



Impact evaluations with UNFPA: Senegal

**A UNFPA, CEFOREP,
Senegal Ministry of
Health, Impact
partnership**



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Sponsors:

UNFPA for the local fees

Impact for technical assistance through **Bill & Melinda Gates Foundation, DFID, USAID and EU**

- **Original intention: an evaluation 6 years after the start in UNFPA/AMDD Project Areas (Ind, Mor, Moz, Nic, & Sen)**
- **Original question: Did focus on Emergency Obstetric Care improve the health of mothers?**
- **Partnership: Impact, UNFPA, AMDD, Ministries of Health, Research institutions (South and North)**
- **May 2006 meeting in Rabat: refinement of evaluation questions**
 - **Nicaragua committed to finish by 02/07**
 - **Senegal added and committed to finish by 02/07**
 - **Mozambique committed but at its own pace**
 - **Morocco and India changed focus**

- Policy of exempting users from delivery fees:
 - 5 poorest provinces in 1st trimester 2005
 - Scaling up (except Dakar) in January 2006
- Did it reduce financial barriers to using maternity services?
 - Interpretation by stakeholders?
 - Known by consumers?
 - Health seeking behaviour influenced?
 - Effect on utilisation and quality of care?
 - Effect on household delivery costs?
 - How have facilities been affected by the policy?

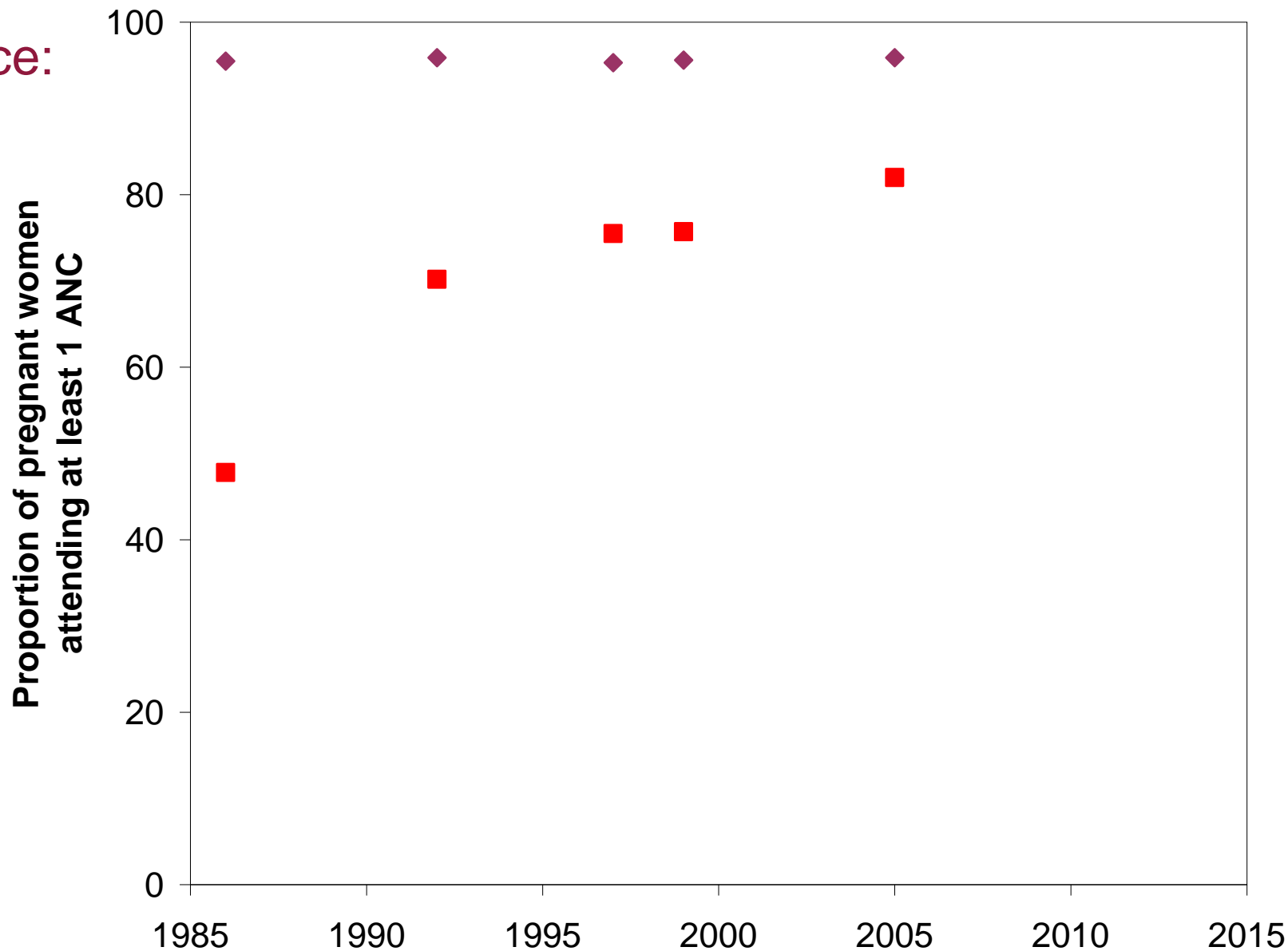
- Delegation of competences
 - Surgical competences to general practitioners: 2001-
 - Basic Emergency Obstetric Care skills to health centre nurses: 2002-2003
- Questions
 - Did the delegation of competences improve (geographical) access to care?
 - How do stakeholders perceive this policy?
 - What are the obstacles to its implementation?
- Gender:
 - How gender-related obstacles to care are affected by, and affect, the policies?
 - special session Friday 9:30

