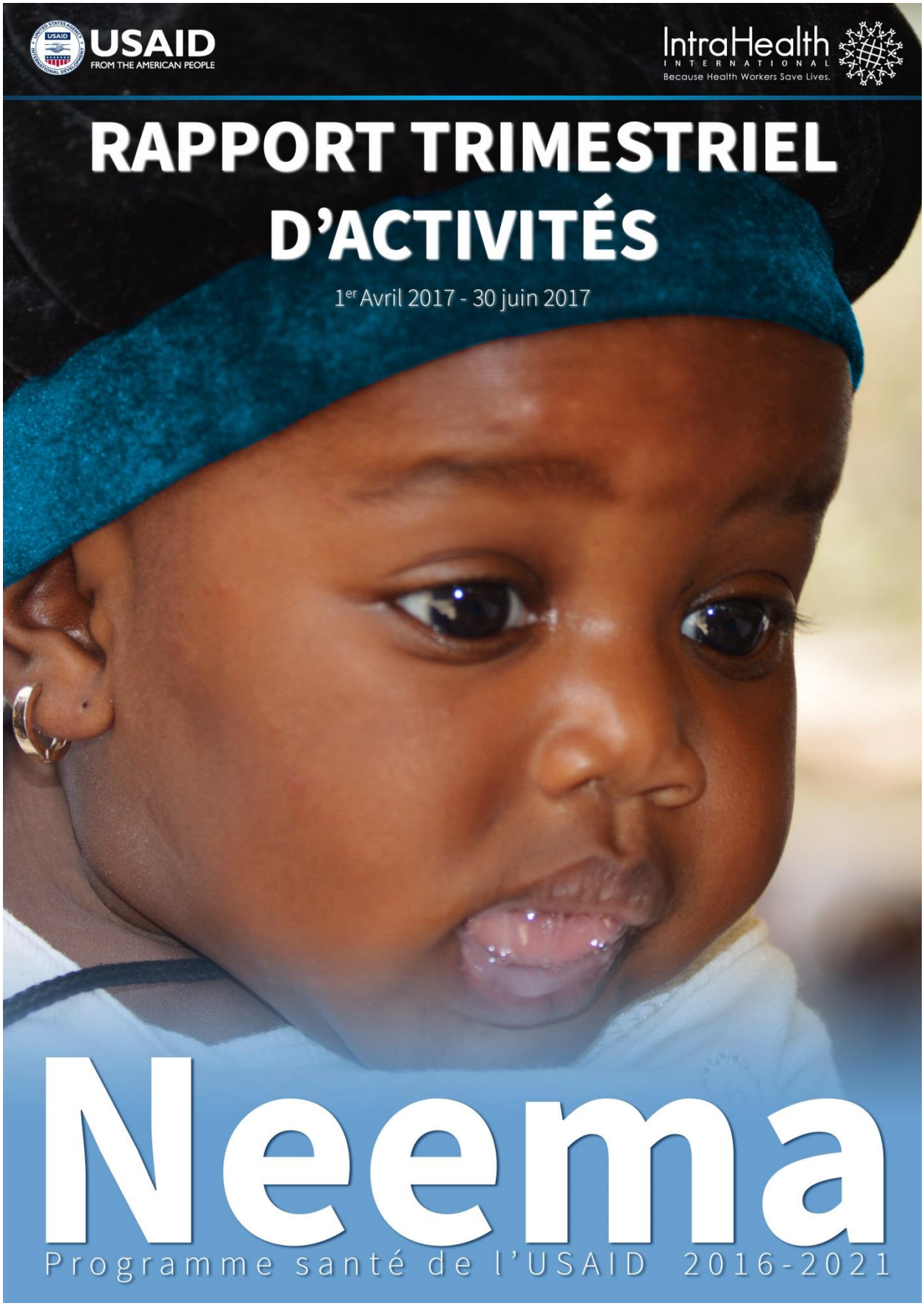

The "***Neema***" Project is an instrument of the USAID Health Program in Senegal for 2016–2021.

Cooperative Agreement No.:	AID-685-A-16-00004
Project Dates:	**September 1, 2016–August 31, 2021**
Submitted to USAID/Senegal by:	**IntraHealth International** **Senegal Country Office** **Dakar, Senegal** **Email:** bgueye@intrahealth.org

"***Neema***" Project - IntraHealth International/Senegal

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List of Abbreviations

ACPP	Change, Promotion, and Assessment Agent
ASC	Community Health Agents
AOR	Agreement Officer Representative
ARV	Antiretroviral
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BPTV	Office of Violence and Trauma Prevention
BREIPS	Regional Bureau of Health Education and Information Service
CCA	Adolescent Counseling Center
CCRENS	National Ethics Committee for Research in Health in Senegal
CHW	Community Health Worker
CLM	Nutrition Enhancement Program
CSC	Community Health Unit
CVAC	Community Watch Committee
DLSI	Division of AIDS/STI Control
DP	Prevention Division
DSISS	Division of the Health and Social Information System
DSR/SE	Department of Reproductive Health and Child Survival
ECD	District Medical Team
ECR	Regional Medical Team
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
FP	Family Planning
GBV	Gender-Based Violence
GoTAP	Government Technical Assistance Provider Project
HSS+	Health Systems Strengthening Plus
ICP	Head Nurse
IDU	Injection Drug User
ISM	Information System for Management
MNCH	Maternal, Newborn, and Child Health
MSAS	Ministry of Health and Social Action
MSM	Men who have sex with men

MSI	Marie Stopes International
NGO	Nongovernmental Organization
ORS	Oral Rehydration Salts
PECADOM	Home-Based Care for Malaria
PLHIV	People Living with HIV/AIDS
PNC	Postnatal Care
PNLP	National Malaria Control Program
PNQ	National Quality Program
PRN	Nutrition Enhancement Program
PS	Providers of Services
PSP	Policies, Standards, and Protocols
QTA	Quality technical assistance
RB	Regional Bureau
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent/Youth Health
SBCC	Social and Behavior Change Communication
SDP	Service Delivery Point
SNEIPS	National Education and Health Information Service
STI	Sexually Transmitted Infection
ToR	Terms of Reference
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
VADI	Integrated Home Visit
VAS	Vitamin-A Supplementation

TABLE OF CONTENTS

1. Project Overview

1.1. Summary Table

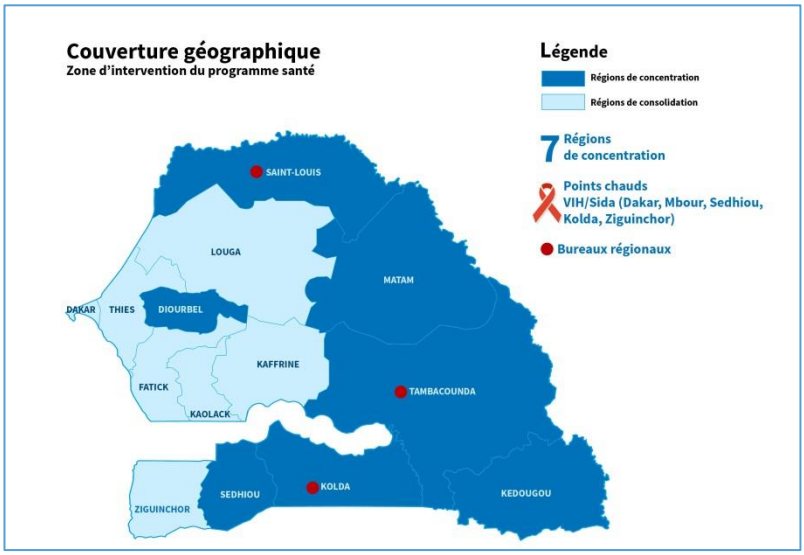
Project name:	***Neema*** Integrated Service Delivery and Healthy Behaviors (ISD-HB)
Project Dates:	September 1, 2016–August 31, 2021
Name of Implementing Partner:	IntraHealth International
Cooperative Agreement No.:	AID-685-A-16-00004
Name of AOR:	Ramatoulaye Dioum Guissé
Name of Subcontractors or Consortium Members:	Alliance Nationale de Lutte Contre le Sida (National Alliance Against AIDS; ANCS) ChildFund Helen Keller International (HKI) ideas 42 Johns Hopkins University - Center for Communication Programs (JHU-CCP) Marie Stopes International (MSI) Réseau Siggil Jigéen (RSJ)
Geographic coverage (by regions):	**USAID Health Program Concentration Regions:** Diourbel – Kédougou – Kolda – Matam – Saint Louis – Sédhiou – Tambacounda **Additional regions with AIDS hot spots:** Dakar, Thiès (Mbour), Ziguinchor
Reporting period:	1 April–30 June 2017

1.2. PROJECT DESCRIPTION

INTRODUCTION

The Integrated Service Delivery and Healthy Behaviors (ISD-HB) project, called "***Neema***," supports the efforts of the Government of Senegal to ensure health services are sustainably improved and effectively utilized to reduce maternal, newborn, and child mortality and morbidity and contribute to an AIDS-free generation.

The project is implemented in the USAID Health Program 2016–2021 regions of concentration: Diourbel, Kédougou, Kolda, Matam, Saint Louis, Sédhiou, and Tambacounda. In its first year, the project will support implementation of the "TATARSEN" ("Test, Treat, Retain in Senegal") approach in hot spots in Kolda, Sédhiou, and Ziguinchor.



The ISD-HB project is implemented by IntraHealth in partnership with the National Alliance Against AIDS (Alliance Nationale Contre le Sida; ANCS), Réseau Siggil Jigéen, ChildFund, Helen Keller International (HKI), Marie Stopes International (MSI), Johns Hopkins University-Center for Communication Programs (JHU/CCP), and ideas42.

BACKGROUND

Senegal has made notable achievements in health, especially in maternal, newborn, and child health and family planning (MNCH/FP) over the last two decades. It is one of the highest performing countries in reducing mortality for children under 5 years (among *infants and children*) in Africa, and the prevalence rate for modern contraception has nearly doubled since 2010, increasing from 12%[1] to 21%[2] in 2015. These efforts are the result of the Senegalese government's strong commitment to promote health-sector accountability through policies, strategies, and plans committed to reproductive health (RH) and MNCH/FP, HIV and malaria control, and nutrition.

Despite this progress, challenges remain. These include the unequal use of high-impact interventions aimed at reducing maternal and newborn mortality and their extension at the institutional level, ongoing stockouts of essential medicines and commodities, delayed recourse to health care, geographic barriers hindering access to services, low quality of services and their lack of responsiveness, and the weak capacity of local officials and districts to effectively manage decentralized services.

Also, significant disparities persist in terms of gender and at the regional level. The Government of Senegal has an unprecedented opportunity to overcome these challenges and achieve its vision outlined in the Plan for an Emerging Senegal (Plan Sénégal Emergent; PSE) through the *Neema* project of the USAID Health Program.

[1]DHS-MICS 2010–2011
[2]c-DHS 2015

NEEMA PROJECT OBJECTIVES AND STRATEGIES

The *Neema* project's main objectives by 2021 are:

- Increased access to and utilization of quality health services and products in the public sector
- Increased adoption of healthy behaviors

2. EXECUTIVE SUMMARY OF QUARTER REPORT

This report presents key achievements reported for the implementation of the *Neema* project from April to June 2017. These key achievements primarily revolve around these activities:

- All intervention regions and health districts introduced to the Tutorat 3.0 implementation process and their roles and responsibilities
- Access to FP services simplified for 5730 new users of FP methods through mobile clinics and integration of FP into immunization services
- Delivery of Sayana Press extended to the regions of Diourbel, Kédougou, Kolda, and Matam through training for 310 providers, including 209 women
- Collaboration between the project and the National Malaria Control Program (PNLP) to support acceleration plans for Diourbel medical region
- Start of implementation of routine vitamin-A supplementation (VAS) in Matam with the launch of the initiative and training for members
- Support for holding the first meeting for a national collaborative framework on AYRH that should enable better coordination of A interventions
- Enrollment of 350 health huts in the integrated approach to provide care at community level
- Orientation for regional medical teams (ECRs) and district medical teams (ECDs) and providers on the community watch committee (CVAC) and integrated home visit (VADI), which should instill greater ownership of these approaches by the health system
- Support for 216 health posts to hold coordination meetings with community actors from the intervention area
- Commitments secured from17 mayors to finance health activities in the amount of 10,850,000 FCFA, in addition to donor funding
- Support for the Department of Reproductive Health and Child Survival (DSR/SE) to finalize Policies, Standards, and Protocols for Reproductive, Maternal, Newborn, Child, and Adolescent/Youth Health (PSPs/RMNCAH)
- Preparation of the draft of the first strategic plan for the Quality Program
- Testing of 1021 people from key populations and putting 16 of them who were HIV positive on antiretrovirals (ARVs)
- Start of the longitudinal study on health-promoting behaviors
- Sharing of results of the National Education and Health Information Service (SNEIPS) situational analysis
- Start of the local nongovernmental organization (NGO) selection process
- Supervision of delivery of services in 200 health posts and 236 health huts
- Data stabilization for Diourbel medical region in the District Health Information System 2 (DHIS2)

3. ACHIEVEMENTS THIS QUARTER

3.1. PROGRESS ON CHALLENGES IDENTIFIED LAST QUARTER

The table below presents a summary of the progress reported in resolving challenges from last quarter.

TABLE 1: SUMMARY OF PROGRESS ON CHALLENGES IDENTIFIED LAST QUARTER

Challenges identified last quarter	Solutions implemented this quarter	Lessons learned and observations
Coordination with medical regions, health districts, other health programs, and local municipalities	Strengthening coordination at Regional Bureau (RB) level through: - Project staff participation in the medical region staff and coordination meetings - Holding expanded coordination meetings at the RB level and inviting all stakeholders - Holding meetings to build synergy with the PINK and ACCES projects and the Disease Control Unit (CLM) executive office.	Expanded coordination meetings effectively facilitate coordination. Meetings to build synergy with other health projects resulted in starting the intervention mapping process.
Identifying the injection drug user (IDU) target group and ensuring MSM who are not in associations have access to the public health system in the southern regions	– Using peers to identify IDUs through three self-support groups set up in Ziguinchor region – Using mediators to identify MSM who are not in associations through a snowball effect via their MSM partners who are association members	Self-support groups helped to identify and screen 221 IDUs in the regions of Kolda and Ziguinchor.
Validation of research protocols by the National Ethics Committee for Research in Health in Senegal (CNERS)	- Advocating with the Department of Planning, Research, and Statistics (DPRS) and the CNERS coordinator	Because the CNERS only meets once a month, close communication with the coordinator facilitated review of the submitted protocol.

