges. Among them are deficiencies in the performance of de-centralized levels and components of the health system. A synthesis of the priority problems and challenges drawn from the inputs of stakeholders in the field and Dakar, USAID Implementing Partners, and assessments and other documents follows.

- **Persistent health status challenges.** Although many major health indicators have improved, there are others of major concern. Contraceptive prevalence rates have been stagnant for years; EPI coverage has been declining such that measles outbreaks and polio have recurred; malnutrition, including chronic under nutrition and micronutrient deficiencies, persist.

- **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; they are sometimes perceived as being unresponsive to 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.
- **Weaknesses in GOS health programming.**
 - **Behavior change communication (BCC):** Despite the existence of the National Health Education and Information Service (SNEIPS); stakeholders noted the lack of: a national strategy, plan, and materials for health promotion and behavior change; resource capacity at the central and decentralized levels to lead and coordinate BCC programming; development and use of targeted, coordinated messages and approaches; and limited implementation and coordination of information dissemination and campaigns.
 - **Private sector as a potential resource** for services, information, and systems support is under-appreciated and underutilized. Social marketing as an approach for getting key health products and particularly messages and information to people has not been fully exploited. There are few incentives to draw potential private providers into the system. Pharmacists, although better trained than community health workers, are less empowered to provide family planning and other health products. As a result, overall engagement by the private sector is weak and capacity in the private sector is limited.
 - **Lack of multi-sectoral engagement** means that all of the potential resources for health programming are not being utilized, thereby reducing possible impact, particularly at the community level. Schools (Ministry of Education), women's groups (Ministry of Family), and agricultural entities (Ministry of Agriculture) are a few examples of organizations that are not fully utilized in health programming.
- **Inconstant leadership and inadequate management at all levels.** Institutional instability at the highest levels of the Ministry of Health (there have been frequent changes in Ministers over the last 8 years) affects all levels of the Ministry and results in many delays in policy development and implementation. Although the stakeholders meetings raised a number of specific policy areas for attention (e.g., private sector), there was a desire for greater focus on implementation of policies already approved. It was also noted that those in leadership positions often wait for their superiors to act rather than act on their own. Specific problems include:
 - **Insufficient use of planning and budgeting tools.** Although the planning approaches now used in USAID-supported regions and districts are well-accepted (Plans for the Local Authorities-POCLs and Annual District Plans-PTAs), the tools are not always effectively applied and followed up. At the national level, inadequate planning for new initiatives and other mandates results in roll out without sufficient funding from national resources, a situation that threatens their long-term survival. The effects impact lower levels of the health system. At all levels, poor management of funds and lack of transparency plague the financing of programs and services.
 - **Limited resource mobilization.** Local level managers in district and regional medical offices have the authority to manage but not sufficient resources to fully

- implement their plans; many do not have the skills they need to fully mobilize more local, Senegalese resources (and reduce their dependence on external resources).
- **Uncoordinated and inconsistent supervision and monitoring.** At all levels, supervision and monitoring of service delivery and implementation of health programs is sporadic and uncoordinated. Data from the HMIS are not systematically analyzed and used. Community data from community and civil society groups, while available, are not taken into account systematically in the national HMIS.
 - **Poor coordination.** MOH managers at all levels are responsible for managing a large number of activities and partners, which are often poorly coordinated; the result is duplication, overlap, gaps, and confusion. Programs that should be linked are not communicating. To gain the maximum benefit from the limited resources, all partners at all levels of the system need stronger guidance and opportunities for joint planning and sharing of learning and experiences.
- **Persistent health system weaknesses.** In addition to overall health sector leadership and management issues, specific health systems components need attention.
 - **Weak governance.** Although mentioned by all stakeholders as an issue at all levels, the problem requires more definition. For example, neither the District Health Management Team Leader nor health committee members are held accountable for the use of the funds generated from the sale of drugs. Monitoring of these funds and their use is very limited. At minimum, there is a need for: greater transparency with civil authorities, elected officials, and community and civil society groups regarding health plans and budgets; their engagement in monitoring and service responsiveness and quality; and, mobilization of financial and community support for and oversight of health activities and behavior change.
 - **Changing roles of District Health Management Teams (DHMT).** Health districts cover defined catchment areas served by health posts and health huts. To date, the DHMT has both management and clinical responsibilities. DHMT members provide curative care, for example, the doctor who is also the Team Leader provides curative care consultations; the midwife assists with deliveries at the referral health center and is also in charge of supervision of reproductive health services. The MOH is proposing to reassign the DHMT members' clinical roles and have them focus only on their management roles. For this change to be effective, they need stronger management skills and support, e.g., for planning, oversight and supervision of programs within the District, provision of refresher training, and monitoring and evaluation (M&E).
 - **Issues with Health Management Information System (HMIS).** Although the HMIS is regarded as functioning, it is still plagued by incomplete, unverifiable data, lack of availability of data when needed, irregularity of reporting, and periodic data strikes by health sector employees. The data collected are not comprehensive in any case, as the private sector does not participate and does not share its data, leaving out a significant number of service delivery points and activities.
 - **Unreliable Pharmaceutical Management and Logistics System.** Supply chain management works overall, but is prone to periodic failures and stock outs. Contraceptives donated by development partners such as USAID are not yet fully integrated into the supply chain. Procurement and distribution problems affect

- availability of key drugs such as zinc for diarrheal disease and SP to prevent malaria in pregnancy.
- **Chronic problems with Human Resources for Health (HRH).** A common concern in the stakeholder meetings, specific issues included insufficient number of qualified personnel, the quality of their skills, and, as important, their inequitable distribution across the country. Most specialists locate in Dakar, leaving rural areas without access to any specialized skills. There were also concerns about poor performance due to a lack of responsibility on the part of health care workers, and lack of either sanctions for poor performance or reward for outstanding performance. Unionized health workers have also called strikes, not only to withhold data but also services.
 - **Inadequate Infrastructure and maintenance.** Lack of sufficient equipment and vehicles (or other means for travel to conduct outreach activities, such as motorcycles) were common concerns, along with concerns about maintaining them.