Senegal background



Evolution of Antenatal Care attendance

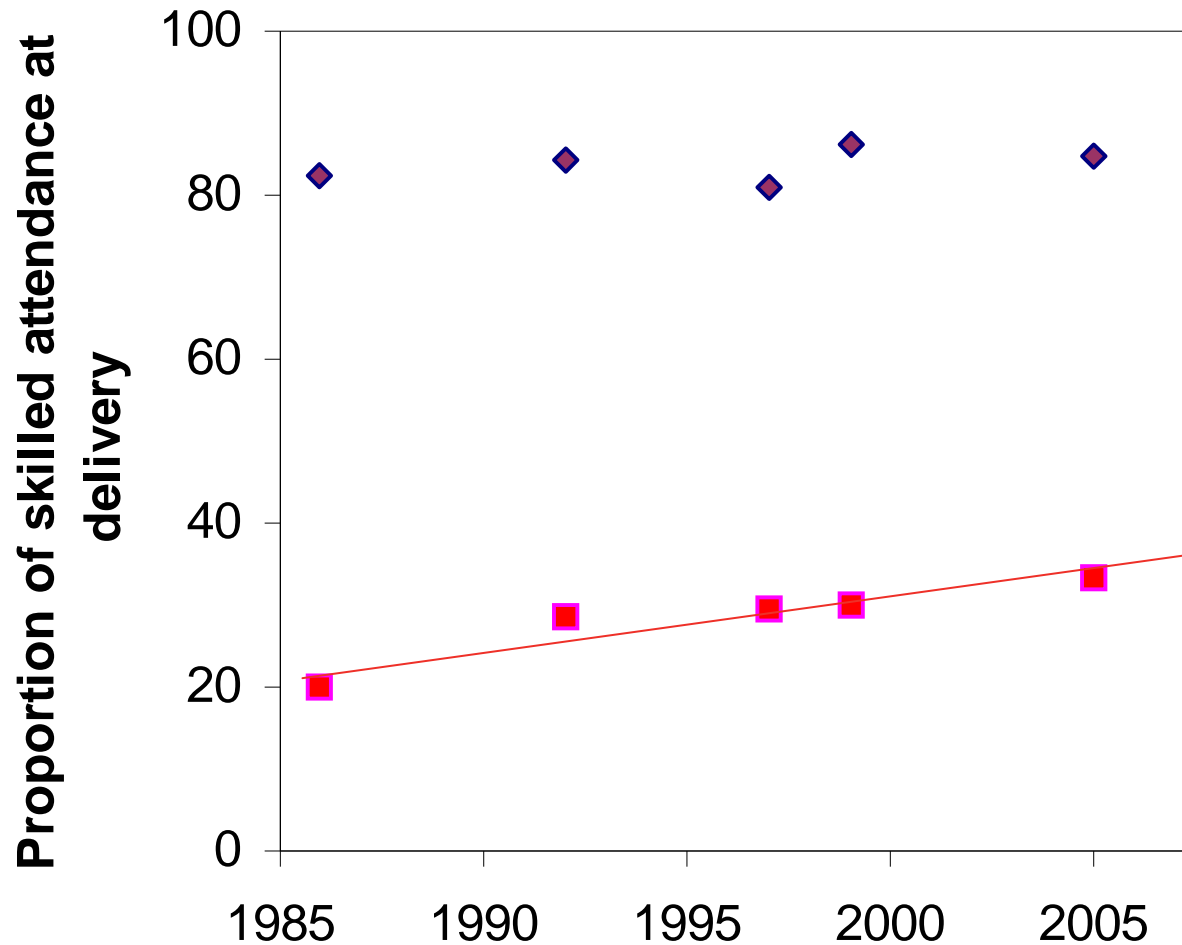