3.2. ACHIEVEMENTS THIS QUARTER BY SUB-OBJECTIVE

MAIN ACHIEVEMENTS

OBJECTIVE 1: INCREASED ACCESS TO AND UTILIZATION OF QUALITY HEALTH SERVICES AND PRODUCTS IN THE PUBLIC SECTOR

SUB-OBJECTIVE 1.1: INCREASED COVERAGE AND UTILIZATION OF EVIDENCE-BASED, SUSTAINABLE, HIGH-IMPACT INTERVENTIONS IN HOUSEHOLDS AND HEALTH FACILITIES

Scale up a package of high-impact MNCH practices in SDPs based on lessons learned

Implementation of Tutorat 3.0: Key achievements revolve around strengthening stakeholders' capacities to implement the Tutorat 3.0 approach. Therefore, the project team introduced regional and district medical team (ECR/ECD) members, local officials, and health committee members to Tutorat 3.0 in Kédougou, Kolda, Matam, Saint Louis, and Tambacounda. The sessions reported 164 participants (including 45 women and 119 men) made up of ECR/ECD members, mayors, and district health committee members. Holding these sessions ensured that all the intervention regions now understand the Tutorat 3.0 implementation process and have developed a timeline to implement procedures.

Content of Tutorat 3.0 orientations

- Review of the *Neema* project
- Implementation steps and procedures for the Tutorat 3.0 approach
- Actors' roles and responsibilities
- Sub-grant contract and deliverables
- Preparation of a timeline for the next steps

In addition, the project trained 66 trainers (including 35 men and 31 women) as tutors in six days. The *Neema* project team with support from IntraHealth headquarters trained these trainers in adult education, facilitation techniques, and coaching for adults.

The workshop participant profile is:

- ✓ 29 ECR and ECD members from 7 intervention regions
- ✓ 8 regional hospital staff (heads of nursing services)
- ✓ 4 staff from regional training centers
- ✓ 12 staff from Ministry of Health and Social Action (MSAS) services, programs, and directorates at the central level
- ✓ 13 *Neema* project staff

During the workshop, participants reviewed all documents for the approach and offered feedback geared toward finalizing the documents.

Strengthening providers' capacities on high-impact interventions: This quarter, the project supported provider training on high-impact interventions, as shown in Table 2.

TABLE 2: SUMMARY OF TRAINING

DOMAINS	Regions	Number of providers trained			Comments
		M	W	TOTAL	
FAMILY PLANNING					
LTPM	Diourbel	6	9	**15**	This training focused on newly appointed staff with no prior training
SAYANA PRESS	Diourbel, Kédougou, Kolda, Matam	101	209	**310**	This training is part of the effort to scale up the Sayana Press.
NUTRITION					
ENA/EHA	Kédougou, Kolda, Matam, Sédhiou, Saint Louis	137	88	**225**	The targets are ECRs/ECDs and providers. In turn, they will train community actors.
ROUTINE VITAMIN-A SUPPLEMENTATION	Matam	70	49	**119**	The targets are ECRs/ECDs and providers. In turn, they

DOMAINS	Regions	Number of providers trained			Comments
		M	W	TOTAL	
FAMILY PLANNING					
					will train community actors.
MALARIA					
NEW GUIDELINES ON MALARIA	Sédhiou	22	50	**72**	This training fits in with support for the region to implement the malaria control plan.
AYRH					
AYRH/BUILD YOUR FUTURE	Sédhiou	33	12	**45**	
HIV/AIDS					
ANTIRETROVIRAL THERAPY	Kolda, Sédhiou, Ziguinchor	23	30	**53**	
VOLUNTARY HIV COUNSELING AND TESTING	Kolda, Sédhiou, Ziguinchor	14	10	**24**	

Training on the maternal health services package, particularly basic and comprehensive emergency obstetric and neonatal care (EmONC), was not conducted because it had been planned for Matam and Tambacounda regions, where implementing activities was difficult due to the Senegalese Physicians Union's call to boycott the G50 per diem policy.

Maternal and newborn health: Key achievements deal with (i) improving childbirth in health facilities and (ii) continuing the intervention to improve postnatal care-1 (PNC-1) in Sédhiou region.

The project uses behavioral economics to *improve the use of assisted childbirth services in health facilities*. Therefore, following the exploratory visit in the regions of Kolda and Sédhiou, the project analyzed the collected data, which helped identify these two priority problems:

i. *Poor pregnant women who live in rural areas use ANC services in health facilities and give birth in their homes.*
ii. *Poor pregnant women who live in rural areas and who would like to deliver in health facilities give birth in their homes.*

Data collection, through individual interviews, focused on pregnant women, women who recently delivered, husbands, mothers-in law, traditional birth attendants, and health providers in the districts of Médina Yoro Foulah (Kolda region) and Sédhiou and Bounkiling (Sédhiou region). Data were classified, and analysis of two problems will be completed next quarter.

The on-site visit was also an opportunity to hold orientation sessions on behavioral economics and to present the key results used to identify the problem with the central level, the Kolda RB, and the Sédhiou staff before starting collection.

At the same time, implementation of the approach to improve PNC-1 resulted in PNC-1 consultations for 71 women and home-based care for 68 newborns in villages/sites delivered by head nurses (ICPs) and midwives from six health posts and three districts in Sédhiou region. Three of the newborns who received care were referred to the health center for complications. Also, 13 new service delivery points

(SDPs) covering 36 villages were enrolled to implement the approach in the districts of Bounkiling and Goudomp in Sédhiou region.

Family planning: Key reported outcomes in this area deal with: (i) integration of FP into vaccination services; (ii) documentation of PP/IUD introduction; (iii) post-training follow-up of providers; and (iv) support for the FP Division of the DSR/SE.

The project supported holding 345 sessions that integrated FP into vaccination services in all regions except Matam. Results from Tambacounda medical region are being validated.

These sessions reached 6534 people (including 6223 women) and enrolled 1500 new users of FP methods. The average enrollment rate is 26.8%, with high disparities between districts. Thus, the districts of Sédhiou and Goudomp have the highest enrollment rates (60.7% and 78.8%, respectively) while in Kolda (12.8%) and Podor (13.4%), the approach is still not very effective.

In an effort to share results related to PP/IUD introduction in Diourbel region, the project made a supervision visit and collected data in Touba district, involving 55 providers from 23 health posts, 1 health center, and 2 hospitals. The data have been compiled and will be shared next quarter at the national level and in Diourbel region.

Support for the FP Division of the DSR/SE deals with the distribution of the National Strategic Framework for Family Planning (CSNPF) in Kédougou and Diourbel regions. The distribution workshops mobilized 77 people, including 31 women, and was an opportunity for participants to prepare a regional family planning plan for each region, focused on the CSNPF strategic guidelines. These plans are being finalized by the medical regions.

Lastly, the project supported post-training follow-up for 24 providers, including 19 women from 23 SDPs, on contraceptive technology with an emphasis on LTPMs in the regions of Diourbel and Saint Louis. The monitoring assessed how much providers are applying the competencies acquired during the training on contraceptive technology, particularly LTPM delivery. The monitoring shows that providers have begun to offer LTPMs and to comply with the established standards and protocols. The main observed shortcomings are:

- Inadequate management of the FP file
- Insufficient availability of communications materials
- No IUD and Jadelle insertion/removal kits in some SDPs
- Insufficient infection prevention equipment to meet standards
- Inadequate expertise in the IUD insertion technique for some providers
- Inadequate filling-out of management tools
- Insufficient delivery of counseling

Following these activities, recommendations were made to close these various gaps.

Malaria control: Several activities were carried out, namely:

- Training for providers on malaria case management and epidemiological surveillance: 72 providers trained, including 22 men and 50 women in three districts in Sédhiou region
- A review of malaria data in Kolda as part of the implementation of the Southern Malaria Control Project
- Development and validation with the PNLP of tools for data collection and planning for the approach to improve IPT coverage for pregnant women

- Joint support with the PNLP to develop and fund malaria control acceleration plans in Diourbel region for the districts of Touba and Diourbel and in the three public health establishments

Nutrition: In addition to training on essential nutrition actions (ENA) and essential hygiene actions (EHA), key achievements involved support for the nutrition sentinel sites and routine vitamin-A supplementation.

This quarter, the project began its support for the Division of Food and Nutrition (DAN) of the DSR/SE to increase the number of functioning sentinel sites in nutrition crisis areas. Thus, a meeting was held with the head of the Division of Food and Nutrition to select which districts would accommodate the sites in the three regions of Matam, Saint Louis, and Tambacounda. Based on the nutritional situation in these areas, the districts of Ranérou, Podor, and Goudiry were selected. A draft of the Terms of Reference (ToR) were prepared to hold an immersion workshop for ECR/ECD members on the installation process and the revision of monitoring tools at the sentinel site level.

The project also provided support to implement regional action plans for routine VAS. The implementation process began in Matam with a launching ceremony, chaired by the chief regional medical officer. Once action plans were validated, on-site orientation days were organized for 131 ICPs/midwives from all health posts and health centers in the districts of Matam, Ranérou, Thilogne, and Kanel in partnership with the Child Survival Division and the medical region. Journalists and radio hosts (9) were also introduced to routine VAS to help raise public awareness about bringing children to health facilities from the age of 6 months and every 6 months to receive VAS. Thus, 86 health posts and health centers included VAS in their routine activities.

In addition, action plans were validated for Kédougou region, but the start of implementation planned for June was postponed.

Establishment of youth-friendly services integrated into health centers, health posts, and health huts: The key implemented activities are: (i) service delivery to youths; (ii) support for the AYRH Division to implement the AYRH strategic plan; (iii) capacity building; and (iv) support for the adolescent counseling center (CCA) to inform youths about AYRH.

MSI conducted various missions in the field this quarter to continue to look for sites for setting up the youth-friendly space in Richard Toll. Thus, the project identified a more accessible permanent site through the Richard Toll health committee with support from the Regional Bureau of Saint Louis. Renovation work is planned for July in an agreement with the health post health committee and the entrepreneur. At the same time, a social marketing agent was hired to lead awareness-raising activities upstream of service delivery activities. The coordinator and social marketing agent were permitted to start right away. A joint action plan was developed between the social marketing agent and stakeholders (ICPs, midwives, community-based organizations, municipal youth council members, *relais* and/or peer educators, managers of community health agents for the municipality, and identified youth associations based in municipal neighborhoods). This plan should facilitate the involvement of all stakeholders in the roll-out of activities for the youth-friendly space. Negotiations with community radio stations in Richard Toll were initiated to rebroadcast monthly dialogue sessions and to announce visits from the youth-space team.

The project also hired a qualified young provider who will join the Kolda mobile team. She participated in all the team outings, which reached 67 young women under age 19 years out of a total 592 women who received FP services. This strategy comprises seven outings per month that target

adolescents/youth, by involving *relais*, youth focal points, and youth associations. Actual implementation will start next quarter.

Also, the Directorate of Adolescent and Youth Reproductive Health received support to:

- Organize a 5-day workshop coving the development process of the national AYRH communication plan, moving the first phase of the plan forward, namely the diagnosis and behavioral analysis of the various identified targets
- Hold the first meeting for a national collaborative framework on AYRH t0 highlight the various activities carried out by partners and the AYRH Division throughout 2016

At the same time, Bounkiling and Goudomp districts in Sédhiou region each organized an on-site training session for 45 peer educators, including 33 girls, on the "Build Your Future" curriculum.

Lastly, the project supported the two CCAs of the Youth Promotion Project in Kolda and Vélingara districts to roll out AYRH-information activities targeting unenrolled youth. This support helped the CCAs to conduct 2 panel discussions and 20 group discussions that reached 543 youths, made up of 357 boys and 186 girls.

In Kolda region, the CCA has rolled out AYRH activities with *Neema* project support. In Kolda district, the CCA organized a forum and discussions; Vélingara district held a panel discussion and group discussions.

Problem statements regarding youth access to services

1. Young unmarried women do not want to become pregnant, but they do not use modern contraceptive methods.
2. Young unmarried men do not want to have children, but they do not use modern contraceptive methods.
3. Young married women do not use family planning services to delay their first pregnancy.
4. Young married women do not use family planning services to space their births.
5. Young mine workers adopt risky sexual behaviors but do not use reproductive health services, particularly for STI/HIV testing and family planning.

Lastly, the behavioral economics approach was used to provide youth-friendly care and to promote youth access to reproductive health services. To do this, the project implemented a study. The preliminary data were analyzed following an initial collection phase of exploratory data, which aimed to identify potential problems needing solutions. The study mainly focused on Kédougou and Tambacounda regions as pilot sites, given their high pregnancy rates among 15–19-year-olds and low rates of modern contraceptive use compared to the national average. Five problem statements were identified through a review of existing literature on the subject and data collection among primary targets, youth, and health providers (see inset). Given the potential for impact, the feasibility of implementing an intervention, and the capacity to measure outcomes for each statement, the research will focus on unintended pregnancy among youths. We continued the exploration with the development of a preliminary hypothesis matrix to conduct the second phase of the diagnosis to identify bottlenecks. A protocol will be developed and submitted to the CNERS in Senegal.

Delivery of an integrated package of high-impact services for both prevention and care by community health workers:

Expansion of the integrated package of high-impact services delivered by community health workers: The package was expanded through:

The integrated care approach: After the validation and testing of implementation tools, the project continued implementation of the Integrated Care Approach (DIPEC.com) with an orientation for 427 trainers (179 ECR/ECD members and 257 ICPs/state registered midwifes), enrollment of 350 health huts and home-based care for malaria (PECADOM) sites, and training of 439 community health

workers (CHWs), including 255 women. The achievement rate is 24% for the adopted integration strategy (integrated training on other topics, such as postpartum hemorrhage (PPH) and delivery of injectable contraceptives).