III. Support to the Senegal Health Sector: U.S. Government and Other Development Partners.

A. US Government Partners. USAID is the primary U.S. Government (USG) implementer of health programs in Senegal. The President's Malaria Initiative (PMI), led by the USAID and implemented together with the U.S. Centers for Disease Control and Prevention, was launched as a five-year funding initiative beginning in fiscal year 2006 and in 2008 was renewed until 2014. The main activities of PMI in Senegal have been purchasing and distributing insecticide-treated nets, supporting indoor residual spraying, procuring ACTs, improving malaria diagnosis in health facilities through purchasing of microscopes and training, supporting supervision of malaria diagnosis and treatment, monitoring of antimalarial drug efficacy and quality, training in epidemiology, monitoring and evaluation, supporting an integrated package of services at health huts, communication activities from national to community levels, and supporting nationwide household surveys such as the Demographic and Health Survey and the Malaria Indicator Survey.

The Peace Corps trains volunteers to support community-level malaria prevention and control efforts under the Presidential Malaria Initiative and supports community level activities in support of community health huts and with community level development activities that affect health programming, such as village health committees. A strategy to reach universal coverage was developed and piloted in two southern districts in 2009-2010 by the U.S. Peace Corps, in partnership with several organizations. The NMCP and partners began scaling up this approach in 2010. The CDC and USAID also work in partnership to improve HIV surveillance systems in Senegal; specifically, they support: expansion of routine sentinel surveillance; a second combined surveillance survey for high risk groups; and size estimation evaluation of high risk groups. The CDC also supports the Monitoring and Evaluation Unit of National AIDS Council (NAC) and the HIV/AIDS division to build their capacity to plan, monitor, report, and analyze data for decision making. The Senegalese military is supported with HIV prevention, treatment and care services through the Department of Defense HIV/AIDS Prevention Program (DHAPP).

B. Other Development Partners (DPs). In terms of scope and levels of funding, the most significant health Development Partners are: the World Bank, which provides budget support and is preparing to support a program for health financing and policy reform; the Global Fund,

which has provided funding for malaria, HIV/AIDS, and TB programs as well as for health systems strengthening; and the UN organizations, UNFPA, UNICEF, and WHO that provide important technical support for such areas as immunization, reproductive health, water and sanitation, and MNCH. Bilateral assistance also comes from GTZ, 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 (MLI), which intends to build leadership capacity at the Central Ministry of Health.

IV. USAID/Senegal Strengths and Experience and Health Programming Parameters

In considering the many health problems and challenges for the Senegal health sector, the Health Team recognized that USAID must develop its future Health Sector Strategy consistent with what it has learned from its own experience in implementing the program of the last five and more years as well as use the strengths of USAID as a development partner. In addition, the Health Team recognized the need to assure greatest impact consistent with USAID funding streams and levels and to incorporate the principles of the Administration's Global Health Initiative and priority concerns of the USAID/Senegal Mission as parameters for its CDCS.

A. USAID/Senegal Strengths and Experience (Lessons Learned). In the stakeholders meetings, participants were remarkably consistent in their views of USAID's strengths and contributions to the health sector in Senegal and lessons learned from their experience.

- **USAID/Senegal Strengths.** USAID/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, USAID/Senegal has strengths that are important in meeting the needs of Senegal's health sector.
 - Strong technical support and expertise from USAID staff and Implementing Partners;
 - Access to high quality global technical leadership and expertise;
 - Substantial financial support at all levels of implementation and flexibility to move funds quickly, using its partners and other means to provide requested assistance;
 - Credibility with the GOS, MOH, and other DPs;
 - Transparency and accountability in program planning and decision-making;
 - Ability to fill gaps not being addressed sufficiently by the GOS or other DPs;
 - Institutional support at all levels of the de-centralized system;
 - Proactive approach to influencing GOS and other DPs agendas; and,
 - Focus on positive, health outcomes for beneficiaries, not just to benefit managers or health providers.
- **What USAID has accomplished and should build on.** USAID's own staff and its Implementing Partners, have made significant contributions to the health sector in Senegal.
 - A strengthened and expanded community health program which is now acknowledged as an important component of health service delivery;
 - An integrated package of interventions with appropriate linkages with other sectors at facility and community level;

- Credibility and experience in initiating innovative approaches in family planning and maternal care (as well as the community health program) for scale up at a national level;
- Through establishment of Regional Offices for its Implementing Partners, a reinforced, de-centralized management structure which improves coordination among the partners and with the GOS; supports better planning at the local level; and can support health district system reform, including performance-based financing;
- A close working relationship with the MOH which facilitates policy development and reform to expand financing options for the health sector and assure effective delivery of services.

B. Health Programming Parameters. Health programming parameters are derived from guidance on use of appropriated funds for health, policies and initiatives of the USG, and concerns of the USAID/Senegal Mission that apply to all programs. USAID/Senegal is expected to receive levels of funding to ensure impact in malaria, MCH, nutrition, and family planning, as well as for HIV/AIDS, TB and water.

- **Health intervention priorities.** In keeping with USAID/Senegal's health sector program funding sources, as a priority country for funding in malaria and food security, and increased funding for MCH and family planning, an illustrative list of health intervention priorities for the Health Sector Strategy period is given below.

For the community and facility levels:

- **Malaria** prevention and control, including selected locations for indoor residual spraying, ITN distribution, IPTp for pregnant women, use of RDTs, and appropriate treatment for malaria;
- **Family Planning**, including counseling of all women and couples on methods of FP, provision of or referral for the preferred method (or an interim method if delay in access to the referral), counseling on use of the method chosen, and follow up;
- **Maternal Health**, with emphasis on early antenatal care, iron folate supplementation, deworming, IPT/pregnancy, birth preparedness, piloting the provision of misoprostol to prevent post-partum hemorrhage, use of AMTSL for hemorrhage, and magnesium sulphate and calcium (for prevention and management of eclampsia);
- **Newborn Health**, including newborn drying and wrapping, clean cord care, hand washing, immediate and exclusive breastfeeding, tactile stimulation of asphyxiated newborns, and Kangaroo care for low birth weight newborns;
- **Child Health**, including promotion of use of ITNs, Aquatabs, and handwashing, use of ORS and zinc for diarrheal disease, immunization, treatment of malaria, and early treatment of childhood pneumonia; and,
- **Nutrition**, to include support for essential nutrition actions, such as exclusive breastfeeding and appropriate complementary feeding after 6 months, continued feeding during illnesses, Vitamin A supplementation, and early detection and management of malnutrition at the community level.