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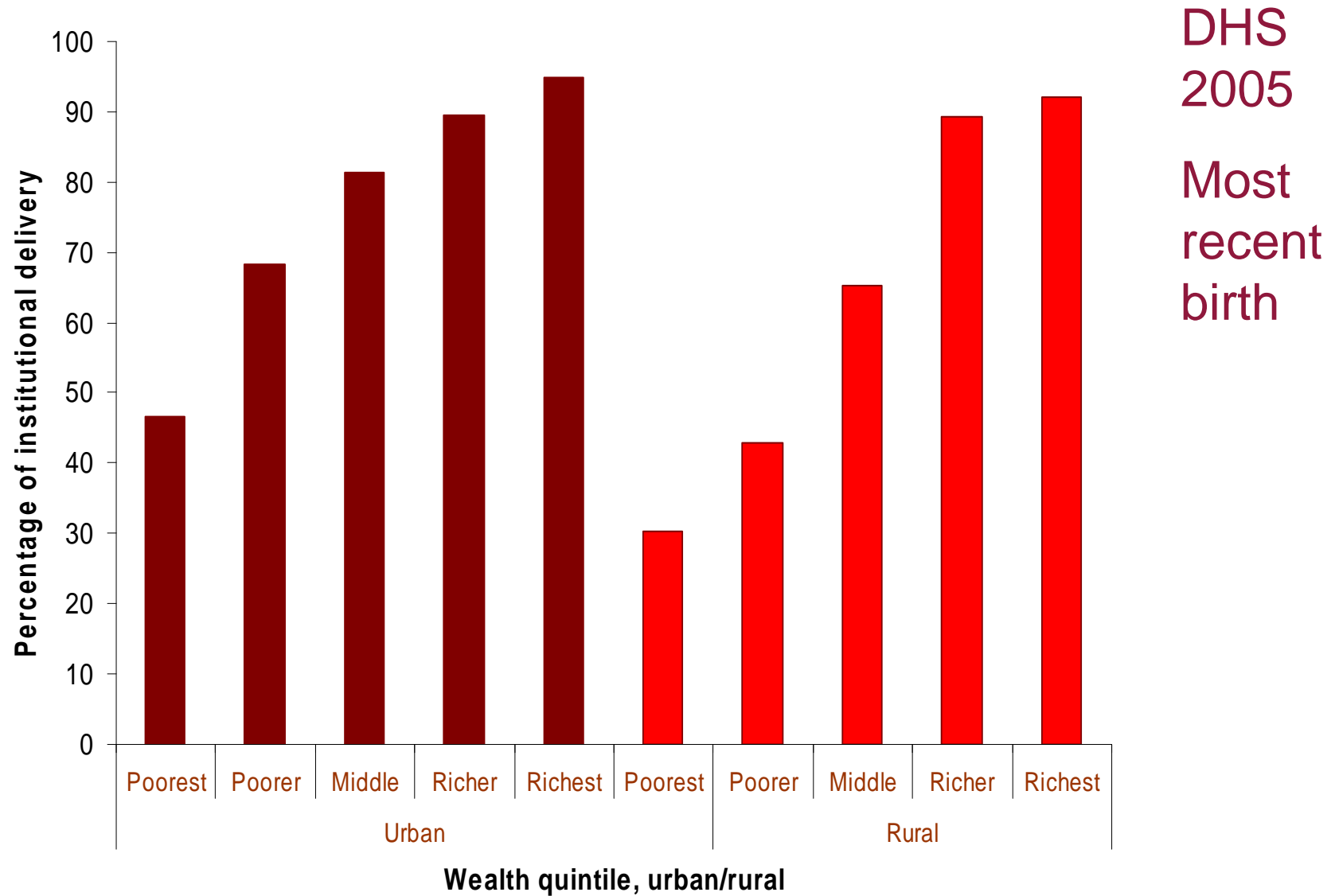