Community-based access to injectable contraceptives: The project continued to support the DSR/SE to provide community-based access to injectable contraceptives either through intramuscular or sub-cutaneous injection in 238 health huts—52 for intramuscular and 166 for sub-cutaneous. These figures represent performance rates of 46% and 78%, respectively, for health huts slated for enrollment in these two initiatives. The project also trained 240 CHWs (124 women and 108 men).

Care specifically for newborns: Supplies for care specifically for newborns (922 penguin mucous-suction devices and 922 manual inflatable ventilation bags) are being delivered to health huts. During this quarter, 252 Community care Actors were trained in 213 out of 922 (23%) planned health related cases. The number remains low for the adopted strategy to incorporate specific newborn care into training on PPH, delivery of injectable contraceptives, etc. Planned activities for the fourth quarter are: implementation of equipment and continuation of training.

Postpartum hemorrhage prevention strategy at community level: The project continued implementation of the PPH prevention strategy at community level with the enrollment of 10 health huts in Tambacounda and 52 in Saint Louis, corresponding, respectively, to 25% and 71% of the set target for the first year. Also, 92 Community Health Agents, including 77 in Saint Louis (69 women and 8 men) and 15 distributors in Tambacounda (12 women and 3 men) received training on the strategy. The major challenge for providing PPH prevention services is still continuous availability of misoprostol.

Community-based services package adapted to adolescents/youth in health huts and sites: The project identified needs for "youth CHWs" in the regions of Saint Louis (137) and Matam (76). The identification process is underway in the five other regions. These new youth CHWs will receive full pre-service training from *relais*, who will systematize community-based adolescent and youth sexual and reproductive health (AYSRH) from now on. The project also introduced 268 trainers (60 ECR/ECD members and 208 providers) to the implementation tools for the community-based services package. By the end of this orientation, 284 CHWs (182 women and 102 men) were trained in 194 health huts and sites, or a 9% performance rate for the target in the work plan. Given the low training coverage in health huts and sites, specific strategies to tackle this challenge are being considered. The strategies are: (i) systemization of integrated training, and (ii) organization of simultaneous training sessions in health posts and on-site training for CHWs assigned to health huts and sites that are not targeted by another type of training.

Expanding the services package to sites: For the first year, the intervention is targeting 679 sites, supervised by the Nutrition Enhancement Program (PRN) and PNLP. This quarter, the services package was expanded in 16 nutrition sites in Saint Louis (10) and Tambacounda (6), or 7% of the target; 55 CHWs were trained (40 women and 15 men). Expansion of the package in PECADOM sites involved 34 DSDOMs (7%) in Kolda. Advocacy with the PRN to expand the package and identify additional CHWs is underway in all regions. The activity requires complete buy-in from the Regional Nutrition Enhancement Program (PRN/CLM) and its implementing agencies. PRN and PNLP agencies expressed concerns about how much time CHWs spent working, the work load, and the lack of consistent incentives for CHWs. The nutrition sites implemented the following measures: (i) having health districts take on the expansion strategy; (ii) working collaboratively with PRN implementing agencies; and (iii) including PRN supervisory staff in training sessions for trainers, CHW training, and

intervention monitoring. The project also plans to use the WISN (Workload Indicators of Staffing Need) to address this issue in Year 2.

To expand the PECADOM package, the project initiated various dialogues between the PNLP, the Community Health Unit (CSC), and the DSR/SE to standardize positions and the approach. Areas selected for partnership are: (i) expansion of the PECADOM services package (except for FP, which remains optional, depending on local conditions); (ii) joint organization of training sessions for DSDOMs (PNLP-USAID/*Neema*); (iii) joint equipment provided jointly through the PNLP and the project for DSDOMs from the PECADOM-Plus regions; (iv) equipment for other PECADOM sites through the USAID/*Neema* Project; (v) joint monitoring of the implementation of the expanded services package; (vi) improved organization of data reporting in PECADOM sites; and (vii) a joint study of the incentive system for CHWs, including DSDOMs.

Essential nutrition actions and essential hygiene actions: This quarter, the project continued to hold training sessions for the pool of trainers on site at the ECRs/ECDs of Kolda, Kédougou, and Sédhiou regions. All ENA/EHA modules were rolled out in all sessions, and emphasis was placed on negotiation and updating interventions in nutrition. Moreover, the modules on negotiation, nutrition and pregnant women, exclusive breastfeeding, complementary feeding, and EHA were widely discussed by sharing the sociocultural and ethnic behaviors and beliefs for each region.

However, a few adjustments were made during some sessions for certain topics, depending on their importance in specific regions, as follows:

- The nutrition and HIV module was rolled out in Kédougou, Kolda, and Sédhiou regions
- The FP and nutrition module was included in the training in Diourbel and Kédougou

Training for trainers on ENA and EHA took place in five out of six regions (Diourbel, Kédougou, Kolda, Saint Louis, and Sédhiou) with 127 of the planned 180 ECR/ECD members trained (99 men and 28 women). Tambacounda region was not included due to scheduling problems. The process to train community actors on ENA/EHA has begun, and ToRs have already been prepared.

Support and promote coordination of activities among ASCs and frontline workers for youth and RH/FP

Support for health post coordination meetings: The project supported the CSC to reactivate coordination meetings for health posts through: (i) printing and distributing 1000 copies of RCPSs management guides; and (ii) orientation on health post coordination meetings for ECR/ECD members, providers, health committee members, and representatives from local municipalities. Overall, 934 people (including 553 men and 371 women) attended an orientation on holding coordination meetings and why they are important.

Also, the project supported 216 health posts to hold their monthly coordination meeting and supported 25 missions, conducted by ECDs, to supervise coordination meetings at the health post level.

Lessons learned about holding RCPSs are:

- Strengthening coordination between ICPs and CHWs at health post level
- Collecting and analyzing community data
- Monitoring the implementation of interventions
- Updating CHWs on guidelines and protocols
- Strengthening communication between frontline providers and CHWs

The main challenge of this intervention is getting health committees to finance the health post coordination meetings

Delivery of an integrated package of high-impact services at household level: Achievements are summarized below.

Including household-level services in ICP supervision: The reported outcomes deal with: (i) strengthening supervision of CV Community care Actors and VADIs, and (ii) ENA at household level.

Strengthening supervision of CVAC and VADI strategies: During this period under review, 63 ECR/ECD members (including 30 women and 33 men) and 222 ICPs/midwives (including 141 women and 81 men) were introduced to using the grids that were revised during the integrated workshops in Diourbel, Matam, and Saint Louis regions. The incorporation of CVAC and VADI supervision into the tools for the community Tutorat package is being completed. Regular supervision of existing CVAC using the revised CVAC and VADI supervision grids will be conducted by ICPs with support from community facilitators. Improvements must be made to ensure that existing maternal and newborn health remain in operation and that supervision by ICPs is effective.

Essential nutrition and hygiene actions at household level: This quarter saw the launch of the process to acquire 6000 hand-washing stations. Central level discussions with partners from the WASH platform were held with the ACCES project (Sanitation and Behavior Change related to Water in Senegal) and the Malnutrition Control Unit on current interventions and approaches and building a partnership that will enable stakeholders to optimize their interventions. The development of synergistic activities aimed at improving geographic coverage in the intervention areas is underway to ensure better programming of interventions and more accurate performance measurement. Next quarter, group discussion sessions on nutrition/WASH have been planned with pregnant women and women who are breastfeeding children 0–24 months, along with training for community actors and holding discussions groups in districts in the regions of Diourbel, Saint Louis, and Sédhiou.

Integrate gender and youth considerations into services offered at household level: During the quarter, the project began implementation of the VADI and CVAC strategies to include gender and youth. Achievements mainly involve orientation for 63 ECR/ECD members (33 men and 30 women) and 222 ICP/midwives (81 men and 141 women), and pre-service training for 155 CHWs (32 men and 123 women) on the VADI and enrollment of intervention sites. Data for CVAC and VADI training are summarized in the table below:

TABLE 3: SUMMARY OF INDIVIDUALS TRAINED IN CVAC AND VADI

Regions	ECR/ECD			Providers			CHWs		
	M	W	Total	M	W	Total	M	W	Total
Diourbel	15	9	24	56	18	74	0	0	0
Saint Louis	12	11	23	71	51	122	19	84	103
Matam	5	8	13	0	0	0	14	12	26
Tambacounda	1	2	3	14	12	26	141	81	222
TOTAL	33	30	63	141	81	222	174	177	351

In Matam, provider training has not been implemented, while in Diourbel, CHWs have not been trained yet.

For the revised VADI, 110 case sites were enrolled in the regions of Saint Louis, Matam, and Kolda. For the revised CVAC strategy, member selection for internal committees and identification of key partners including youths and men has been completed, and the new CVAC are being set up.

Implementation of a cross-cutting, multi-sector strategy to prevent gender-based-violence: Achievements for this intervention this quarter are:

- First, successful completion of the design stage for GBV tools and preparation of ECR/ECD training on the management of victims of gender-based violence
- Second, the start of the study on social norms regarding GBV

Completion of the design stage of GBV tools and preparation for ECR and ECD training on managing victims of gender-based violence: As part of efforts to combat GBV, a training guide on the management of GBV was developed during a workshop organized with the Office of Violence and Trauma Prevention (BPTV).

This activity completes the design stage for GBV tools, and SDPs can now start using them and ECDs and ECRs can begin training on the management of GBV. However, the training start date, planned for July in Saint Louis and Tambacounda regions, unfortunately had to be postponed due the suspension of workshops involving MSAS staff at the regional level. New dates are being negotiated through collaboration with the BPTV and RBs so that this training can start next quarter.

Start of study on social norms regarding GBV: The participatory diagnosis on social norms regarding GBV initially planned as part of the activity package on gender was included in the formative research on barriers and facilitators of "health-promoting behaviors" and obstacles related to gender norms. The GBV portion of the qualitative results will be used to develop the campaign to combat GBV, planned as part of the project.

The orientation on innovative GBV-prevention approaches (SASA!, etc.) for the MSAS and consortium members could not take place this quarter as planned because this activity should follow a visit to Ziguinchor to learn from the experience of the reception center set up by UN Women in partnership with the Platform for Women in Casamance. Since this visit could not take place due the BPTV coordinator's unavailability, we have postponed the orientation until next quarter.

Institutional support: This quarter, the project provided support in these areas:

Human resources: As part of its support to the Division of AIDS/STI Control (DLSI) with health care staff, the project developed a draft of the memorandum of understanding between the Ministry of Health and the *Neema* project, which will be discussed with the Department of Human Resources and the DLSI before signing and implementation.

Equipment: The project provided support to the DLSI and the regional laboratory in Ziguinchor, consisting of IT equipment (8 computers and 4 multifunctional printers, 1 video projector, and 7 Wi-Fi hotspots) and office furniture (3 storage cabinets and 15 visitors chairs).

Logistics: The project provided technical assistance to the DSR/SE during the annual review to prepare Contraceptive Procurement Tables (CPTs). This review enabled the three programs (DSR/SE, DLSI, and ADEMAS) to estimate the quantity of inputs needed for FP and STI/HIV programs for 2017, 2018, and 2019 and to determine the specific times when products should be delivered by suppliers (USAID, UNFPA, and the State).

In addition, the project provided support to ECDs and ICPs in logistics supervision of 11 health huts and 14 DSDOM sites in Touba district. It also supported them in the situational analysis of the availability of management tools and selected essential tracer medicines selected at 3 health centers, 55 health posts, and 73 health huts in the districts in the Sédhiou medical region.

The situational analysis results (stockouts of antimalarials and amoxicillin 250 mg in 45% of health huts, of oral rehydration salts (ORS)/zinc in 64% of health huts, and contraceptive pills in 33% of health huts) are a reminder of the situation of tracer medicines and products previously reported during supervision of health huts in Saint Louis and Koumpentoum districts conducted last quarter. Sharing these results with the MCD of Touba secured the MCD's commitment, with project support to improve the availability of tracer medicines. Thus, the project plans to support the district to strengthen the skills of health post managers and CHWs, to implement stock sheets and supplementary medicine stocks in health posts to regularly supply health huts.

Results from the situational analysis of SDPs in Sédhiou showed the contrast between good availability of medicines in SDPs and the stockout situation in health huts (see table below). The project plans to support the ECDs and ICPs to ensure they have a consumption data-collection tool and a stockout-warning tool in these SDPs and health huts using IT technology (see table below.)

TABLE 4: SUMMARY OF RESULTS OF THE SITUATIONAL ANALYSIS OF SDPS IN SEDHIOU REGION ON MANAGING ESSENTIAL PRODUCTS AND MEDICINES

Domains	Gaps at the health post level	Gaps at the health hut level
Availability of stock sheets	4% of visited health posts have no stock sheets	52% of visited health huts do not have stock sheets
Up-to-date completed stock sheets	13% of visited health posts do not have up-to-date completed stock sheets	83% of visited health huts do not have up-to-date completed stock sheets
Availability of antimalarial inputs	52% of health posts do not have all antimalarial inputs (especially sulfadoxine-pyrimethamine)	83% of health huts do not have all antimalarial inputs (artemisinin-based combination therapy and rapid diagnostic tests)
Availability of amoxicillin 250 mg	65% of health posts do not have amoxicillin 250 mg	63% of health huts do not have amoxicillin 250 mg
Availability of ORS/zinc	10% of health posts do not have ORS/zinc	52% of health huts do not have ORS/zinc
Availability of misoprostol	95% of health posts are experiencing misoprostol stockouts	100% of health huts are experiencing misoprostol stockouts
Availability of FP commodities	15% of health posts do not have the full range of FP commodities	47% of health huts do not have contraceptive pills

Support for partners' events: The project provided support to the DSR/SE during the launch of the strategic plan 2016–2021 for nutrition and on the Day to Combat Maternal Mortality, organized by the Bajenu Gox association of Senegal. Diourbel medical region received support to organize a Regional Development Committee on maternal mortality. Also, the project supported the Center for Training and Research in Reproductive Health (CEFOREP) to organize an international conference on emergency obstetric and neonatal care (EmONC).