With more limited resources, selected interventions in:

- **TB**, including improved case finding and use of community TB care.

- **Water and sanitation**, with an emphasis on improving water safety through the use of Aquatabs.
- **HIV/AIDS**, including targeted specialized prevention services for high risk groups and care and support services for those affected by HIV through NGOs.

At the health facility level only, USAID/Senegal health sector resources will continue to support development of capacity to manage referrals for MNCH, FP, nutrition, and malaria, as well as capacity in long acting and permanent methods of family planning and Basic Emergency Obstetric and Newborn Care (BEmONC).

- **Global Health Initiative Principles.** In May 2009, President Obama announced the Global Health Initiative as an important development program that would build on and strengthen the health programming of the US Government in developing countries. The details of implementation are still being worked out, and only eight countries will receive focused GHI attention the first year. However, GHI principles are already imbedded in USAID/Senegal's current program and will be emphasized further in the Health Sector Strategy 2011 - 2016. GHI principles are:
 - Implement a woman- and girl-centered approach
 - Increase impact through strategic coordination and integration
 - Strengthen and leverage key multilateral organizations, global health partnerships, and private sector engagement
 - Encourage country ownership and invest in country-led plans
 - Build sustainability through health system strengthening
 - Improve metrics, monitoring and evaluation
 - Promote research, development and innovation.
- **Internal USAID/Senegal considerations.** These were:
 - How to build local capacity of health sector managers and providers in Senegal and how best to build on and strengthen capacity already available
 - The extent to which different activities fit together and were logically grouped
 - The responsiveness to the needs and expressed concerns of Senegal health system
 - The USAID/Senegal Health Team management capacity
 - Responsiveness to Mission concerns with: good governance, youth and food security.

V. USAID/Senegal Health Sector Strategy 2011 - 2016: Results Framework, Program Components, Cross-cutting Themes, and Implementation Mechanisms.

The revision of the USAID/Senegal Health Sector Strategy (2011 - 2016) coincides with the development of the Mission's new CDCS. The proposed health sector Development Objective (DO) takes into account the extensive consultations with many stakeholders in the sector, USAID's strengths and lessons learned from the previous strategy, health sector challenges in Senegal (see sections above), and the Mission's programming parameters. The revised strategy does not represent a dramatic change from previous sector support, but expands the scope of

USAID's support to achieve the DO. It gives greater emphasis to strengthening the health system, articulates the program components more clearly, and builds in greater sustainability.

Results Framework. The proposed DO and the Intermediate Results (IRs) are fully consistent with the objectives and strategies presented in the GOS National Health Development Plan of 2009-2018 (see p. 32). Five program components (see Section VI) will work together at the national, regional, district, and community level to achieve the sector DO which will contribute to the achievement of the Mission's DO.