Skilled attendance at delivery

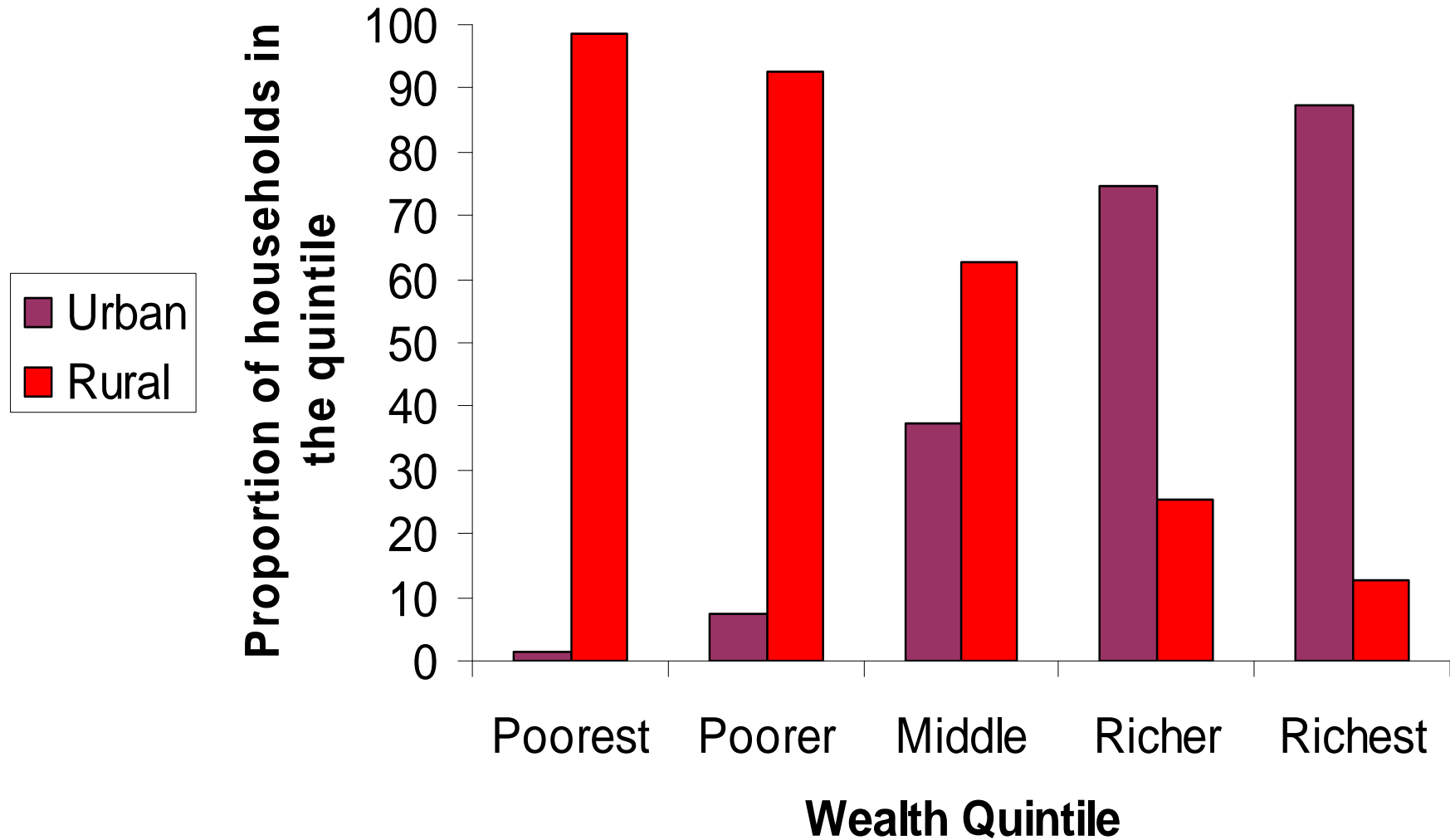
