Document up-dated in May 2009

Country: Senegal

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget USD	Approval Track	Disburse-ment Date
		HSS Prop.	Nat. Health Plan			
SEN	6	2008-2010	2008-2015	3,615,144[a]	**First Submitted**: February 2008 **App. W conditions**: *April 08* **Not approved**: n.a. **Resubmitted**: *12.08.08* **Final Approval**: *25.11.08*	Pending FMA

a) There is a difference between the total figure quoted on p.5 of the proposal, and approved [US $ 3,585,145], and that in the actual budget provided. The detailed budget figures and their total are the ones used here.

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

There are seven (7) strategic objectives, viz:

- To improve vulnerable groups' access to quality health care services – greater focus on decentralisation;
- To strengthen prevention and develop behaviour change communication;
- To improve the availability, quality and performance of health personnel;
- To improve the institutional capacities of the sector;
- To promote partnerships;
- To strengthen the M & E of performance;
- To improve the health financing mechanisms.

Proposal Goals

To improve the capacities of the health system so as to improve the performance of maternal and infant health programmes by strengthening

- The skills in maternal and infant health programme;
- The coordination, management, partnership and logistics of the country's health districts by the end of 2010;
- The monitoring and evaluation of the 65 health districts on the basis of performance.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Improvement of the delivery, use and quality of the services; • Strengthening of the integration of activities at operational level; • Strengthening of the equipment maintenance system; • Strengthening of coordination at all levels	• Strengthening of the involvement of the communities in the implementation of health programmes; • Improvement of the data management, monitoring and evaluation system;

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Insufficient community involvement in the implementation of health programmes: Programmes by NGOs, CBOs & Associations are too vertical; • Insufficient integration of activities at district level; • Insufficient supervision at op. level.	• Organise each year 4 quarterly integrated planning meetings for programmes involved in maternal, newborn and infant health at central level; • Support the organisation of a validation workshop of the health map; • Assess the involvement and capacities of the CBOs in the implementation of health programmes; • Support each district to outsource with 10 CBOs and NGOs for the implementation of health programme activities; • Yearly assessment of performance contracts .	1,598,813	44.1
Human Resource Development/Performance Management. • Training unsuited to needs.	• Examine strategies for including the priority needs of maternal and infant health programmes in the courses of study of national health training schools; • Train 31 teachers from nat. training schools on the EPI & MIH programmes; • Train in 12 3-day sessions 370 on the management of MIH programmes; • Support the training of 32 health workers and the after-training monitoring on PCIME in the regions; • Train 10 CBOs in mgt, planning , M&E of health programmes in each district; • Support the development& implementation of an integrated communication plan of maternal and health programmes by 10 NGOs and associations; • Train/Provide refresher training for the 65 district management teams and the 14 regional management teams on supervision techniques.	468,825	13.0
Drugs, Equipment, Supplies, Facilities • Insufficient personnel motivation in difficult zones: poor working conditions; • An insufficient equipment maintenance and replacement system; • Weakness of the operational capacities of districts to support new creations.	• Equip 9 new districts with logistic means (60 motorbikes, 50 refrigerators, 10 freezers); • Procure 1 refrigerated lorry; • Outsource the maintenance of the motorised and cold chain logistics; • Equip the 3 new medical regions with generating sets; • Organise a training session on the correct use of management tools for health workers from the public and private sector in each district.	1,027,350	28.4
Monitoring and Evaluation • Irregular monitoring; • Data and coordination of data programme management sub-systems are insufficient: • HIS does not have sufficient integration of hospital and private sector data on the health programmes	• Organise at central level, 4 monitoring and evaluation meetings for the implementation of integrated health programme activities; • Update training manual on the Information System for management purposes; • Support the finalisation of the computerisation of monitoring data mgt; • Each year support 2 data validation meetings; • Strengthen the supervision logistic means at central level (2 4x4 vehicles); • Back 2 supervision outings per year of the Central Level	418,156	11.6
Overheads	Management of HSS [Mgt & support =$52,500; Audit =$49,500]	102,000	2.9

TOTALS	**3,615,144**	**100.00**

Health financing Gap: None specified.

SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			Data sources:
• National coverage by the PENTAVALENT 3 (%);	89% (2006)	90%	• Admin. data;
• Percentage of districts achieving a coverage ≥80% for the PENTAVALENT 3;	75% (2006)	80%	• Reproductive Health-NHIS reports;
• Under five mortality rate (per 1,000);	121 (2005)	105	• Activity reports;
• % of districts having a rate of PNC4 >50%;	N/A	50%	• CBO activity reports and M&E meetings;
• % of CBOs having conducted integrated activities in accordance with the contracts drawn up with the districts;	100% - malaria only (2007)	100% - all	• Directorate for General Administration and Infrastructure
• % of districts having met the performance contract;	N/A	80%	
• # of new districts having received all of the equipment;	0	10	
• # of quarterly monitoring meetings/year organised;	N/A	4/year	
• % of CBOs trained in management, planning and monitoring and evaluation of health programmes;	N/A	100%	
• % of training sessions for health workers from the public and private sector on the use of management tools;	N/A	100%	
• % of districts having outsourced with 10 CBOs on the integrated implementation of maternal and infant health activities.	N/A	100%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management (of Implementation: The Technical Committee of the Health System Strengthening System [CNPRSS], coordinated by Director of Medical Prevention.

Channelling/Management of funds: A special account in local currency will be opened in a commercial by the DAGE of the Ministry of Health and Medical Prevention [DPM]. Funds released on basis of annual reports. Sub-A/Cs opened by Districts and CBOs. Disbursements are on the basis of approved (by PNDS) requests and validated reports. Annual audits to be organised by Support Unit for the implementation of Projects and Programmes (CAP) within the Ministry of Econ & Fin.

Strategies proposed for sustainability of activities: Activities to be complemented and supported by those under the Medium Term Sector Expenditure Framework. Also, the planned 15% increase in the health budget is expected to sustain HHS activities, HIPIC funds

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: Support & Monitoring Unit [National Devt. Plan], WHO, French Cooperation, UNICEF Civil society [CONGAD], PATH.

ii) *Proposal Management*: UNICEF, PATH, CONGAD, WHO. [Oversight & Monitoring]

iii) *Proposal Implementation:* CONGAD; Community based Organizations

Other Financial Support for HSS: (2008-2010): From The Global Fund US$ 37,558,667; From Local

authorities and population Health committees - US$192.4 million