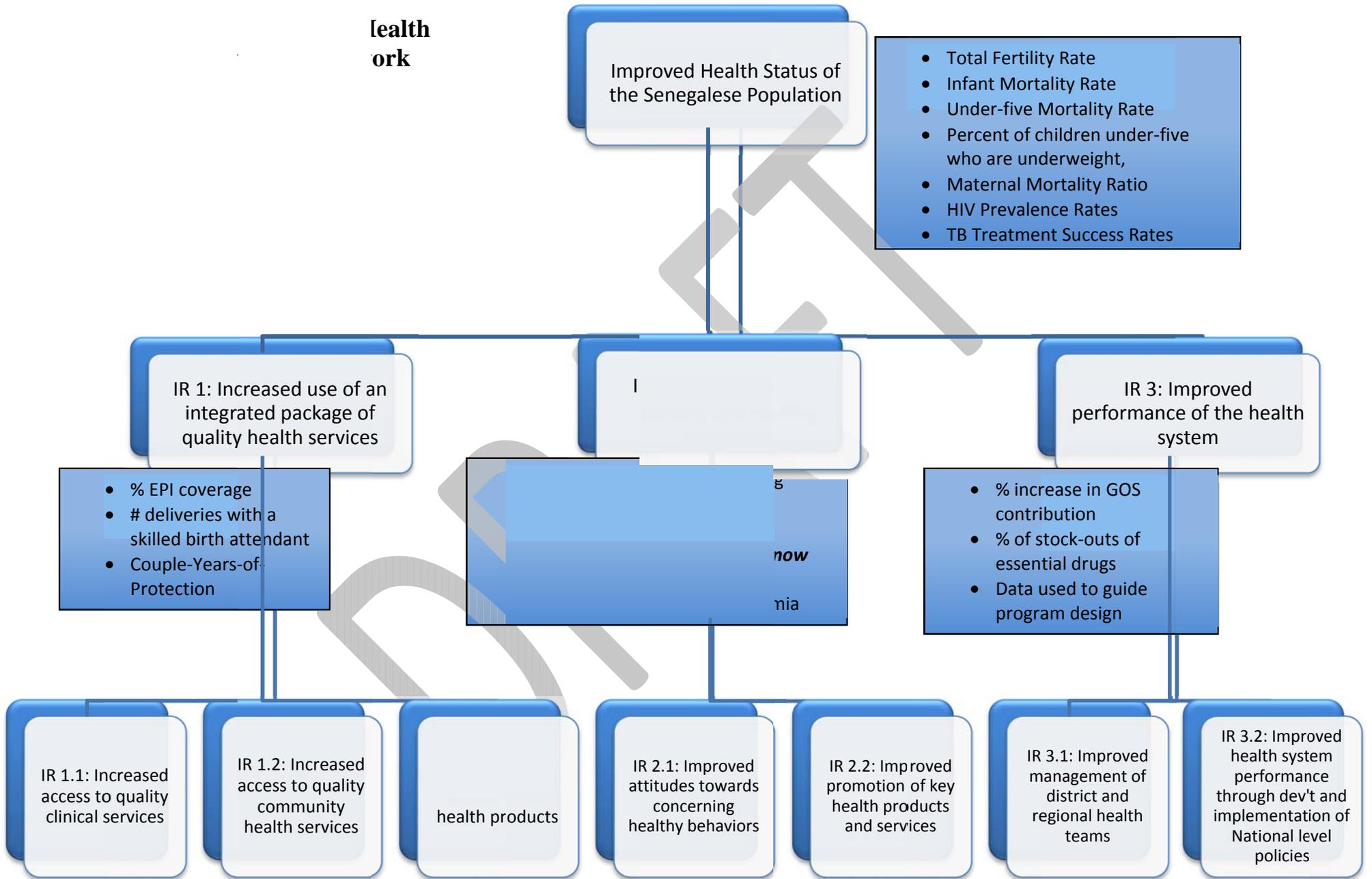
USAID/Senegal Health Program Goals

Over the life of the USAID/Senegal Health Sector Strategy 2011 – 2016, all Program Components will contribute to the following Program Goals:

1. Reduce Maternal Mortality by 28%
2. Reduce Under-5 Mortality by 35%
3. Reduce Neonatal Mortality by 30%
4. Increase the Modern Contraceptive Prevalence Rate by 50%
5. Reduce unmet need for contraception from 50%
6. Reduce the prevalence of underweight children under-five by 41%

The GOS, with assistance from USAID and other donors, is currently conducting a combined DHS and Multi-indicator Cluster Survey to update the statistics on major health outcome indicators. Data is anticipated in March 2011.

Health
Strategy



Proposed DO: Improved Health Status of the Senegalese Population. The strategy specifically targets women of reproductive age and children under five to contribute to reductions in continued high rates of maternal and child under-five mortality rates. Other specific target populations include people living with HIV/AIDS, as well as other adults and young people who receive the benefits of information, product and service interventions in malaria, family planning and reproductive health, maternal, newborn and child health, nutrition, HIV/AIDS and TB, and water and hygiene. The level of achievement of this DO will be measured against the following DO-level indicators.

Illustrative Indicators for DO:

- Total Fertility Rate
- Contraceptive Prevalence Rate³
- Infant Mortality Rate
- <5 Mortality Rate
- Percent of children under-five who are underweight, stunted⁴ and wasted⁵
- Maternal Mortality Ratio
- HIV Prevalence Rates
- TB Treatment Success Rates: % of registered new smear-positive pulmonary TB cases who were cured and completed treatment under DOTS

The IRs deemed critical to achieving the DO are as follows:

IR 1: Increased use of an integrated package of quality health services;

IR 2: Improved health seeking and healthy behaviors; and

IR 3: Improved performance of the health system

Taken together, these three IRs represent the recognition of the need for improved quality and expanded access to services and products at the community and clinical/facility levels. They highlight the need for increased promotion of those health services and products which will facilitate changes in behavior, i.e. create and support demand for those services and products that will directly affect health (e.g. antenatal care, insecticide treated bed net ownership and use, complementary feeding practices, family planning contraceptive availability and use). They underscore the essential role of health system strengthening investments in human resources, information and drugs/commodities management, financing, and management and leadership in service delivery at the clinical/facility and community level. What follows is a more detailed description of each IR, including illustrative indicators. Section VI details the program components, showing how the program structure and illustrative activities work together to achieve the DO through the IRs.

³ Percent of in-union women age 15-49 using, or whose partner is using, a method of contraception at the time of the survey

⁴ % of children age 6-36 months whose height is more than two standard deviations below the median height achieved by children of that age: Height-for-Age (stunting)

⁵ % of children of a given height whose weight is more than two standard deviations below the median weight achieved by children of that height: Weight-for-Height (wasting);

IR 1: Increased use of an integrated package of quality health services is predicated on consistent access, both geographically and financially, to health services and products at the clinical/facility and community level. The main areas of focus to achieve this IR will be improving the quality and coverage of service delivery of those proven high impact interventions that reduce maternal and child mortality, including the malaria specific disease burden, and mitigate the spread of HIV/AIDS and tuberculosis. Of particular concern as regards the quality service delivery, emphasis will be placed on strengthening clinical/facility services, which are important for higher level and referral care in all of the priority health areas that USAID supports. The health workers who provide this care are an important link in the continuum of care chain that reinforces and ensures appropriate and high-quality service delivery at the community level. Increased use is also the result of beneficiaries actively seeking health care or responding to care options, i.e. behavior change. Thus, the achievement of this IR will be measured against the following IR-level indicators for service delivery coverage and quality, as well as usage.

Illustrative Indicators for IR 1:

- Percentage of referrals for pregnancy complications from community level to health posts/centers
- Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs
- Percent of newborns receiving Essential Newborn Care
- Number of supervisory visits by facility staff to community service sites (health huts)
- Percent of health service delivery points recording stock-outs of essential drugs and health commodities (zinc, ITNs, RDT kits, family planning contraceptives)
- Percentage/ number of private health providers providing services according to GOS norms and protocols
- Percent of births that occurred in health facilities
- Percent of assisted births
- Couple-Years-of-Protection (CYP)
- EPI coverage⁶
- TB detection rate⁷

IR 2: Improved health seeking and healthy behaviors is defined by the active engagement of populations in seeking health care services and the increased demand for health-related products and services. The main areas of focus to achieve this result will be the implementation of an effective behavior change communications strategy across all levels (national, local) via various medium (radio, television, print, interpersonal). This result is critical to improved health and well-being, and requires a timely use of health services and the adoption of behaviors that support and maintain good health. The level of achievement of this IR will be measured against the following IR-level indicators.