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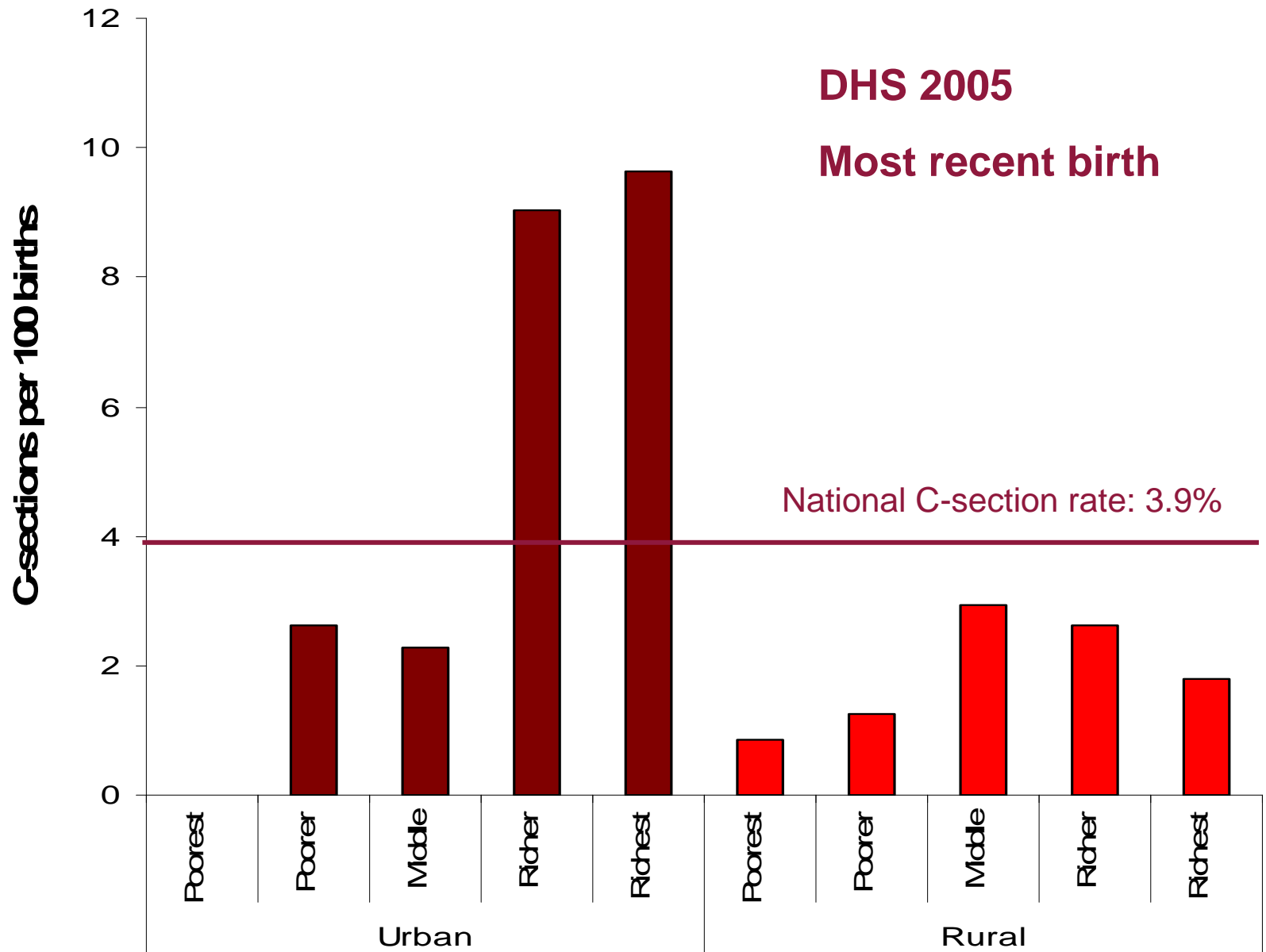
◆ Urban
■ Rural