SUB-OBJECTIVE 1.2: LINKAGE BETWEEN COMMUNITY AND FACILITY PLATFORMS IS STRENGTHENED AND SUSTAINED

Improve overall coverage of community health workers: Mapping conducted in 2016 by the MSAS with support from the Health Program/Community Health Phase II (PSSC II) was updated by the USAID/*Neema* Project in the seven coverage regions. The mapping surveyed 8139 working Community Health Actors, 2278 Community Care Actors, including 757 Community Health Agents, 362 Community Health Agents/*matrons*, 440 *matrons*, 719 DSDOMs; and 5861 change, promotion, and assessment agents (ACPPs), including 3820 *relais* and 2041 Bajenu Gox.

About 2685 CHWs should be enrolled to get the new health huts (61), new community sites (360), and new PECADOM sites (220) up and running. The planned training began during the quarter under

review. Capacity building sessions are underway. The capacities of 88 new CHWs (68 CHWs; 20 ACCPs) were strengthened this quarter.

The MSAS Department of Human Resources finished configuring the iHRIS software to incorporate community actors, including no-qualified staff from health posts, health centers, and public health facilities. Testing of the tool is planned for next quarter in Diourbel region.

Integration of community health into the health system

Strengthen linkages between community platforms and health facilities: As part of improving referral/counter-referral, the project worked with the Directorate General of Health Services (DGS) and various MSAS services on the Referral Systems Assessment and Monitoring (RSAM) tools and roadmap for the intervention's implementation. The planned activities are: (i) organize informational and exchange workshops on the RSAM; (ii) revitalize the regional steering committees on referral/counter-referral; (iii) organize an orientation for investigators and pre-test the questionnaires; (iv) organize data collection, processing, and analysis; (v) develop/reactivate regional plans to strengthen referral/counter-referral; and (vi) organize the implementation and monitoring of regional plans.

Improve commodity security at health huts and health posts: The project provided support to Touba district (Diourbel region) for logistics supervision in 11 health huts and 14 PECADOM sites. Thus, it was noted that 5 of the 11 visited health huts are run by assistant nurses. The table below summarizes the supervision results.

TABLE 5: SUMMARY OF RESULTS OF LOGISTICS SUPERVISION OF HEALTH HUTS AND PECADOM SITES IN TOUBA DISTRICT

Domains	Huts (n=11)	Sites (n=14)
Supervision by ICP over the last 3 months	55%	50%
Availability of a storage unit	73%	100%
Cleanliness of storage area	73%	91%
Presence of expired products	55%	71%
Existence of an order record book	55%	0%
Existence of inventory record book or stock sheets	27%	57%
Upkeep of inventory record book or stock sheets	18%	29%
Consistency between stock sheets and inventory	0%	14%

Performance is acceptable except for the existence and use of stock sheets for both types of facilities. The supervision also noted a lack of order record books at site level.

Touba district has committed to improving the situation and developed a plan to resolve these issues.

Advocacy to reimburse service costs at health huts: During this quarter, a working session was held with the CSC to prepare for the meeting with the Agency for Universal Health Coverage (ACMU) on reimbursing costs at community level and including CHWs in health *mutuelles*. The selected decision points are: (i) preparing a document that defines services and a budget for delivery costs and estimates the reimbursement amounts for health huts and sites for care for children 0–5 years; (ii) defining reimbursement methods, the required documentation, and the health huts' and sites' capacity building needs; (iii) discussing procedures for enrolling CHWs in health *mutuelles;* and (iv)

sending a letter to the ACMU for a meeting with the CSC, DSR/SE, PNLP, and the project. The meeting is planned for next quarter.

Support to ensure continuous supply for health huts: The project plans to systematize health hut needs into the health post order. To do this, a computerized system will be set up in Kolda and Sédhiou regions to collect consumption data and to provide an early warning system for stockouts in SDPs, including health huts. District members were introduced to procedures for management and selecting essential medicines last quarter. The situational analysis was completed in Sédhiou and continues in Kolda. The system will be expanded later in the five other regions.

Stockouts of essential commodities (misoprostol, amoxicillin, ORS, and zinc) continue to be reported. Logistics supervision conducted in Touba district confirms this situation. Transitional measures currently underway are: (i) providing a stock of ORS, zinc, and amoxicillin at the community level, set up by the DSR/SE/MSAS, beginning in July 2017 in all regions; and (ii) purchase of 1000 doses of misoprostol through ChildFund's own supply to use for practical workshops for CHWs on the prevention of immediate post-partum hemorrhage and to start services delivery, while waiting for the arrival of the current order from the National Procurement Pharmacy (PNA).

Support for the Community Health Unit: Coordination and monitoring activities for the National Community Health Strategic Plan are ongoing with the organization of three monitoring meetings with the CSC. The project supported: preparation for the mid-year review of community-based interventions with the CSC (postponed by the CSC); organization of coordination meetings at the health post level; and monitoring how well management bodies for community health function. The main challenge continues to be the management bodies for community health routine operations and setting up local management committees for community health (neighborhood level).

Expand the package of services offered at community level:

Expanding the network of community health facilities to improve coverage: The process for the *Enrollment of New Community Infrastructure* began in 61 new health huts, 360 new community sites, 220 new PECADOM sites, and 200 existing PECADOM sites that were not up and running: identification, by districts, of villages to accommodate new sites and health huts; identification and renovation of hut locations; and selection of actors. Equipment was ordered for all sites and health huts and is awaiting delivery. Training for CHWs is in progress in Kolda region in 4 health huts (7%) and 26 PECADOM sites (12%). Training in the other regions is planned for the fourth quarter.

The main identified challenges are: following the schedule for project activities (boycott of G50 activities, Ministerial Note on the suspension of activities in June and July); and the large number of facilities to set up (841). Continuous negotiations and advocacy with the chief regional and district medical officers were carried out to improve collaboration and implement the planned activities.

Strengthening mobile and outreach services: The project continued to offer services at community level through mobile teams. The new mobile teams from Kolda and Sédhiou regions started in May. Health and government officials participated in the site evaluation visits following the information visits conducted by the Kolda RB. Their participation in the site evaluation visits facilitated planning to determine intervention sites for mobile teams, particularly in sites with high client reluctance by combining them with vaccination sessions.

The project was able to provide FP services this quarter through these four mobile teams to 5962 clients, including 2153 new users of FP methods. Thus, since the start of the project, 11,687 clients received FP services through mobile clinics, including 4368 who became new users. (See table below.)

TABLE 6: SUMMARY OF RESULTS OF SERVICES DELIVERY THROUGH MOBILE CLINICS

Indicators	Annual goal	Mobile team achievements for the quarter					Total for last quarter's achieve-ments	TOTAL	PERFORMANCE
		Diourbel	Kolda	Saint Louis	Sédhiou	TOTAL			
Number of active FP clients	15,800	2173	562	2691	536	5962	5905	11,867	75%
New users FP	3690	1114	258	449	394	2215	2153	4368	118%
Projection in couple-years protection generated through voluntary FP services	61,000	6392	1778	7708	1780	17,658	17,687	35,345	58%
Total number of FP services	16,665	2220	589	2711	552	6072	5920	11,992	72%
Other RH services	7130	1306	1272	1138	514	4230	4404	8634	121%

Enrollment of new users of FP increased by 42% for existing mobile teams, with 32% in Diourbel regions where use of on-call services, such as cervical cancer screening and STI treatment, remains high, allowing mobile team to reach numerous women in a region where family planning continues to be taboo. For the Saint Louis mobile team, this exceptional increase is based on higher attendance by women due to the better preparations for service delivery days and the successful mass service day organized in partnership with the midwives' association.

The project also conducted two internal clinical audits in the Diourbel and Saint Louis mobile teams, which found that:

- For Diourbel mobile team: an overall score of 95% was awarded to the team for mastery of standards and guidelines, 98% on clinical governance, 100% on counseling and client focus, 97% on technical skills, and 100% on waste management. Some corrective measures were included in an action plan that will be implemented beginning in July and will provide training on the management of medical emergencies (infection prevention) and inventory management.
- For Saint Louis Mobile Team: an overall score of 81% with a good score for counseling and client focus (100%), but some shortcomings in clinical governance (88%), technical skills (91%), infection prevention standards (88%), and inventory management (71%). An action plan was developed with the team and shared with the canal leader, and several sessions for clinical updates and on-site training with personalized coaching for team members are planned for next quarter. A new audit will be organized to assess progress before the Quality Technical Assistance (QTA).

Deployment of itinerant midwives to health posts and in the community: During the third quarter, the project supported the CSC in the documentation process of the itinerant midwife strategy: analysis of results, preparation of the evaluation report; and organization of the national review on the itinerant midwife strategy (May 2017). The project plans to support the reorganization of the strategy using the documentation results and to support the MSAS in the scale-up process.

Integrate gender considerations into a package of services and linkage activities between the community and health facilities

Achievements this quarter related to this intervention are:

- Firstly, the successful completion of the training process for consortium members on gender mainstreaming
- Secondly, the finalization of training tools for regional and district medical staff

Capacity building for consortium members on gender mainstreaming: Initiated this quarter, the training process for *Neema* staff on gender mainstreaming was wrapped up. It was started in the Regional Bureaus: Saint Louis (17 people, including 10 men and 7 women), Kolda (15 people, including 9 men and 6 women) and Tambacounda (17 people, including 12 men and 5 women). Next a training session was held in Dakar for the national level (17 people, including 10 men and 7 women). The training strengthened the capacities of 66 individuals, including 41 men and 25 women. Training will be held for staff at the Diourbel Regional Unit in July.

Development of training tools for regional and district medical staff: A workshop was held to finalize training tools to include gender in domains specific to services delivery. Participants amended and supplemented the various chapters dealing with: general and cross-cutting areas; gender and disease control; gender and RMNCAH, and gender and WASH.

Following the workshop, it was decided that the working groups set up during the workshop will continue to develop the training manual for trainers and make the necessary additions to the basic documents. Training for ECDs and ECRs is planned for August.

Reinforce community and local municipality participation in community health, including for youth: The key HSI achievements are summarized below, by intervention:

Support communities through community action cycles to address specific, local health priorities: This intervention is implemented through the *Community Action Cycle applied to gender-based violence*. The workshop to develop tools was held this quarter with the participation of the AYSRH Division (DSR/SE/MSAS). The Community Action Cycle applied to GBV methodology was defined and tools to implement the approach were developed during the workshop. For each step of the cycle, the various parameters for implementation were developed (objectives, expected outcomes, content, approach, tools, duration, and person(s) responsible for the step).

Once the implementation guide is finalized, the intervention sites will be identified for the actual start of activities.

Collaboration with other projects to strengthen local municipalities' skills in supervising and supporting health huts: This intervention was implemented through the following activities.

Strengthening capacities of local officials and management committees on community health: The workshop to develop the training tool included in the joint CSC-*Neema* action plan initially planned for June 2017 was postponed following the Ministerial Note on the suspension of activities for the months of June and July 2017. Nevertheless, document composition was defined and an initial draft of the "Support Guide for Local Officials" was produced.

Community mobilization and advocacy: During the quarter, the project made 22 visits to establish contact with MCDs to identify intervention communes. Advocacy committees were set up in each municipality to ensure that commitments are secured, monitored, and sustained.

Meetings were held with mayors who were targeted through the advocacy and their municipal advisors, spokespersons, and health care providers. Overall, 57% (or 17 out of 29) of the targeted mayors signed letters of commitment to support access to and increased use of quality health services in their municipality. The total mobilized amount in terms of commitments from mayors is 10,850,000 FCFA, ranging from 200,000 FCFA to 3,000,000 FCFA, depending on the municipality. How the obtained funds are used will be established in partnership with the health *mutuelles* and service providers. These funds may be used to improve women's access to health services (ANC, PNC, FP, etc.).

SUB-OBJECTIVE 1.3: QUALITY SERVICES AT HOUSEHOLD, COMMUNITY, AND SDP LEVELS ARE IMPROVED AND SUSTAINED

Distribution of Policies, Standards, and Protocols: The project supported the DSR/SE to finalize the PSP and document's computer graphics, and then the DSR/SE printed and distributed 1500 copies of the PSP/RMNCAH in the 14 regions.

The distribution guide for the PSP/RMNCAH developed last quarter is still awaiting final validation from the DSR/SE technical teams. Once the guide is validated, the project will support the distribution of PSP/RMNCAH to providers in the intervention regions.

Strengthen capacities of the public health and local governance systems to support and monitor health system performance and quality: Activities implemented through this intervention focus on: (i) support for the National Quality Program (PNQ) for the development of its strategic plan 2018–2022; (ii) support for the Regional Hygiene Brigades to implement regional plans for biomedical waste management; and (iii) evaluation of ECRs and ECDs on the management of sub-grants.

Support for the PNQ to develop its Strategic Plan 2018–2022: During this quarter, the project provided support to the PNQ for the development and technical validation of the strategic plan 2018–2022. The political validation process is underway. The strategic objectives of this strategic plan are: (i) ensure standardization of the health and social action system at all levels; (ii) improve the hygiene and safety of care and services at all levels; (iii) make sustainable improvements in service quality in health and social services facilities at all levels; and (iv) improve the Program's institutional and operational capacities.

Support for Regional Hygiene Brigades to implement regional biomedical waste management plans: At this stage, the project supported the National Hygiene Service to develop and validate the ToR for organizing regional workshops.

Revise and implement the contract signing process with ECRs and ECDs: In order to award a fixed grant to health districts and medical regions, the pre-award assessment grids are administered to chief regional and district medical officers in all concentration regions, except for Matam, due to the boycott of activities. In addition, a management procedure manual for Fixed Obligation Grants was developed to facilitate Tutorat 3.0 implementation.