Illustrative, Preliminary Indicators for IR 2:

- Delay in seeking care for respiratory tract infections in children
- Delay in seeking care during pregnancy and delivery if danger signs

⁶ Percent children 12-23 months who received vaccine against measles by age one; Percent of children (12-23 months) who received their third dose of DPT by age one

⁷ Percentage of the estimated number of new smear-positive pulmonary TB cases that were detected under DOTS

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- Delay in seeking care for undernourished child
- Use of ITNs by household: percentage of household members who used ITN previous night
- Percentage of caretakers who report that patient received the recommended first line anti-malarial drug or was brought to health facility within 48 hours
- Percentage increase of men and women who approve of couples using contraception to delay the birth of their next child or not to have additional children
- Percentage of target group that has ever discussed HIV/STIs with a regular partner
- Percentage of women following recommended course of prevention of malaria during pregnancy.
- Percent of children under-five reached by national biannual vitamin A and de-worming campaigns (coverage)
- Percent of children participating in routine growth monitoring
- Percent of children 0-6 months exclusively breastfed
- Percent of children 6-23 months who receive adequate complementary feeding
- Use of adequately iodized salt
- Consumption of fortified foods
- Number/Percent of population/ target groups who know how to prevent malaria/HIV/AIDS/STIs/TB/unwanted pregnancies/ malnutrition/etc
- Number/ percent of population/ target groups who know where to access malaria/HIV/AIDS/STIs/TB/ FP/RH/nutrition/ etc health services
- Number of people who have seen or heard a specific USG-supported FP/RH/MCH/malaria/nutrition message

IR 3: Improved performance of the health system means that Regional and District Health Managers have both the necessary competencies and empowerment (read enabling environment) to perform. This is reflected in the two sub-IRs that support the achievement of this result:

- Sub-IR 3.1: Improved management of district and regional health; and
- Sub-IR 3.2: National level policies developed and implemented to improve health system performance

Key areas of human resources strengthening will include support in planning, financing, monitoring, and problem solving for effective day-to-day operation and maintenance of the health system. Similarly, work will be done to strengthen the health information management system, including data reporting, and the drugs/commodities logistics system. This will ensure quality community and facility/clinical services (including promotion and education activities), timely collection and use of data for decision making, and a reliable supply of essential drugs and commodities to support service provision. The implementation of innovations like the Performance Based Financing approach and community health insurance will further motivate health personnel by giving them greater autonomy and incentives for effective performance. Additionally, national level policies must be in place and implemented which are conducive to improved performance at the regional and district levels translating into improved service delivery at clinical facilities and community levels.

The level of achievement of this IR will be measured against the following IR-level indicators.

Illustrative, Preliminary Indicators for IR 3:

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- Percentage of facilities with personnel who report one or more visits by their supervisor in the past three months
- Average frequency of supervision visits
- Percentage of reports (facility to district, district to national) received within the required period of time
- Percentage of GOS health budget allocated to health regions and districts; total amount of government budget allocation to health regions and districts
- Percent increase of GOS budget to health (specific health sectors included)
- Amount of financial resources contributed by the communities as a percentage of total health district recurrent expenditures
- Percentage of health districts with adequate stocks of tracer drugs and other supplies for epidemics;
- Percentage of service delivery points that encountered a stock out of any tracer drug during the past 12 months
- Percentage of adopted health district-related reforms that are effectively implemented
- Percentage of the local governments that have implemented their local plans
- Percentage of clients who receive services in compliance with norms and protocols
- Information system: reliable information on clients and services available.
- Percentage of adopted health insurance policies that are implemented; percentage reduction in unimplemented reforms due to reduction in bottlenecks in the system
- Number of people covered by health financing arrangements community, work-related, government sponsored
- Revision of Policies on FP/RH/MCH/ect to permit de-medicalization and task-shifting
- Implementation status of a National BCC strategy

Critical Assumptions. If the factors below change significantly, Senegal's health indicators of health sector performance and of achievement of the DO and IRs presented above may be affected.

- Political stability. Senegal has been politically stable; any changes in this situation could adversely affect reforms and potential for progress.
- Economic factors. Although Senegal's economy has been growing, food costs and food security are a growing concern.
- US Government funding remains stable, at a minimum. The global economic crisis is putting significant pressure on US Government resources. The Administration and Congress have increased the funding for selected health areas (FP, MNCH, and nutrition), but increases are very uncertain beyond 2011.
- GOS commitment to health sector will remain stable. It is likely that the GOS support for financing and policy reform will continue over the medium term.
- Other development partners will support the sector. Other development partners are important to the health sector in key areas of technical and financial assistance. To date, this support appears steady.

B. Program Components. In order to accomplish the Development Objective and the Intermediate Results described in Section V. A. above, USAID/Senegal will support 5-6