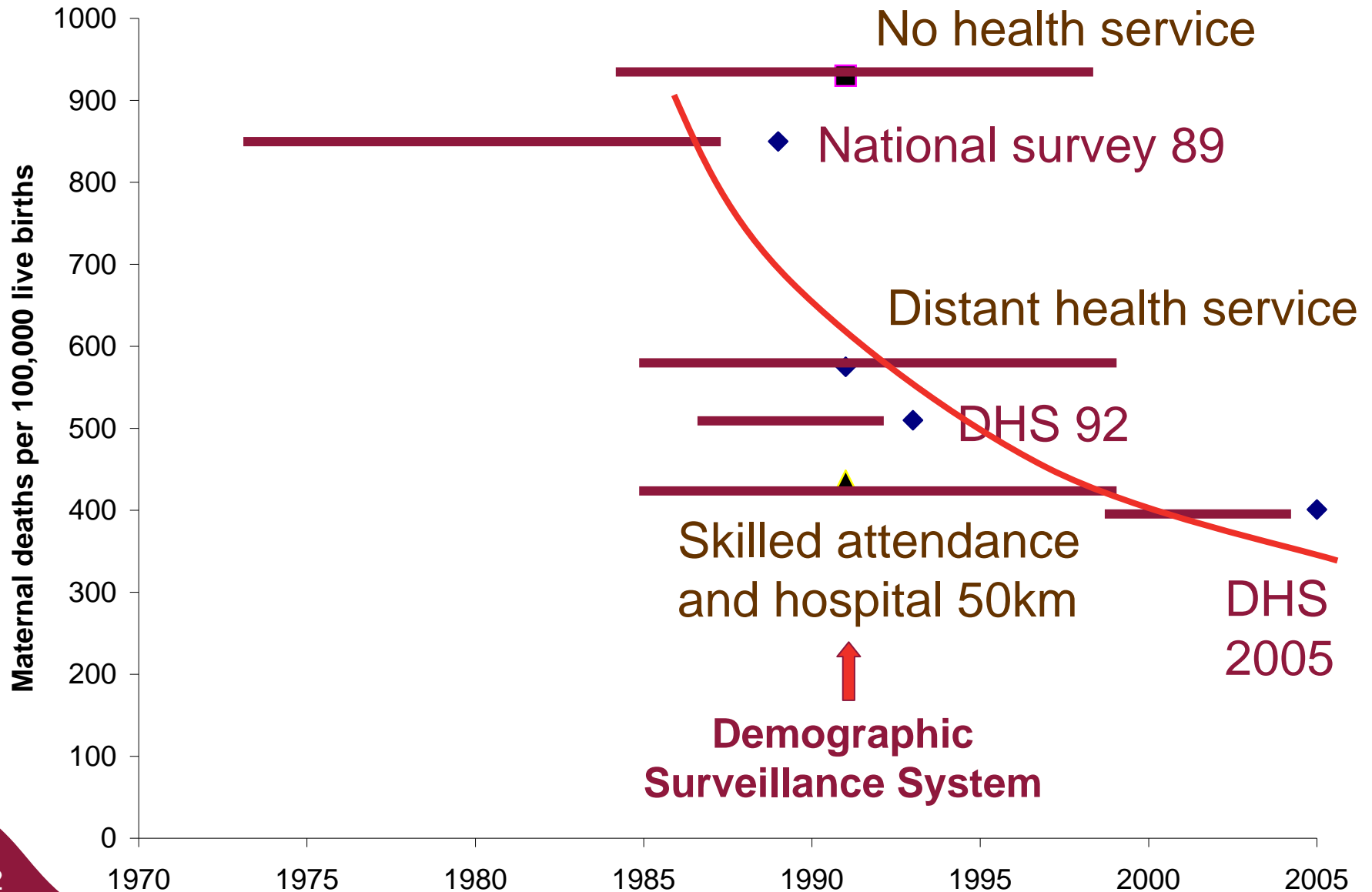


Deliveries in most recent year per wealth quintile in urban and rural areas





Maternal mortality ratios



- Description of policy implementation
- Effect of policies
 - Clinical indicators (#, rates, %)
 - Caesarean sections and indications
 - Institutional deliveries
 - Stillbirths (fresh and macerated)
 - Financial and logistical indicators
 - Overall expenditure and by different facility types
 - Timeliness of payments
 - Costing
 - Perception
 - Key Informant Interviews (63)
 - Focus group discussions (13)
 - User/non-user in-depth interviews (10)
 - Workshops (4)
 - Interviews with providers of care (43)