Award sub-grants to medical regions and districts to ensure availability of high-impact quality services: Orientation workshops for ECRs, ECDs, and other Tutorat 3.0 stakeholders resulted in the development of deliverables for sub-grants by regions and by health district. The process to develop

sub-contracts for the Fixed Obligation Grant for the medical regions and health districts in the regions of Diourbel, Kédougou, Kolda, Saint Louis, and Sédhiou (or five of the seven planned regions) is complete. Signing of these sub-contracts is planned for next quarter.

The ECDs in Tambacounda medical region are finalizing the budgeting for deliverables. Once the budgets are finalized, the contracts will be set up and signing will be scheduled.

Only Matam region has not yet completed budgeting for deliverables for health districts due to the boycott by MCDs of all activities funded by the G50.

Improve monitoring of vital events (civil status, births, deaths, etc.)

The *Neema* project participated in the workshop to standardize health and civil status. This workshop brought together staff from various MSAS services (DSR/SE, Division of the Health and Social Information System (DSISS), DP, CSC, SNEIPS, and Universal Health Coverage); the Directorate of Civil Status; the Ministry of Planning and Local Government; the Support Unit for Local Officials; the Ministry of Women, Family and Children; the Ministry of Justice: (DACS); and TFP. The aim of this workshop was to review and take stock of: (i) the process to modernize the civil status registration system through computerization and the integrated civil-status-health approach; and (ii) decentralization of the birth registration process at the local level through health centers, primary and secondary civil-status centers to bring services closer to users.
Key findings noted by the various stakeholders address:

- Shortcomings in the birth registration reporting system (the management tools and platforms)
- Inadequate interoperability between the two systems (civil status and health sector)

The following recommendations were made:

1) Conduct an assessment of civil status locations in Kédougou, Kolda, Sédhiou, and Tambacounda regions with a view to extending them (in pilot regions) and national scale-up
2) Strengthen government civil servants' and health workers' capacities on civil registration software and the DHIS2
3) Check the availability of collection tools (health and civil status) and the health card in all SDPs
4) Test and scale up a collaborative module on RapidPro for birth registration between civil status bodies and health facilities
5) Implement an electronic reporting system for births and deaths (universal registration)

The project will support the DSR/SE in this process.

SUB-OBJECTIVE 1.4: KEY POPULATIONS IN TARGET AREAS ARE TESTED, ENROLLED ON ANTIRETROVIRAL THERAPY, AND PROVIDED QUALITY CARE IN ALIGNMENT WITH THE 90-90-90 GOALS

Support the DLSI in the coordination and monitoring-evaluation of the TATARSEN approach

The project organized an official ceremony to present equipment as part of its institutional support at the DLSI offices. The USAID Director of Health, the *Neema* project Director, and the Head of the DLSI attended the ceremony, along with all staff.

Strengthen the capacity of target regions to implement TATARSEN regional plans

Support was provided to Dakar region to complete the regional vulnerability mapping. This tool improves targeting of interventions for the development of TATARSEN plans.

Organization of the review of TATARSEN 2016 plans for Sédhiou region was supported this quarter. Review participants assessed performance of the strategy's implementation at the regional level and developed new TATARSEN operational plans for districts following the revision of the care cascade. The main discussion points addressed:

- Difficulty in enrolling people living with HIV (PLHIV) in health *mutuelles* in Bounkiling.
- The high number of those lost-to-follow-up in Bounkiling among people in key populations testing positive
- Difficulties in performing viral load testing: input stockouts and challenges routing samples

Strengthening capacities for focused counseling and testing services for key populations: During this quarter, the capacities of 30 health workers, including 20 men and 10 women, (social workers, laboratory technicians, and mediators) from the regions of Kolda, Sédhiou, and Ziguinchor were strengthened in voluntary counseling and testing for key populations with new tools from the DLSI.

Mediators partnered with testing teams from health districts and organized 51 discussion sessions combined with voluntary counseling and testing through advanced strategies in Kolda, Sédhiou, and Ziguinchor regions. These sessions resulted in sensitizing and testing 1021 people from key populations (260 men who have sex with men, 540 sex workers, and 221 injection drug users). Some 28 people from key populations who tested positive (15 sex workers, 7 men who have sex with men, and 6 injection drug users) received support for transportation and were referred for ARV therapy. However, only 16 PLHIV were actually put on ARV therapy because some treatment sites continue to require that PLHIV complete a pre-inclusion check-up as a condition for starting treatment, despite DLSI recommendations. Since this project does not cover this medical check-up, it is important to advocate with the DLSI to ensure better standardization of practices around the TATARSEN strategy and raise providers' awareness.

Moreover, in Year 2 the DLSI will need support to revise and distribute training tools and curricula for TATARSEN.

Strengthen MSAS capacity to provide quality treatment services to key populations identified as HIV-positive

The project supported the DLSI to strengthen laboratory technicians' skills at the regional hospitals of Kolda and Sédhiou. The supervision enabled technicians to improve viral load measurements and intervention performance and quality to achieve the 90-90-90 goals. It also identified gaps in equipment for storing viral load samples at Ziguinchor hospital. As part of institutional support, the project has already begun the process to acquire -80° freezers to mitigate this gap.

Training on the LILO approach (Link In, Link Out) held in Ziguinchor helped 38 ECR and ECD members (29 men and 9 women) to deepen their understanding on issues surrounding key populations—particularly LGBTI, sex workers, and drug users—to provide client-friendly services in public health facilities.

However, training for the ECRs and ECDs in Kolda and Sédhiou regions could not continue due to the MSAS Note suspending all workshops. Training will resume in August.

Identify and support the implementation of innovative strategies to improve adherence and retention of newly diagnosed patients

Two training workshops were organized in Kolda and Ziguinchor and introduced 57 community actors (27 men and 30 women) from three southern regions on ARV therapy and its beneficial effects.

Also, 8 new mediators were hired in addition to the 12 hired last quarter. All 20 mediators have been set up in treatment sites in the regions of Dakar, Kolda, Sédhiou, Tambacounda (Kidira), Thiès (Mbour), and Ziguinchor.

A preparatory meeting was held with the ACMU on covering medical expenses for PLHIV through health *mutuelles*. Practical terms for implementation still need to be defined: pursuing a guarantee fund, targeting PLHIV as a destitute group or beneficiaries of family grants, or coverage through the equity fund.

In Kolda, Sédhiou, and Ziguinchor regions, 57 people were enrolled in health *mutuelles* for their medical coverage as part of the CMV+, including 19 individuals from key populations testing positive and 3 members of their families.

However, there are still no functioning health *mutuelles* in the departments of Sédhiou and Bounkiling. PLHIV from these departments have been enrolled in *mutuelles* in Goudomp.

OBJECTIVE 2: INCREASED ADOPTION OF HEALTHY BEHAVIORS

SUB-OBJECTIVE 2.1: HIGH-QUALITY, TARGETED SBCC INTERVENTIONS ARE SCALED UP TO PROMOTE HIGH-IMPACT SERVICES AND HEALTHY BEHAVIORS

Use of data to define approaches and messages: Research activities initiated last quarter underwent the following developments:

The literature review on social and behavior change communication (SBCC) interventions to promote the use of high-impact health services and the adoption of healthy behaviors in Senegal was completed, and the report was shared within the consortium.

For the longitudinal quantitative study:

- Approvals from the CNERS, Johns Hopkins Bloomberg School of Public Health, and the MSAS were obtained.
- 70 investigators were trained on how to administer the questionnaires and use the tablets.
- Investigators were deployed in the 7 regions to interview about 10,000 individuals on the project's themes. Data collection will last about 45 days, and initial analyses are expected at the end of next quarter.

Regarding the qualitative formative study, we were not notified of CNERS approval until the end of June. However, training for collection agents was done in advance. Team deployment is planned for July, and initial analyses are also expected the end of next quarter.

Local promotion of essential household health behaviors: The ToR for the AYRH song contest targeting youths were validated by the select committee (SNEIPS, DSR/SE, and *Neema*). Under DSR/SE leadership, the organizing committee—made up of the SNEIPS, the Ministers of Education and of Youth, and *Neema* representatives—will meet next quarter on 18 July to decide on the terms for implementation.

Implementation of gender-focused SBCC strategies: The literature review of standards for gender that influence sexual and reproductive health in Senegal is more exhaustive than the one on SBCC. In addition to Senegal, it covers other similar contexts. Document collection is complete, selection and analysis of documents continues, and the report will be finalized next quarter.

Improve service providers' attitudes and behaviors: The workshop to develop the strategy to promote model providers, which was already scheduled for 11 and 12 July was postponed following the Note issued by the Minister of Health and Social Action. It has been rescheduled for the month of August.

SUB-OBJECTIVE 2.2: PUBLIC SECTOR CAPACITY TO COORDINATE, DESIGN, AND ADVOCATE FOR SBCC IMPROVED AT THE NATIONAL AND REGIONAL LEVELS

Institutional support for SNEIPS and BREIPSs: Results of the situational analysis of the SNEIPS and Regional Offices of Education and Health Information (BREIPSs) were shared this quarter. In addition to SNEIPS and BREIPS staff from the seven concentration regions, MCRs and representatives from USAID, WHO, UNICEF, and UNFPA participated in the workshop. In terms of work, the workshop identified potential points for improvement for the SNEIPS and BREIPSs in the short-, medium-, and long-term. The workshop to develop the capacity building plan scheduled in the first week of July could also not be held following the MSAS Note.

Tools to analyze the efficacy of SBCC strategies, interventions, and messaging have been developed. Working with the SNEIPS, the BREIPSs, the district Health Sector Policy Initiatives Teams (EIPS), and RB SBCC coordinators, the project planned collection and analysis of information on the design and implementation of communication strategies for the various areas covered by the project for next quarter. Recommendations from this analysis will be considered during the development of the SBCC regional plans.

Support for knowledge management in social and behavior change communication: Implementation and maintenance of an effective SBCC knowledge management system is a key priority for strengthening the SNEIPS. The process began with a needs assessment for knowledge management. Consultants' expression of interest files are being reviewed. The hiring process for the resource person who will be based at the SNEIPS has begun, and development of the electronic portal for knowledge management is planned for next quarter.

Strengthening coordination and consistency of messaging: A technical working group (TWG) on communication was set up by the Director General of Health in February 2013. However, since its creation, the coordination framework for SBCC interventions has been barely functional. During discussions between the project and the SNEIPS to restart the TWG, it was decided to develop and send a questionnaire to all members to collect their observations and recommendations. The next meeting to review the ToR for the TWG, scheduled in August, will open with a summary of the key points.

However, the project provided support to hold the mid-year review of the SNEIPS with the BREIPSs that will review their activities.

Sub-Objective 2.3: Technical and operational capacity of local SBCC organizations to design, implement, and evaluate SBCC programs improved

Selection of a local NGO through a transparent process: The call for applications for the selection of the local NGO was published in two national daily newspapers. Ten local NGOs expressed their interest and submitted their applications. The selection process will be completed in the next quarter.

Development of a tailored capacity building plan for the NGO: This intervention was not implemented this quarter. It will begin once the NGO has been selected.

Monitoring & Evaluation, research, and learning (MER&L)

Monitoring of program implementation: As part of monitoring of program implementation, this quarter's main activities dealt with the process for the situational analysis, quality assurance of data reported in the Performance Monitoring Plan, and revision and finalization of management procedures and tools.

Situational analysis: During this quarter, the project finalized the data collection tools, the data-entry templates, the analysis plan, and the training guides for trainers and for the investigators' training. A second test of the tools was organized in a health post and a health center in Dakar. Following this test, the tools were installed onto the tablets. Staff from the central level were introduced to the tools and procedures.

Availability of standardized management procedures and tools: In an effort to produce quality data, the monitoring and evaluation team reviewed and finalized the program's management tools, the collection and processing procedures, and the information circuit. In order to have a common understanding of the tools, RB staff in Kolda and Tambacounda were trained on the management

procedures and tools. Configuring these management tools on an online platform is being completed.

Data quality assurance: During this quarter, the MER&L team conducted a mission to audit project data quality in Saint Louis region. This audit mission assessed the quality of reporting data by comparing the available data with primary sources, identifying factors that have an impact on quality, and suggesting necessary corrections. The audit dealt with both service data and data generated through intervention implementation in 6 health posts. The table below presents a summary of findings and recommendations.

TABLE 7: SUMMARY OF THE AUDIT OF DATA COLLECTED BY THE PROJECT

Strengths:
At the services level: • All facilities use the most recent versions of management tools (registers and overall area report) • All reports are prepared and sent before the 5th of the following month to the district • For health posts where the DHIS2 is decentralized, reports are entered on time • Some providers systematically use the daily collection tables to prepare their reports, and these daily collection tables are also archived in the report • Reports are properly archived at the Regional Bureau
Areas for improvement:
For SDPs: • There were discrepancies between the figures entered in the DHIS2 and those in the overall area report; and also between the overall area report and registers. These observed differences are due to: No training for some providers on the Information System for Management (ISM) (especially newly assigned providers in the region), which can compromise data quality. Midwives are not trained on the DHIS2. No system to check data (between the registers and the overall area report), and errors in preparing the area report cannot be corrected. **At the Regional Bureau for the Health Program coordination level:** Activity reports and timesheets are missing from archives
Recommendations:
For the district: - Provide training/retraining for all providers on the ISM - Support the implementation of an automated verification system for data from the overall area report - Include a data-quality auditing component in the supervision of health posts performed by the district **For the Regional Bureau:** - Archive reports with signed timesheets - Include a data-quality auditing component in the supervision of program interventions - Monitor the implementation of the audit recommendations

Strengthening supervision systems at the district, SDP, and community level: During this quarter, the *Neema* project supported integrated supervision of 236 SDPs and 200 health huts, or 40% of health posts and health centers and 24% of health huts in the intervention areas. Supervision results are summarized in the table below.