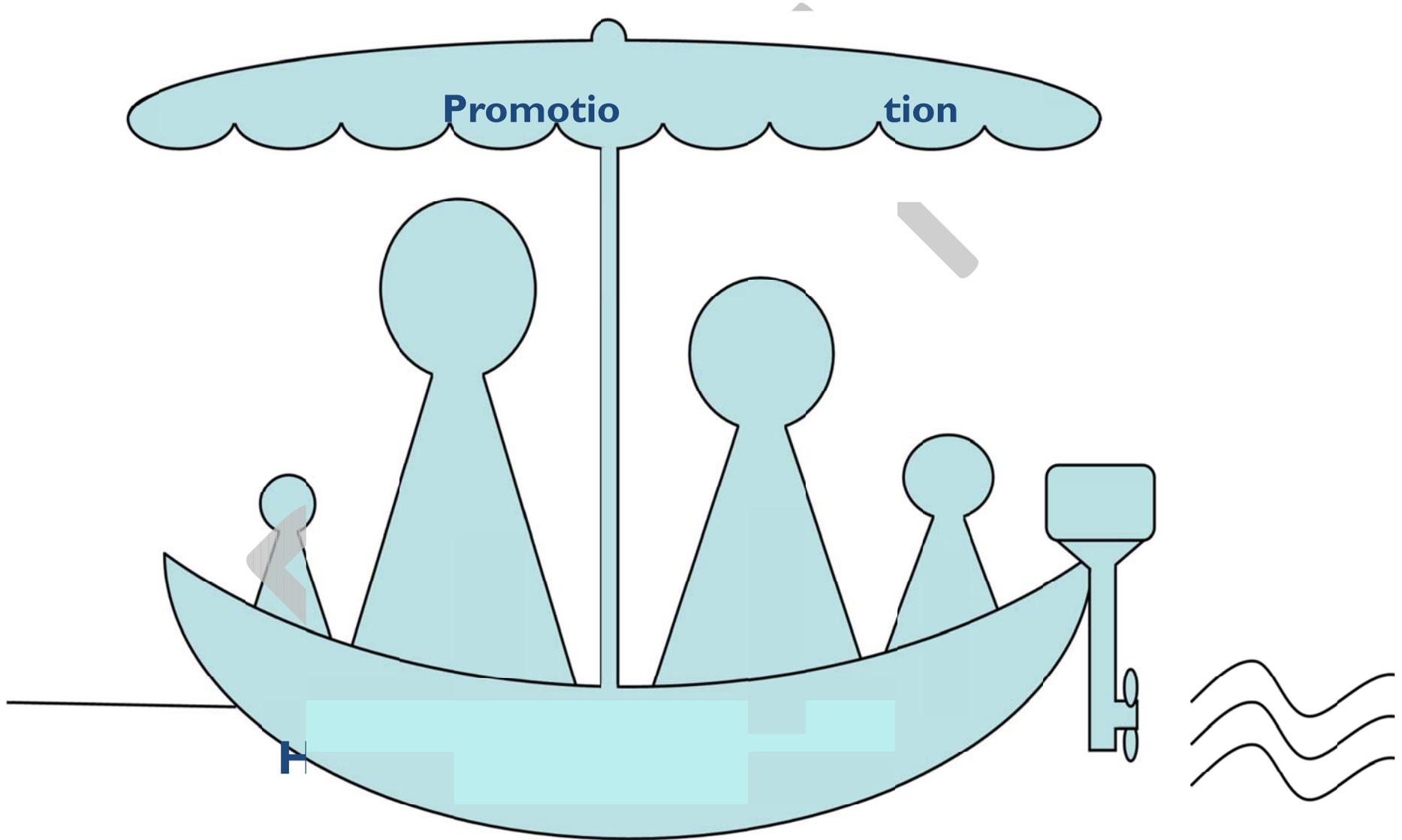
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Program Components. Each Program Component is described briefly below along with an illustrative list of activities that gives the scope of the activities anticipated and required to implement the Program Component. However, in considering implementing mechanisms and partners, the Health Team recognizes that some activities may be re-aligned and will require close collaboration among the partners. How the Program Components will work together is illustrated in the schematic below. As shown in the schematic, underpinning community health, facility/clinical service delivery, promotion of services, products and health behavior, and HIV/AIDS and TB support (and possibly support for EPI), is a strong health systems strengthening Program Component. As understood by the Health Team, the Health System Strengthening Program Component is, in effect, the “boat” that carries the other Program Components and is critical to meeting the Development Objective.

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USAID/Senegal Health Program Conceptual Pirogue



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- **Program Component: Community Health.** This Program Component focuses on service delivery, promotion, and community mobilization at the community level and builds on USAID/Senegal's experience with and the GOS/MOH support for this approach in assuring access to the package of information, products and services for underserved Senegalese. Information, products and services will encompass FP/RH, MNCH, nutrition, and malaria. Illustrative activities include:

Information, product and service delivery

- Expand service package elements (for example, broader range of FP methods)
- Expand geographical coverage within targeted regions and districts and into new regions and the districts within those
- Improve integration of package elements, as appropriate, e.g., offer/counseling on FP during immunization outreach sessions

Local management

- Support implementation of quality improvement approaches
- Support planning and coordination at the community level
- Support collection, analysis and use of data for monitoring and evaluation at the community level
- Support supervision of activities and other volunteers in the community

Linkages and Collaboration at Community level

- Build capacity of local NGOs, CBOs, Associations, Women's Groups
- Support Community-Based initiatives for elimination of FGC and other behavior change (e.g., hygiene, use of latrines)
- Develop and support Youth Centered activities
- Build linkages with other community development activities (e.g., agriculture, education, microfinance)

Linkages with National and other Policy Initiatives

- Support development and implementation of Community Health policy
- Support health insurance initiatives (as pilot and scale up programs)
- Support PBF implementation as appropriate
- Support other means for health care financing, e.g., mutuelles

National MOH and other Sectoral Support for Community Health

- Strengthen links DSSP, ECD/ECR, and all relevant sections of the MOH
- Provide institutional support to DSSP/ECR, as appropriate and as needed
- Establish and strengthen linkages with Ministries of other development sectors (e.g., Agriculture).

- **Program Component: Clinical/Facility Service Delivery.** Concurrent with improved and expanded service delivery at the community level, USAID/Senegal will support improved and expanded clinical/facility services so as to reinforce access to and referral for higher level services and to assure appropriate and high quality services for the populations in the catchment areas of the facilities. The package of information, products and services will include FP/RH, MNCH, nutrition, malaria, and, where appropriate, HIV/AIDS and TB. Illustrative activities include:

Information, products and service delivery

- Assure delivery of high quality, integrated package (e.g., long-term methods of FP, post-abortion care)
- Reinforce capacity for care of Newborn and Child Health
- Expand geographic coverage within targeted regions and districts and into new regions and the districts within those

Improved, local management

- Support systematic implementation of quality improvement approaches
- Support planning and coordination at the local level, with health huts and other, related structures
- Support collection, analysis and use of data for monitoring and evaluation at the facility and community level
- Support supervision of health and related activities in the surrounding communities

Linkages and Collaboration for Facilities and their related communities

- Support the building of capacity of local NGOs, CBOs, Associations, Women's Groups
- Support initiatives for elimination of FGC and other behavior change (e.g., hygiene, use of latrines)
- Develop and support Youth Centered activities
- Assure linkages and close collaboration with private sector (for and non-profit)

Linkages of Facilities and related communities with National and other Policy Initiatives

- Consider and take the lead in pilots for new interventions; scale up if successful
- Support health insurance initiatives (as pilot and scale up programs)
- Support/participate in PBF implementation as appropriate
- Support other means for health care financing, e.g., mutuelles

National MOH and other Sectoral Support for Health Service Delivery

- Strengthen links DSSP, ECD/ECR, and all relevant sections of the MOH
- Provide institutional support to DSSP/ECR, as appropriate and as needed
- Establish and strengthen linkages with Ministries of other development sectors (e.g., Agriculture).