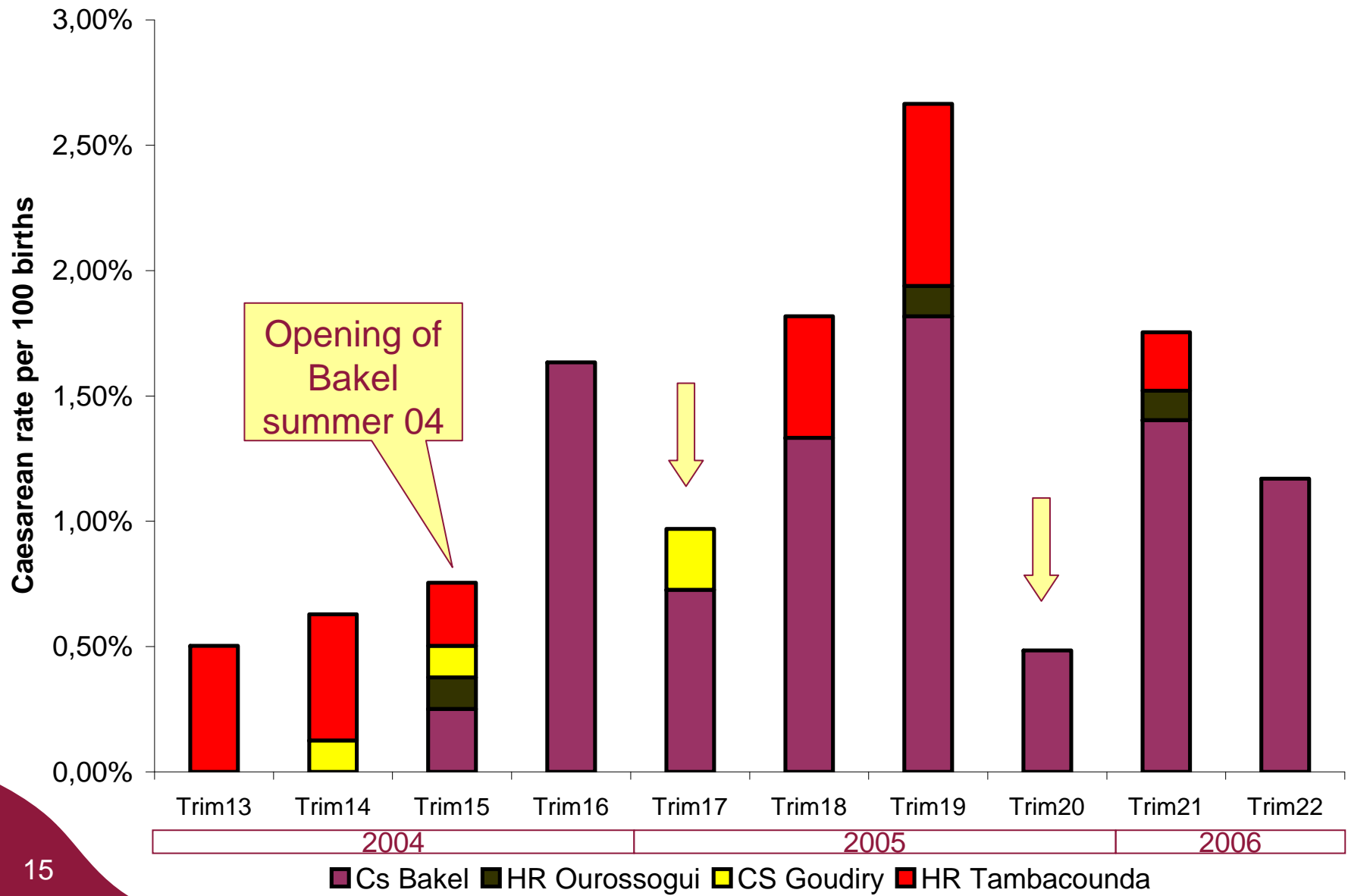
- Since 2001 only 11 general practitioners have been trained and posted
- Among these 11 district hospitals only 6 are functioning (need for 30 district hospitals).