TABLE 8: SUMMARY OF SDP SUPERVISION RESULTS

Community level (N=200)	**Health post and health center level N= 236)**
Family Planning	

• 81% of supervised huts provide counseling • 75% of supervised huts offer short-term methods • FP registers are available and filled out in accordance with standards in 55% of supervised huts • 49% of supervised huts have community management sheets for FP data available	• FP services are offered daily in 80% of SDPs • Short- and long-term FP methods are offered, in 97% and 91% of SDPs, respectively • FP methods are available in more than 9 out of 10 SDPs; however, gaps were noted in equipment availability, mainly portable lights (49%) and stepladders (83%).
Referral system	
• Only 27% of huts have a referral/counter-referral register or record book • 46% of huts have access to a vehicle/ambulance from another facility to use to transport urgent cases	• 28% of SDPs have a vehicle in the facility to transport urgent cases. However, this problem is not insurmountable because 68% of them can find a vehicle or ambulance elsewhere to transport urgent cases. Supervision showed that one functioning medical ambulance is available in 23% of visited SDPs.
Maternal health	
• 90% of CHWs know the danger signs of a pregnancy and 81% of these CHWs refer women in labor who present these danger signs; however, only 46% record these referred pregnant women in the referral register • 85% of CHWs direct pregnant women to reference facilities so that their delivery is assisted by qualified staff	• Delivery services monitored with the partograph is available in 92% of SDPs in the concentration regions. However, only 60% of SDPs monitor all women who are delivering with the partograph, and 51% of providers who were supervised have a performance level greater than 80%. • 26% of SDPs experienced stockouts of partograph sheets during the last three months. • Basic newborn resuscitation (*aspiration, ventilation using the Ambu bag, tactile stimulation, controlling hypothermia*) is delivered in 88% of facilities.

Increased availability and use of health data for decision-making purposes at district, SDP, and community level: In order to have high-quality data in the DHIS2 platform, the project supported the DSISS to incorporate revised management tools into the various monthly reports (health hut report, overall report for area, health center report), to update routine data in the DHIS2, and to develop an analysis module on the platform. After these various workshops, it was recommended to check services data for 2016 and the first half of 2017, which led to the data stabilization activity that took place in June in Diourbel. This intervention helped to identify errors in the DHIS2 and correct them. Thus, of the total 1793 identified errors, 1715, or 96%, were corrected. Following the stabilization phase, the project plans to support the region in developing district and regional directories and sharing them with all involved partners.

Documenting and sharing high-impact approaches: The project continued to develop the learning plan this quarter. Among the six learning topics that were proposed during the workshop held 8–12 May 2013, the project decided to document the use of the partograph for Year 1. It was noted during supervisions that the partograph is not systematically used to monitor labor during delivery,

emphasizing the need to understand why providers are not systematically using it. Other topics will be documented starting in Year 2.

Also within the framework of research, the Research, Monitoring, and Evaluation Team drafted the following protocols, which will be submitted to the CNERS in July:

- The "mystery client" study, which aims to assess the concrete application of service quality principles for which providers received training and to develop corrective actions per channel in order to improve services quality and increase client attendance
- The study on clinical quality of MNCH/FP services and disease control, aimed at measuring quality based on providers' skills
- The study including surveys on KPC (Knowledge, Practices and Coverage) for new MSI intervention regions as well as the situational analysis on delivering FP/RH services in gold-mining areas in Kédougou

PROJECT MANAGEMENT AND COORDINATION

Coordination within the Program through the Government Technical Assistance Provider Project (GoTAP): The Chief of Party participated in inter-agency coordination meetings through the GoTAP project and in the Steering Committee meeting.

Coordination at the operational level through Regional Bureaus: During the reporting period, various activities related to project management and coordination were implemented in various RBs. This included:

- Holding weekly meetings for *Neema*, HSS+, and GOLD staff that were sometimes expanded to include senior staff: Overall, 20 meetings were held to share activities implemented during the previous week, analyze the barriers to implementation, and to plan for the current week.
- Project staff in senior positions regularly participate in weekly meetings organized at the medical region and health district level to monitor the implementation of planned activities and, if necessary, to share information about the program.
- 1 quarterly coordination meeting for the program was organized at each RB to review performance as well as develop a quarterly work plan that is consolidated and incorporated into the various centers of responsibility.
- The RB staff participated in 7 quarterly regional coordination meetings and 25 monthly coordination meetings held at the health district level: 8 out of 10 health districts under the Tambacounda RB took advantage of these meetings to share the *Neema* project with providers and local municipalities. This was an opportunity to determine the completion rate for quarterly work plans and to conduct quarterly monitoring of annual work plans for 2017 of the centers of responsibility. It is also a framework for partners involved in the implementation of interventions to meet, discuss, and make decisions.
- The USAID focal point for the regions of Kolda and Sédhiou held a quarterly coordination meeting to bring together representatives from USAID-funded projects in these two regions (USAID/*Neema,* USAID/HSS+, USAID/GOLD, USAID/*Naatal Mbay,* and USAID/*Yaajeende*). This meeting allowed participants to: (i) share results from the USAID/Senegal Director's visit, and (ii) share activities carried out in the second quarter of 2017 and expectations for the third quarter.
- As part of coordinating activities for regional services, programs, and projects, government officials invited the RBs and the Diourbel coordination units to:

- 2 Regional Development Committees on maternal mortality (Diourbel) and the West African Economic and Monetary Union projects (Saint Louis)
- 1 Regional Development Committee (CDD) on health in Podor
- 3 monthly governance coordination meetings in Saint Louis

- Visits were made to establish contact with government, local, and health officials to share the status of project implementation and to advocate to secure commitments from mayors to mobilize additional resources for MNCH.
- Meetings to promote synergy with the Regional Executive Offices of the Malnutrition Control Unit were organized to map the intervention areas in order to rationalize resources and avoid overlap in saturation areas.

Synergy with other projects: The key results for synergy with other projects are summarized in the table below.

TABLE 9: SYNERGY WITH OTHER PROJECTS

PROJECT	SYNERGISTIC ACTIVITIES THIS QUARTER:
CLM	Meeting around each RB's mapping of intervention areas
GOLD and HSS+	Meeting with the Chief of Party to create synergy around community commitments
SHOPS Plus	Discussion meetings on TutoratPlus
GoTAP	Finalization of the integrated action plan
UNICEF	Meeting to discuss institutional support for the SNEIPS

ANALYSIS OF THE ANNUAL WORK PLAN IMPLEMENTATION

Implementation of activities this quarter improved markedly with an overall implementation rate of 64% for the 18-month work plan.

An analysis, by domain, shows a good completion rate for objective-1 activities (services delivery) and project management and coordination with, respectively, 73% and 100% for activity implementation. The average activity implementation rate for the domains of monitoring/evaluation and SBCC (objective 2) are 41% and 30%, respectively. See the table below.

TABLE 10: ACHIEVEMENT LEVEL OF ACTIVITIES, BY OBJECTIVE/DOMAIN

Objectives/Domain	NUMBER OF ACTIVITIES				
	Not achieved	In progress	Achieved	Overall total	Achievement rate
Objective 1	44	102	14	160	73%
Objective 2	32	11	3	46	30%
MER&L	13	7	2	22	41%
Management and coordination		16	1	17	100%
Overall total	89	136	20	245	64%
Total percentage	36%	56%	8%		

Activities that have not been implemented are mainly operational activities related to Tutorat 3.0 (support for tutor training and on-site supervision) and SBCC, whose implementation depends on available research data.

MAIN CHALLENGES, OPPORTUNITIES, AND THE WAY FORWARD

Challenges: The main challenges deal with:

- Support, supervision, and execution of deliverables at the regional and district level pose a major challenge to stakeholders (ECDs, ECRs, SDPs, and municipalities) that must take ownership of Tutorat 3.0 implementation
- Developing synergistic activities among partners is a requirement that calls for first clarifying relationships between the central and decentralized level and then pooling together interventions
- Successful malaria and HIV/AIDS control activities will require a review of the Regional Plans and the implementation of a support system
- Implementation of the HIV/AIDS action plan in terms of coordination requires a special funding mechanism for Ziguinchor region

Opportunities:

- Decentralized regional coordination meetings provide genuine opportunities to improve planning and monitoring of the action plan's implementation
- Achieving the deliverables for Tutorat 3.0 should improve roll-out of the process and instill greater ownership of the approach by ECRs/ECDs
- Identifying, targeting, and enrolling PLHIV into the medical and social needs coverage system is an opportunity to ensure they have lasting comprehensive care

The way forward:

The project will work to speed up implementation of activities by prioritizing communication activities. Therefore, the project plans to support the PNLP, DSR/SE, and the medical regions to implement information activities on RMNCAH and malaria.

4. CROSS-CUTTING ISSUES

4.1. GENDER MAINSTREAMING

In the context of gender mainstreaming, the project reported the following activities:

- Training on gender for *Neema* staff based in the 3 Regional Bureaus and at the national level (Dakar)
- Development of a training guide for the management of gender-based violence
- Completion of the guide to include gender in pre-service training for health providers
- Orientation of tutor trainers on the gender approach as well as key points to be developed during tutor training
- Start of the formative research to examine barriers and facilitators to health-promoting behaviors and obstacles related to gender norms
- Inclusion of gender-based violence in the community action cycle tools

4.2. COMPLIANCE WITH ENVIRONMENTAL REGULATIONS

Supervision: During this quarter, the project conducted supervision visits in 236 SDPs and 200 health huts to check and track compliance with environmental regulations. The supervision assessed training on infection prevention and environmental protection; availability of the provider guide, supplies, and products; and the waste disposal plan. The main findings are (see details in Annex 3):

- Good availability of safety boxes for sharps in SDPs and health huts
- Low availability of soap and/or hydro-alcoholic solution in SDPs
- Insufficient equipment for processing waste

Revision of Tutorat 3.0 training tools: Biomedical waste management and environmental protection were included in training modules for the family planning, maternal health, and disease control packages.

Biomedical waste management: In order to improve biomedical waste management, the project initiated discussions with the National Nosocomial Infections Control Program (PRONALIN) to help provide SDPs with incinerators that meet environmental standards. The proposed solution is to assess how well incinerators comply with environmental standards. The situational analysis will cover all SDPs in the districts of the concentration regions. This activity will start with Diourbel region.

4.3. COMPLIANCE WITH FAMILY PLANNING LEGISLATION AND REGULATIONS

Introduction on FP legislation and regulations: During this quarter, USAID organized on-site orientation sessions for staff in Saint Louis RB and the Diourbel coordination unit. Overall, 13 women and 14 men were involved.

These sessions provided training on the relevant requirements and should enable RB staff to avoid violations and to monitor regulations.

Revision of the Tutorat 3.0 training tools: Integration of USAID legal provisions and requirements for FP was effective in the Tutorat 3.0 training modules. This will ensure better understanding of the main laws and policies governing United States assistance for FP activities.

Surveillance of FP compliance: The project organized a supervision visit in the intervention regions. Sampling affected 236 SDPs and 200 health huts. Results showed (see details in Annex 5):

- Low availability of Tiahrt posters in health posts and health huts; this gap was even higher in Matam region where only 2% of SDPs had the poster
- Compliance with the principles of full information and voluntary client access in most health posts and health huts
- Compliance with the principle of coercion in all SDPs and health huts

However, it should be noted that there is confusion between paying providers a bonus for FP and the monetary incentives awarded to SDPs through Results-Based Financing.

5. LESSONS LEARNED, BEST PRACTICES, AND SUCCESS STORIES

Lessons learned and best practices: This quarter, lessons learned regarding activity implementation involved:

- Collaboration between mediators and providers, who facilitated early treatment of cases testing positive for HIV
- Mobile strategies and integrated Expanded Program on Immunization/FP sessions, which helped increase the FP enrollment rate

- Advocacy activities, which helped strengthen local officials' understanding of meeting their commitment

Success stories:

- Mediators build trust in key populations (see Annex 6)
- The USAID Health Program addresses the challenge of involving local officials (see Annex 6)

6. Main activities planned for next quarter

Objective 1: Increased access to and utilization of quality health services and products in the public sector

1.1: Increased coverage and utilization of evidence-based, sustainable, high-impact interventions in households and health facilities

- Finalize gender content through Tutorat 3.0
- Develop the 16-days-of-activism strategy against GBV
- Continue distribution of the National FP Strategic Framework
- Accelerate implementation of revised action plans for SUD and Malaria Control Center projects
- Accelerate the signing of contracts with medical districts and regions for Tutorat 3.0 implementation
- Finalize the Community Tutorat package and train trainers on delivering community-based services
- Support local recipient NGOs in activity planning, reporting, mobilization, and documentation of cost-sharing
- Continue training for Community Health Actors on community-based service delivery: pre-service training for Community Health Actors in new health huts and sites; and expansion of services package to include AYRH, DIPEC, SSNN, CVAC, VADI, injectable contraceptives, and PPH.

1.2: Linkage between community and facility platforms is strengthened and sustained

- Support setting up supplementary medicine stocks in health posts to supply health huts
- Provide technical assistance to the DSR/SE to develop the contraceptive procurement tables
- Hold regional training workshops on advocacy for district coordinators and spokespersons
- Continue training for health care providers and begin training for community actors in ENA and EHA

1.3: Quality services at household, community, and facility levels are improved and sustained

- Support political validation of the Strategic Plan 2018–2022 for the National Quality Program

1.4: Key populations in target areas are tested, enrolled on antiretroviral treatment, and provided quality care in alignment with the 90-90-90 goals

- Support the development of the National AIDS Control Council (CNLS) strategic plan

- Develop and/or implement TATARSEN action plans in the regions of Dakar, Kolda, Sédhiou, Thiès, and Ziguinchor
- Strengthen the skills of ECRs and ECDs in Kolda and Sédhiou to work with key populations
- Continue implementation of voluntary counseling and testing activities through on-site and advanced strategies for key populations

Objective 2: Increased adoption of healthy behaviors

2.1: High-quality, targeted social and behavior change communication interventions to promote high-impact services and healthy behaviors delivered at scale

- Launch the contest for songs about AYRH
- Develop the concept for the communication campaign to recognize and motivate service providers
- Complete the behavioral diagnosis report
- Support medical regions and health districts to implement behavior change communication activities

2.2: Public sector capacity to coordinate, design, and advocate for SBCC improved at the national and regional levels

- Conduct analyses of the effectiveness of interventions, messaging, and partners' materials in the project concentration areas
- Develop the capacity building plan for the SNEIPS and BREIPSs
- Energize the technical working group on SBCC

2.3: Technical and operational capacity of local SBCC organizations to design, implement, and evaluate SBCC programs improved

- Conduct an analysis of institutional capacities of the top 3 local NGOs using the SBCC-PROGRES tool

7. PROJECT MANAGEMENT AND ADMINISTRATION

During this quarter, two HIV technical advisors joined the project team: one will be based in Kolda and the other in Dakar to implemented activities in Dakar and Mbour.