- **Program Component: Promotion of services, products, and healthy behaviors.** A new, separate Program Component for the promotion of services, products and healthy behaviors is envisioned that directly responds to concerns raised by partners and stakeholders regarding the limited support of behavior change communication (BCC) programming.

This Program Component is currently under development.

- **Program Component: Support for HIV/AIDS and TB.** Senegal continues to have a concentrated HIV/AIDS epidemic with most of those affected among several high risk groups, i.e., sex workers and men who have sex with men (MSMs), and living in urban areas. As a result, programming for HIV/AIDS prevention, treatment, and meeting the needs of those affected by HIV/AIDS is focused on these target groups in limited geographic areas. Similarly, TB cases are concentrated in Dakar (where about 50 per cent of the TB burden is concentrated). Illustrative activities include:

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- Support for counseling and testing for HIV/AIDS among high risk groups and others at risk
 - Support for prevention programming among high risk groups
 - Condom social marketing, to include condom promotion and distribution to outlets serving those at risk and in at risk situations
 - Support for lab and treatment for those affected by HIV/AIDS
 - Provision of care and support for those affected by HIV/AIDS and reduction of stigma through the decentralized services
 - Support specific package of services in the southern regions with high prevalence rate or increasing vulnerability factors
 - Support approaches reinforcing quality of prevention and treatment services
 - Support the institutional bodies to reinforce multisectoral response
 - For TB, support for laboratory and clinical services
 - Increase detection and testing of TB cases
 - Improve treatment and follow up through DOTS management at the facility level, and in the community where feasible.
- **Program Component: Health Systems Strengthening.** As noted earlier, this Program Component is the “boat” that carries all of the other Program Components, and assures that they can be maintained afloat; it is crucial for long-term sustainability of USAID investments in service delivery in the health sector. This Program Component will contribute to Results 4 and 5 in the Results Framework. It will work at both the Central and decentralized Regional and District levels, with most activities required at both levels as shown below. Illustrative activities include:

Specific to Central Level	Activities Required at Central and Regional and District Level	Regional/District Level
Supply Chain	➤ Improve HMIS: data quality and management; data use	Build LGU Capacity
HRH: --Policies	➤ Expand access by reducing financial barriers (pilot testing and expanding national health insurance, mutuelles)	Improve Leadership
--Management	➤ Pilot test Results Based Financing (RBF) in selected sites; scale up if successful	District Reform
--Tools	➤ Strengthen rational planning and budgeting	
	➤ Assist in generating funding and local resource mobilization	
Other Policies	➤ Improve governance and accountability by assisting with policies and guidelines for disclosure and transparency	
--Policy Dev.	➤ Assist in strengthening coordination with all relevant MOH structures and entities	
--Reform	➤ Support multi-sectoral approaches by encouraging and assisting with linkages with other sectoral programs and entities	
--Implementation	➤ Assess and develop policy and linkages with private sector (for profit and non profit)	

	<p>➤ Provide institutional support to reinforce and improve sector performance.</p>	
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C. USAID/Senegal Health Program Principles

All of USAID/Senegal Health Programs will adhere to the **Global Health Initiative (GHI) principles** of : gender equality and a focus on women and girls; impact through strategic coordination and integration; strengthening and leveraging key multilateral organizations, global health partnerships, and private sector engagement; fostering country ownership and investing in country-led plans; building sustainability through health systems strengthening; strong metrics, monitoring and evaluation; and promoting research and innovation.

In addition to adhering to the general GHI principles, Recipients will be expected to demonstrate the following USAID/Senegal principles in their program design and implementation. These principles will be used to evaluate annual work plans and to assess the Recipient’s performance during program implementation.

Close alignment with the Government of Senegal (GOS): 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, among others, a National Poverty Reduction Strategy, a National Health Development Strategy, and a National Child Survival Strategy. USAID/Senegal-supported programs must contribute directly to GOS strategic priorities.

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

Fostering Accountability and Transparency: The ultimate success of USG foreign assistance in Senegal rests on the ability of our Senegalese counterparts to practice good governance as defined by accountability and transparency, among others. As such all Recipients must clearly identify and show how planned program activities and interventions foster accountability and transparency.

Fostering Local Ownership: Building local ownership and increasing local demand for relevant services are vital to ensure program sustainability, equity, and community empowerment. Recipients will build effective partnerships with all relevant stakeholders in intervention areas to promote local ownership of the program-funded activities.

Ensuring scale-up of high-impact interventions: The use of proven interventions and successful approaches, as well as tools and materials already developed from former USAID programs, Ministry of Health, and other donors is expected of all Recipients and is essential for scale up either nationwide or to cover all target areas with a specific program intervention.

Strong Collaboration and Coordination: Strong coordination with all USAID/Senegal Recipients and other donors and development partners will promote well-targeted interventions, seamless implementation and better results, while maximizing resources available to Senegal from all sources. This includes, but is not limited to, full participation of all Recipients in regular joint work-planning meetings.

Inclusiveness: Recipients will encourage marginalized populations, including stigmatized groups and historically underserved groups such as youth, persons with disabilities, and men, who have not historically been involved in health activities, to shape, participate in and benefit from USAID/Senegal Health Program activities.

Ensuring Quality of Service Delivery: A primary goal of USAID/Senegal Health Programs is to ensure the delivery of a high-quality, integrated package of services at both the clinical and community level. Recipients will ensure that clients receive the highest quality of care possible at all levels of the healthcare system.

Public-private partnerships: In an effort to expand access to services and to increase the resources available for health programming, Recipients should seek opportunities for public-private partnerships (PPPs) and Global Development Alliances.

Gender: Gender plays an important role in access to health care services, products, and information as well as health care seeking behaviors. All USAID/Senegal Health Program Component Recipients will address questions of gender equity and gender equality in program implementation. Women and men will be engaged together and as individual target groups to influence their knowledge attitudes, practices, and skills related to maintaining their individual health and the health of their families and communities.