Equipment of newborns for SDPs is being ordered. Estimated quantities have been ordered at the moment, but actual delivery to SDPs will be based on the situational analysis.

For staff assigned to senior positions, the ToR for an expert in RMNCAH were prepared, and the hiring process was begun. This expert shall provide technical assistance to the DSR/SE for the management of strategic RMNCAH activities.

8. ANNEXES

Annex 1: Progress on Work Plan/Indicators

Annex 2: Supervision results of compliance with environmental protection

Annex 3: Summary of results of the integration of FP services into vaccination sessions

Annex 4: Summary of supervision results of compliance with US government requirements for FP

Annex 5: Success Stories

ANNEX 1: PROGRESS ON WORK PLAN/INDICATORS

1a Data Sources

Data used to prepare the Performance Monitoring Plan for this quarter are from four sources:

1. **DHIS-2 platform** for services data. For this quarter (April–June 2017), data completion in the DHIS2, measured on 20 July 2017, is shown in the table below.

Medical Region	DSR/SE: Monthly report	Nutrition and Children's Health	HIV (testing)	HIV (treatment)
Dakar			71.1	32.2
Diourbel	93.9	77.7		
Kédougou	92.1	79.8	55.6	66.7
Kolda	96.6	83.9	55.6	40
Matam	96.6	81.1		
Saint Louis	95.0	67.4		
Sédhiou	98.8	99.4	75	75
Tambacounda	96.3	90.4	54.5	33.3
Thiès (Mbour)			50	50
Ziguinchor			85.7	61.9

2. **Informed Push Model project database** for the stockout indicator. The completion rate for this indicator is 100% for all concentration regions.
3. **Regional Procurement Pharmacies' database** to calculate couple years of protection, based on distribution data.
4. **Supervision data:** Supervision of component interventions was carried out this quarter in a sample of 236 health posts and health centers and 200 health huts by ECDs with support from the *Neema* project.

1b Level of Work Plan implementation (see attachment)

#	DESCRIPTION OF INDICATORS	SOURCE/COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS						Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	Progress	
Goal: Support the efforts of the Government of Senegal to ensure health services are sustainably improved and effectively utilized to reduce maternal, neonatal, and child mortality and morbidity and contribute to an AIDS-free generation.											
Objective 1: Increased access to and utilization of quality health services and products in the public sector											
1.1.4 **HL.7.1-1**	Couple-years of protection (CYP) through a program supported by the US government	PRA distribution data	Diourbel	24,148	28,978	9143	11,289	10,277		106%	Given the high achievement rate, the targets will be revised. Results for Year 1 will be used as baseline data, and we will prepare new projections for the coming years.
			Kédougou	2421	2905	-	-	-			
			Kolda	21,396	25,676	17,549	15,614	22,362		216%	
			Matam	14,071	16,885	4941	5961	7213		107%	
			Saint Louis	7025	8429	19,465	12,007	25,641		678%	
			Sédhiou	29,467	35,360	-	-	-			
			Tambacounda	9685	11,622	17,928	24,982	19,290		535%	
			Total	108,213	129,855	69,026	69,853	84,783		172%	
1.1.10 **3.1.9.2-3**	Number of children under 5 years with pneumonia receiving antibiotics recommended by providers and CHWs trained through a program supported by the US government	DHIS-2	Diourbel	27,633	31,502	6510	5375	4394		52%	The number of children under 5 years with pneumonia treated with antibiotics is 81,584 for October 2016–June 2017.
			Kédougou	5380	9249	1028	1106	999		34%	
			Kolda	33,085	36,954	7975	8239	8276		66%	
			Matam	7254	11,123	965	1139	1042		28%	
			Saint Louis	17,148	21,017	4061	5480	3571		62%	
			Sédhiou	12,838	16,707	2359	2201	1637		37%	
			Tambacounda	15,528	19,397	3291	4620	4354		63%	
			Total	118,866	145,949	26,189	28,160	24,273		54%	
1.1.12 **HL.6.6-1**	Number of children under 5 years with diarrhea treated according to national guidelines (ORS/zinc) through a program supported by the US government	DHIS-2	Diourbel	33,325	34,225	6370	10,546	6617		69%	Data from the DHIS-2 indicate that 102,938 childhood case of diarrhea were treated with ORS/zinc, or an overall performance of 69%.
			Kédougou	5937	6097	977	2541	1661		85%	
			Kolda	27,025	27,755	3859	6819	4321		54%	
			Matam	17,116	17,578	2768	4188	2606		54%	
			Saint Louis	32,754	33,638	5206	10,087	7422		68%	
			Sédhiou	12,665	13,007	3251	4882	4142		94%	
			Tambacounda	15,557	15,977	2843	6792	5040		92%	
			TOTAL	144,379	148,277	25,274	45,855	31,809		69%	

#	DESCRIPTION OF INDICATORS	SOURCE/COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS						Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	Progress	
1.1.18 **HL.9-4**	Number of qualified community providers trained in nutrition through a program supported by the US government	Program archives	Diourbel	154	24	0	0	0		-	This quarter, the component supported training for 125 providers, including 63 women, on ENA and EHA. Targets particularly for Saint Louis will be revised for Year 2.
			Kédougou	48	8	0	0	0		-	
			Kolda	44	11	0	0	0		-	
			Matam	0	27	0	0	0		-	
			Saint Louis	372	0	0	0	100		-	
			Sédhiou	91	36	0	0	25		69%	
			Tambacounda	0	44	0	0	0			
			Total	709	150	0	0	120		80%	
1.1.19 **3.1-7**	Percentage of providers who comply with standards and protocols related to the management of labor and delivery in facilities funded by the US government	Situational analysis report for the baseline study Supervision Report	Diourbel	33%	50%		33%	33%		66%	Supervision data collected during the quarter in 236 SDPs was used to evaluate 236 providers on the partograph. Diourbel region had no supervision coverage; thus, data for the second quarter were reported.
			Kédougou	44%	50%		44%	50%		100%	
			Kolda	33%	50%		33%	68%		136%	
			Matam	29%	32%		29%	36%		113%	
			Saint Louis	38%	50%		38%	37%		74%	
			Sédhiou	50%	50%		50%	72%		144%	
			Tambacounda	52%	30%		52%	33%		110%	
			Total	43%	50%		43%	48%		96%	
1.1.20 **Custom**	Number of service delivery points providing life-saving maternal care (basic and comprehensive EmONC) supported by the US government	Situational analysis report for the baseline study Supervision Report	Diourbel	7	7		7	7		100%	It became apparent from quarterly supervision that, except for type-1 and type-2 health centers and hospitals, no health post provided EmONC without requiring a referral. The situational analysis will provide a genuine view of the situation in health posts.
			Kédougou	2	3		2	3		100%	
			Kolda	2	6		2	4		75%	
			Matam	3	6		3	4		75%	
			Saint Louis	12	10		12	12		120%	
			Sédhiou	4	4		4	4		100%	
			Tambacounda	10	8		10	10		125%	
			Total	40	44		40	44		100%	

#	DESCRIPTION OF INDICATORS	SOURCE/COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS						Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	Progress	
HL.7.1-2	Percentage of service delivery points offering counseling and/or PF services supported by the US government	Situational analysis report for the baseline study Supervision Report	Diourbel	100%	100%		100%	100%		100%	These data are from the supervision of 236 health posts and health centers conducted this quarter. Family planning counseling and/or services are delivered in 98% of the 236 visited SDPs.
			Kédougou	85%	88%		100%	100%		114%	
			Kolda	79%	83.20%		100%	100%		120%	
			Matam	100%	100%		100%	95%		95%	
			Saint Louis	95%	96%		100%	100%		104%	
			Sédhiou	97%	97.60%		94%	98%		100%	
			Tambacounda	86%	88.80%		100%	100%		113%	
			Total	93%	93%		98%	98%		105%	
1.1.24 **HL.7.1-3**	Percentage of service delivery points assisted by USAID that experienced stockouts of contraceptive products during the reporting period	Routine data IPM	Diourbel	0.17%	3%	1%	2.04%	2.1%		101%	Data are from the IPM-Yeksina project. The out-of-stock products were emergency contraception and Implanon. The main causes are stockouts of certain products at the PRA and inadequate stock in district warehouses.
			Kédougou	1.06%	3%	0%	0.00%	0.0%		103%	
			Kolda	0.15%	3%	1%	16.13%	0.0%		103%	
			Matam	028%	3%	2%	7.37%	4.1%		99%	
			Saint Louis	0.21%	3%	4%	4.20%	10.2%		93%	
			Sédhiou	0%	3%	0%	10.91%	0.8%		102%	
			Tambacounda	1.06%	3%	7%	0.00%	3.4%		100%	
			Total	1%	3%	2%	5.15%	2.9%		100%	
1.1.28 **Custom**	Number of women receiving active management of the third stage of labor through a program supported by the US government	DHIS-2	Diourbel	39,062	39,062	11,051	9044	7734		71%	This indicator is reported using the DHIS-2. Overall, 80,865 deliveries performed in health facilities were under active management of the third stage of labor, or a 74% performance rate relative to the annual target.
			Kédougou	3781	3781	1138	971	1099		85%	
			Kolda	12,377	12,377	3781	3887	3283		88%	
			Matam	10,236	10,236	3112	2087	2542		76%	
			Saint Louis	21,902	21,902	5312	4568	4073		64%	
			Sédhiou	7186	8906	1913	2379	1895		69%	
			Tambacounda	13,469	13,469	4045	3176	3775		82%	
			Total	108,013	109,733	30,352	26,112	24,401		74%	
1.1.34	Number of children under 5 years who received a nutrition intervention in a program supported by	DHIS-2	Diourbel	215,286	218,515	3249	4550	30,425		17%	These data were extracted from the DHIS-2. Growth-promotion monitoring
			Kédougou	44,596	45,265	1972	1498	8402		26%	
			Kolda	279,851	284,049	1657	8530	66,623		27%	
			Matam	53,003	53,798	1306	1060	7236		18%	

#	DESCRIPTION OF INDICATORS	SOURCE/COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS						Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	Progress	
HL.9-1	the US government		Saint Louis	171,109	173,676	332	2650	43,910		27%	data were used to calculate the indicator.
			Sédhiou	113,585	115,289	1048	1538	19,913		20%	
			Tambacounda	88,962	90,296	3802	3220	39,527		52%	
			Total	966,392	980,888	13,366	23,046	216,036		23%	
1.2.1 Custom	Percentage of SDPs that have a functioning referral and counter-referral system from the community to the health post	Situational analysis report Quarterly supervision report	Diourbel	48.00%	58.40%		67%	67%		115%	Data are from the supervision of 236 SDPs and 200 health huts. Diourbel region had no supervision coverage so data for the second quarter were reported.
			Kédougou	54.00%	63.20%		56%	70.0%		110.76%	
			Kolda	54.00%	63.20%		56%	64.7%		102.37%	
			Matam	43.00%	54.40%		47%	77.4%		142.28%	
			Saint Louis	45.00%	56.00%		46%	52.0%		92.86%	
			Sédhiou	83.00%	86.40%		38%	68.9%		79.75%	
			Tambacounda	67.00%	73.60%		48%	83.5%		113.45%	
			Total	54.47%	63.58%		54%	66.7%		104.91%	
1.4.1 HTS_TST	Number of persons tested who receive their results	Program archives District reports for annual monitoring	Dakar*	29,551	35,461	9726	9061	19,772		109%	These data were extracted from the DHIS-2.
			Kédougou*	1736	2083	519	422	2234		152%	
			Kolda	21,906	26,287	1401	2203	4056		29%	
			Sédhiou	15,841	19,009	2614	2767	6822		64%	
			Tambacounda*	6390	7668	740	1296	10,758		167%	
			Thiès (Mbour)	9749	11,699	1426	4282	2817		73%	
			Ziguinchor	25,429	30,515	3125	2583	7709		44%	
			Total	110,602	132,722	19,551	22,614	54,168		73%	
1.4.2	Number of persons (adults and children) newly enrolled on ARVs	Program archives District reports for	Dakar	519	1240	79	122	57		21%	These data were extracted from the DHIS-2. As noted last quarter, annual targets will be revised by
			Kédougou	78	97	13	19	62		77%	
			Kolda	310	233	17	101	14		13%	

#	DESCRIPTION OF INDICATORS	SOURCE/COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS						Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	Progress	
TX_NEW		annual monitoring	Sédhiou	372	700	6	77	14		3%	basing them on the estimated number of people testing positive.
			Tambacounda	339	110	18	40	45		57%	
			Thiès (Mbour)	98	100	15	314	19		34%	
			Ziguinchor	574	3092	17	162	154		6%	
			Altogether	2290	5572	165	835	365		10%	
1.4.3 **TX_PVLS**	Percentage of patients on ARVs with an undetectable viral load reported in registers in a treatment center or laboratory information system in the last 12 months.	Program archives **District reports for annual monitoring**	Dakar	AD	90%						The project is working with the DLSI and involving the National AIDS Control Council to establish a monitoring system for this indicator. Thus, supervision is planned for next quarter in all intervention regions to provide data for this indicator.
			Kédougou	AD	90%						
			Kolda	AD	90%						
			Sédhiou	AD	90%						
			Tambacounda*	AD	90%						
			Thiès (Mbour)	AD	90%						
			Ziguinchor	AD	90%						
			Total	AD	90%						
Objective 2: Increased adoption of healthy behaviors											
12.7 **HL.8.2-5**	Percentage of households that have a designated space for hand washing with soap and water that is used frequently by family members	Reports DHS, DHS-c ESC	Diourbel	43.80%	49.00%			ND			This indicator will be documented annually. The behavioral monitoring survey is underway, and the initial results are expected in September and will be used to provide data for the indicator value for Year 1.
			Kédougou	52.80%	56.20%			ND			
			Kolda	46.50%	51.20%			ND			
			Matam	93.20%	88.60%			ND			
			Saint Louis	94.90%	89.90%			ND			
			Sédhiou	47.00%	51.60%			ND			
			Tambacounda	17.20%	27.80%			ND			
			Total	53.94%	57.15%			ND			