Youth: Youth make up a large proportion of the Senegalese population. All USAID/Senegal Health Program Component Recipients will consciously target youth in their programming as well as capitalize on cross-sector opportunities provided by programs in education, economic growth, and democracy and governance. A special focus will be made on addressing the particular need of youth for access to “youth friendly” services, both at the community level and through GOS health facilities.

D. Implementation Mechanisms. USAID/Senegal’s Health Team anticipates separate bilateral implementation mechanisms for all of the major Program Components of the program: Community Health; Clinical/Facility Service Delivery; Promotion of Services, Products and Healthy Behavior; Support for HIV/AIDS and TB; and Health Systems Strengthening. It should also be noted that the policy development and implementation and MOH coordination activities under Community Health and Clinical/Facility Service Delivery are to be included in the Health Systems Strengthening Program Component’s scope for procurement and implementation. The Health Systems Strengthening Program Component is substantial; however, Health Team members were not able to identify a way to divide it without creating potential problems in implementation. The specific procurement types for each (or all) Program Component(s) are still being discussed.

All Program Components of the program and therefore all prospective implementing mechanisms and partners will need to work in close collaboration throughout the program period and in concert with GOS/MOH at all levels. USAID/Senegal will require at a minimum three Regional Bureaus that will house all Implementing Partners preferably co-located with or in close proximity to the MOH Regional Office (or a District Office, if appropriate) and responsible for coordinating their activities among the partners and with the GOS/MOH and others. It is anticipated that one of the partners will manage the regional offices and coordination function.

VI. Management and Linkages.

A. Strategy Management. USAID/Senegal's Health Team is responsible for the effective implementation of the USAID/Senegal Health Sector Strategy 2011 - 2016, including developing and administering all required agreements with its partners; managing and monitoring appropriate activities; budgeting for and tracking the use of appropriated funds; and evaluating the program. The Health Team is responsible for coordinating and aligning its program with its respective counterparts in the Government of Senegal and the Ministry of Health. The Health Team will continue its close coordination with all development partners so as to assure alignment with their health programming.

USAID/Senegal, in coordination with the MOH and other responsible GOS partners, will develop the implementation mechanisms needed to provide resident and short-term technical assistance and financing for the achievement of the Development Objective and implement the Program Components of this Health Sector Strategy. These Implementing Partners, in accordance with their agreements and the results and activities outlined in USAID's Agreement with the GOS, will work with their respective GOS counterparts and USAID to develop joint annual work plans and budgets to assure close coordination of all USAID-supported activities and Program Components. At the end of each year, the status of implementation of activities, progress towards anticipated results will be reviewed, and problems discussed and solutions identified. Corrective action, as needed, will be taken for the following year.

Internally, the USAID Health Team will ensure that its Implementing Partners coordinate their work and effectively collaborate so as to avoid duplication of efforts, promote transparency in planning and implementation of activities, and assure mutual reinforcement of programming across the sector. This process will be particularly challenging in the near-term, as present, on-going activities and Implementing Partners close out and a new set of Implementing Partners comes into place. The Health Team will facilitate collaboration among its partners by:

- Annual joint work planning reviews of all implementing partners;
- Identification of specific events/programming areas/documents that must be done together; and
- Semi-annual reviews of progress to identify and resolve problems.

USAID/Senegal's Health Team recognizes that its present composition and structure may not be sufficient to effectively manage this new Health Sector Strategy. Therefore, in conjunction with its development, the Health Team also assessed its own capacity and identified gaps in technical areas and staffing numbers and positions. A revised structure and position descriptions as well as a plan for recruitment are documented separately.

B. Linkages and Collaboration with USAID Investments in Other Sectors

Under this strategy, close collaboration is anticipated with the programming of USAID investments in other sectors, i.e., Education, Democracy and Governance, and Economic Growth (primarily Agriculture), so that activities will be mutually reinforcing. Schools offer an opportunity to expand access to health information and teachers, through their roles in communities, can influence health behavior. In fostering better governance in all sectors, DG activities will contribute to and complement health activities to improve governance in the health sector. Moreover, in May 2010, President Obama launched a food security initiative, Feed the Future, which intends to tackle the root causes of global hunger, including availability and access to nutritious food, utilization (through a multi-faceted approach to nutrition) and stability (to address chronic food insecurity). As a Feed the Future focus country, the initiative will support integrated interventions aimed at:

- Accelerating inclusive agriculture sector growth through improved agricultural productivity, expanding markets and trade, and increasing economic resilience in vulnerable rural communities; and,
- Improving nutritional status by increasing access to diverse and quality foods and by strengthening the prevention, identification, and treatment of under-nutrition, particularly at the community level.

Illustrative Areas for Collaboration

- **Education:** make available resources for health education of students and communities in key areas such as malaria, diarrheal disease, adolescent reproductive health (in middle schools), hygiene and nutrition.
- **Democracy and governance:** adapt and adopt approaches that promote transparency and disclosure, as well as the involvement of civil society and community groups in monitoring health services and financing by collaborating with and leveraging resources from DG partners.
- **Economic Growth:** work closely with agriculture and EG activities designed to improve food security and link nutrition education and interventions at the community level to prevent, identify and treat under-nutrition.

C. Linkages and Collaboration with other USG Organizations and Development Partners.

In Senegal, the Peace Corps and CDC are already active in the health sector, particularly in malaria and continued collaboration with them, under this Health Sector Strategy, is anticipated and welcomed. The Health Team will continue and strengthen its collaboration with other development partners; in particular, the Health Team will work closely with the World Bank team planning a project to support innovative health financing approaches in Senegal to assure close coordination and avoid duplication of efforts and overlap. USAID's Health Team will play an important role in facilitating joint planning, management and oversight, and guidance of health sector investments and programming among the development partners. Similar to USAID, many development partners provide support to education, agriculture and other sectors, all of which affect health sector effectiveness. The Health Team will collaborate with these other sector programs where synergies are most likely to be fruitful.