ANNEX 3: SUPERVISION RESULTS OF COMPLIANCE WITH ENVIRONMENTAL PROTECTION

	KEDOUGOU		KOLDA		MATAM		SAINT LOUIS		SEDHIOU		TAMBA		ALTOGETHER	
	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut
Number of SDPs involved	**6**	**4**	**43**	**25**	**43**	**19**	**57**	**70**	**47**	**43**	**40**	**39**	**236**	**200**
INFECTION PREVENTION														
Is there an employee in charge of biomedical waste management?	50%	75%	93%	84%	86%	32%	82%	53%	55%	72%	88%	67%	80%	62%
Has the employee in charge of biomedical waste management been trained on the risks?	100%	75%	80%	72%	43%	63%	53%	37%	77%	16%	57%	33%	62%	40%
Has the employee in charge of biomedical waste management been equipped with protective equipment? If yes, which?	33%	50%	90%	4%	108%	11%	85%	16%	112%	14%	86%	44%	94%	20%
WHICH?														
Glasses	100%	0%	44%	0%	55%	0%	23%	9%	28%	17%	10%	12%	34%	10%
Gloves	100%	100%	94%	100%	93%	50%	93%	82%	90%	100%	100%	100%	94%	92%
Boots	100%	0%	36%	0%	68%	0%	35%	9%	41%	17%	23%	6%	42%	8%
Mask	100%	0%	67%	0%	90%	50%	85%	45%	66%	17%	57%	24%	74%	28%
Aprons	100%	0%	31%	0%	45%	0%	33%	27%	34%	17%	23%	12%	34%	15%
Is there small equipment for cleaning sites?	17%	75%	67%	12%	88%	74%	67%	50%	60%	47%	75%	56%	69%	49%
If yes, WHICH?														
Wheelbarrows	100%	67%	41%	33%	84%	86%	84%	89%	29%	95%	30%	82%	57%	86%

Rakes	100%	33%	83%	0%	76%	14%	82%	17%	68%	5%	80%	41%	78%	20%
Shovels	100%	33%	62%	33%	79%	21%	87%	29%	64%	5%	73%	45%	74%	27%
Is there equipment for decontamination: 3 plastic basins, including 1 with a lid?	50%	0%	86%	76%	53%	58%	56%	20%	60%	23%	43%	44%	59%	36%
Are there functioning trash cans (step-on trash cans with liner bags and covers) in each room?	17%	75%	86%	68%	40%	74%	53%	70%	57%	79%	50%	72%	56%	73%
Are there decontamination and cleaning products?	100%	100%	100%	88%	95%	79%	100%	88%	98%	82%	98%	68%	98%	82%
If yes, which?														
Chlorine	100%	100%	88%	88%	98%	93%	100%	84%	91%	71%	95%	86%	95%	83%
Liquid soap	100%	0%	98%	12%	95%	50%	100%	22%	96%	18%	85%	43%	95%	26%
Hydro-alcoholic solution	100%	0%	81%	0%	54%	21%	58%	4%	74%	12%	87%	7%	71%	8%
Is there sterilization equipment? If yes, verify	50%	ND	65%	ND	44%	ND	53%	ND	57%	ND	50%	ND	54%	ND
WHICH?														
Autoclave	67%	ND	29%	ND	42%	ND	27%	ND	33%	ND	65%	ND	38%	ND
Poupinel	33%	ND	68%	ND	53%	ND	77%	ND	74%	ND	50%	ND	65%	ND
Is a suitable container used to store sharps?	100%	50%	93%	92%	93%	79%	88%	69%	91%	74%	98%	79%	92%	76%
Is there a specific location for waste disposal? If yes, which?	83%	75%	98%	84%	95%	79%	95%	86%	94%	81%	98%	69%	95%	81%
Incineration site	0%	33%	21%	76%	71%	80%	37%	42%	30%	66%	44%	81%	39%	61%
Incinerator/Burner	40%	33%	45%	29%	29%	20%	28%	45%	36%	29%	41%	26%	36%	34%

A landfill pit	60%	33%	31%	0%	0%	7%	26%	17%	32%	9%	13%	7%	22%	11%
Where is the waste disposal site located?														
Inside the facility	20%	0%	81%	64%	100%	53%	83%	36%	73%	65%	85%	49%	83%	49%
Outside the facility	60%	50%	10%	16%	0%	16%	4%	30%	20%	12%	10%	8%	10%	19%
Far from the facility	20%	25%	10%	4%	0%	0%	13%	16%	7%	5%	5%	10%	8%	10%
Are there any tracks at the disposal site? (To be checked by investigator)														
Syringes	0%	0%	7%	50%	5%	33%	20%	71%	20%	13%	21%	86%	15%	43%
Sharps waste	20%	100%	5%	0%	5%	0%	13%	14%	25%	7%	15%	71%	13%	23%
Partially treated infectious waste	0%	0%	17%	50%	12%	33%	15%	43%	11%	53%	38%	57%	18%	49%

ANNEX 4: SUMMARY OF RESULTS OF THE INTEGRATION OF FP SERVICES INTO VACCINATION SESSIONS

District	No. of SDPs	No. of sessions	No. of individuals reached			No of children vaccinated	No. of PNC visits	New users of FP methods						Enrollment rate
			M	W	T			PILLS	INJECTABLE	IMPLANT	IUD	Standard Days Method	TOTAL	
SEDHIOU MEDICAL REGION														
Sédhiou	5	7	13	99	112	72	40	4	40	30	4	0	78	**78.79%**
Goudomp	5	7	59	206	265	294	96	4	29	91	1	0	125	**60.68%**
KOLDA MEDICAL REGION														
Kolda	21	37	190	1703	1893	1599	217	6	146	66	0	0	218	**12.80%**
KEDOUGOU MEDICAL REGION														
Saraya	6	6	7	123	130	306	15	6	23	0	0	0	29	**23.58%**
SAINT LOUIS MEDICAL REGION														
Podor	4	34	0	984	984			44	74	11	3	0	132	**13.41%**
DIOURBEL MEDICAL REGION														
Bambey	21	43	8	970	978	1357	349	73	193	2	17	0	285	**29.38%**
Diourbel	23	77	34	1726	1760	2768	548	227	394	37	44	0	702	**40.67%**
Mbacke	6	16	0	412	412	355	161	28	67	1	1	0	97	**23.54%**
Total	91	227	311	6223	6534	6751	1426	392	966	238	70	0	1666	**26.77%**

ANNEX 5: SUMMARY OF SUPERVISION RESULTS OF COMPLIANCE WITH US GOVERNMENT REQUIREMENTS FOR FP

Item	KEDOUGOU		KOLDA		MATAM		SAINT LOUIS		SEDHIOU		TAMBA		Altogether	
	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut			Post	Hut
Number of SDPs affected	**6**	**4**	**43**	**25**	**43**	**19**	**57**	**70**	**47**	**43**	**40**	**39**	**236**	**200**
Percentage of health facilities that have a "Tiahrt poster" or an equivalent poster (1)	83%	50%	42%	32%	2%	42%	44%	46%	64%	44%	75%	46%	46%	44%
Percentage of health facilities in which providers use the "Tiahrt poster" or equivalent information documents	83%	25%	67%	64%	53%	58%	74%	59%	81%	37%	80%	49%	72%	52%
Percentage of health facilities in which the provider is trained on the Tiahrt and other US government legislative regulations and policies regarding FP	33%	75%	67%	28%	5%	53%	25%	44%	70%	28%	58%	56%	44%	43%
Percentage of health facilities in which providers deliver clear and complete information to clients on the various FP methods without encouraging them to accept a particular method of FP during counseling	100%	100%	93%	76%	93%	74%	96%	83%	100%	56%	85%	79%	94%	75%
Percentage of health facilities in which providers deliver information to clients on the benefits, health risks (including the conditions that would make using the method inadvisable), and known adverse side effects of the FP method during specific counseling	100%	100%	88%	84%	93%	74%	95%	86%	98%	56%	88%	82%	93%	78%
Percentage of health facilities in which there is a range of FP methods to ensure clients make a free choice from among approved methods	100%	50%	91%	72%	93%	74%	96%	77%	98%	37%	100%	64%	96%	65%

Item	KEDOUGOU		KOLDA		MATAM		SAINT LOUIS		SEDHIOU		TAMBA		Altogether	
	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut			Post	Hut
Number of SDPs affected	**6**	**4**	**43**	**25**	**43**	**19**	**57**	**70**	**47**	**43**	**40**	**39**	**236**	**200**
Percentage of health facilities where staff receive a bonus payment for achieving FP targets	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percentage of health facilities where there is a set target or quota for staff for needs other than program planning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percentage of health facilities that received equipment purchased by the project for abortion services	0%	ND	0%	ND	0%	ND	0%	ND	0%	ND	0%	ND	0%	ND
Percentage of health facilities where voluntary sterilization services are available	0%	ND	0%	ND	0%	ND	0%	ND	0%	ND	0%	ND	0%	ND

ANNEX 6: SUCCESS STORIES

1. Mediators build trust in key populations

« ***Together we can***» said "D." a young high school student from Kolda. For the past three years, He's been living openly his homosexuality and appreciates the guidance that he has been receiving through the USAID supported program that through the coaching by mediators, identifies, monitors, and provides care for people infected by HIV.

D. is part of what is commonly referred to as the key individuals, which include the MSMs, PSs and CDIs,. These individuals are characterized by their difficulty to be affected because they often evolve into hiding. The difficulty to be reached has led the USAID/ Neema project to build a strategy around community mediators who are in charge of building a trusting relationship with this group in order to encourage them to come out of hiding and benefit from the prevention activities developed by the program.

Photo 1: an MSM gets tested at the laboratory

D. met Nourou, a mediator in Kolda and they became friends. "Because of him, I accepted to get tested regularly and when the results came back positive, he referred me to ARV treatment and health mutual membership. D. learned that he had become HIV-positive four days after obtaining his Bachelor's degree. Instead of being discouraged, he acknowledges that the mediator has helped him to see the bright side of the situation "Nourou helped me understand that it's not the end of the world and that through the program I can follow my treatment and continue to pursue my dreams…"

He says that the mediators are very understanding and give life-saving advice. Regarding his membership for the CMV + and the medical care, he sees a good opportunity as he is still dependent on his parents and lives in a poverty-stricken environment where the rate of infections is high and the cost of prescription would have been even higher due to his status.

In his opinion, Nourou believed that the system developed by the USAID/ Neema project makes it possible to avoid any form of stigmatization by ensuring the regular follow-up of appointments and medical care. "This prevents them from being exposed; it reduces spreading rumors about personal information and promotes the psychological and medical support. The approach that we use is simply excellent because it offers the advantage of reaching the "invisible" and to keep discretion that is usually the patient's concern.

A total of 20 mediators have been recruited for the key populations (MSM, PS and CDI) in the Kolda, Sédhiou, Ziguinchor, Thiès (Mbour), Diourbel Tambacounda (Kidira), Dakar and Kaolack regions. Within three months, their interventions will have enabled the discovery of 1021 key populations in the regions of Kolda, Sédhiou and Ziguinchor. Of these key populations, 28 have been tested positive, 19 of which are under treatment and are enrolled in mutual health insurance plan, as well as three members of their families for medical care as part of the CMV +.

D. a high school and MSM is part of the beneficiaries. For his personal journey and support from the program, he states "Together we can… because I dreamt of being a surgeon or an agronomist, and with the support from your program, I can still pursue this dream. I am heartened by the discretion given by the program and I have complete confidence in your support."

2. The USAID Health Program addresses the challenge of involving local officials

Photo 2: *Advocacy session at Ngoye City Hall*

Ely Fall is neither a patron nor a millionaire; he is just a mayor who is committed to local health improvement. "On behalf of the people I represent, I believe that protecting the health of our people has never been more crucial. This commitment that the Siggil Jigéen Network has given us is a way for my peers and I to play a real role to manage our health problems. As soon as we act directly towards our people, we're at the heart of public action." He stated.

As part of the Neema project, the Siggil Jiggen Network in collaboration with the health districts has identified municipalities significantly affected by health problems and where advocacy sessions have been limited.

In an inclusive approach involving municipal councilors in charge of budgeting, community members and service providers, the sessions provided an opportunity to raise relevant opinions for sustainable health investment. Mr. Fall expresses, "It is true that Ngoye commune has two health posts and four functional huts, but in spite of this health system, I am surprised at the turn of this advocacy session. I am surprised that today, in my locality, women still do not respect Pre-natal consultation and continue to deliver at home regardless of the consequences and risks. The testimonies by the providers motivated my responsibility in this situation."

Fall says that for the population, the program came at the right time. It gave them the opportunity to sit down with the Mayor and explain to him the health problems they are experiencing. "Here in Ngoye, he says, pregnant women face challenges related to the geographical accessibility to the health post and are financially challenged to do ultrasounds."

Mayor Eli Fall is very sensitive to these problems that he has pledged to donate 3,000,000 CFA to carry out prevention and promotion activities in order to put an end to this situation through IEC / CCC activities.

Seventeen other mayors in Bona, Yarang, Niani Toucouleur and Sadio are also committed to supporting their communities through donation funds with the ambition to contribute to the activities carried out by Siggil Jigéen network through the Neema project targeting to reduce maternal and child mortality,

If this example is improved and the commitments are respected by all the communes in Senegal, hundreds of millions will be mobilized to save the lives of women and children.