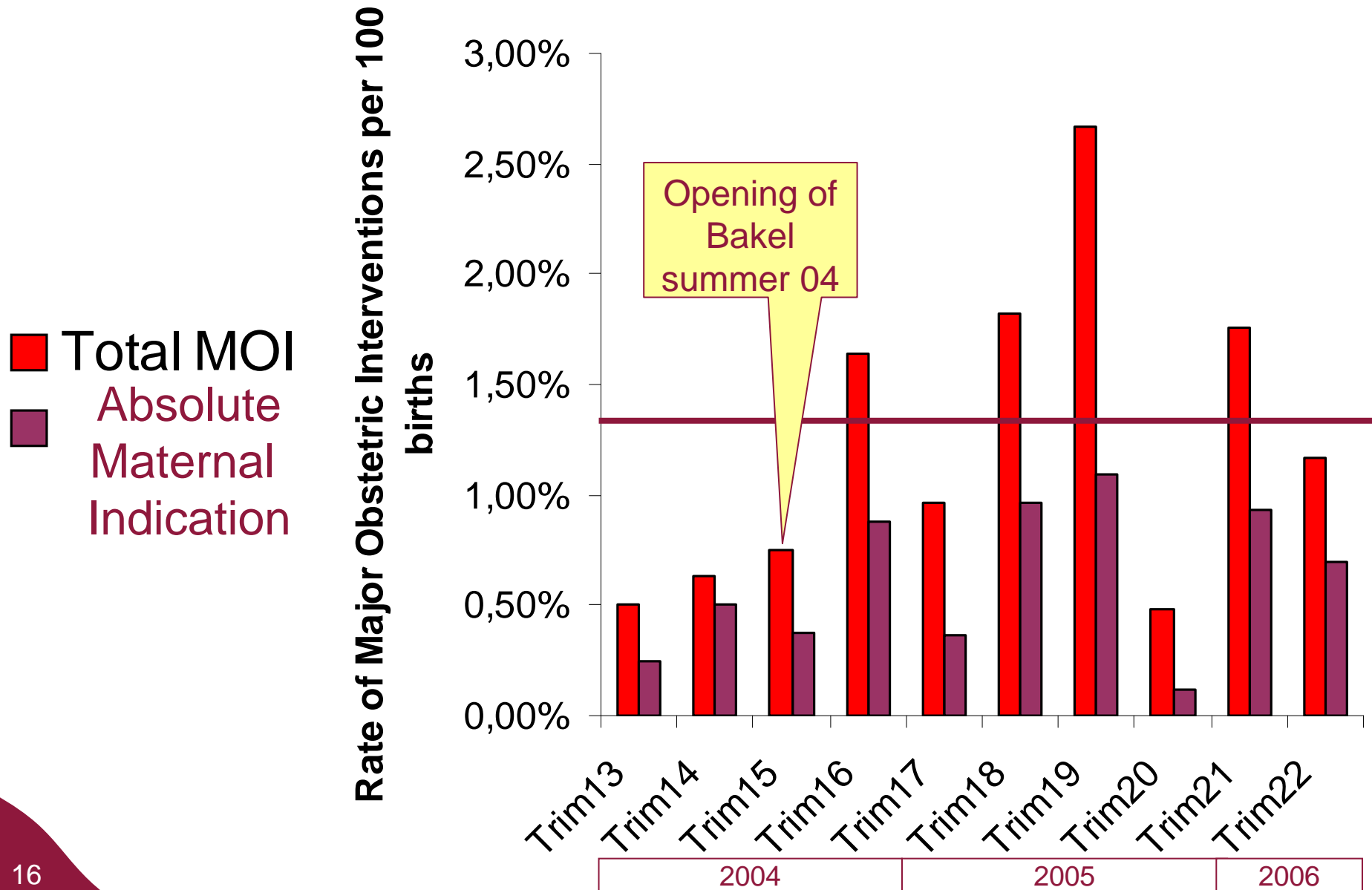
- Average C-section/month: 0.9-3.7

	Goudiry	Bakel
2001	1,4	-
2002	1,8	-
2003	0,9	-
2004	1,5	2,5
2005	2,3	3,0
2006	2,0	3,7

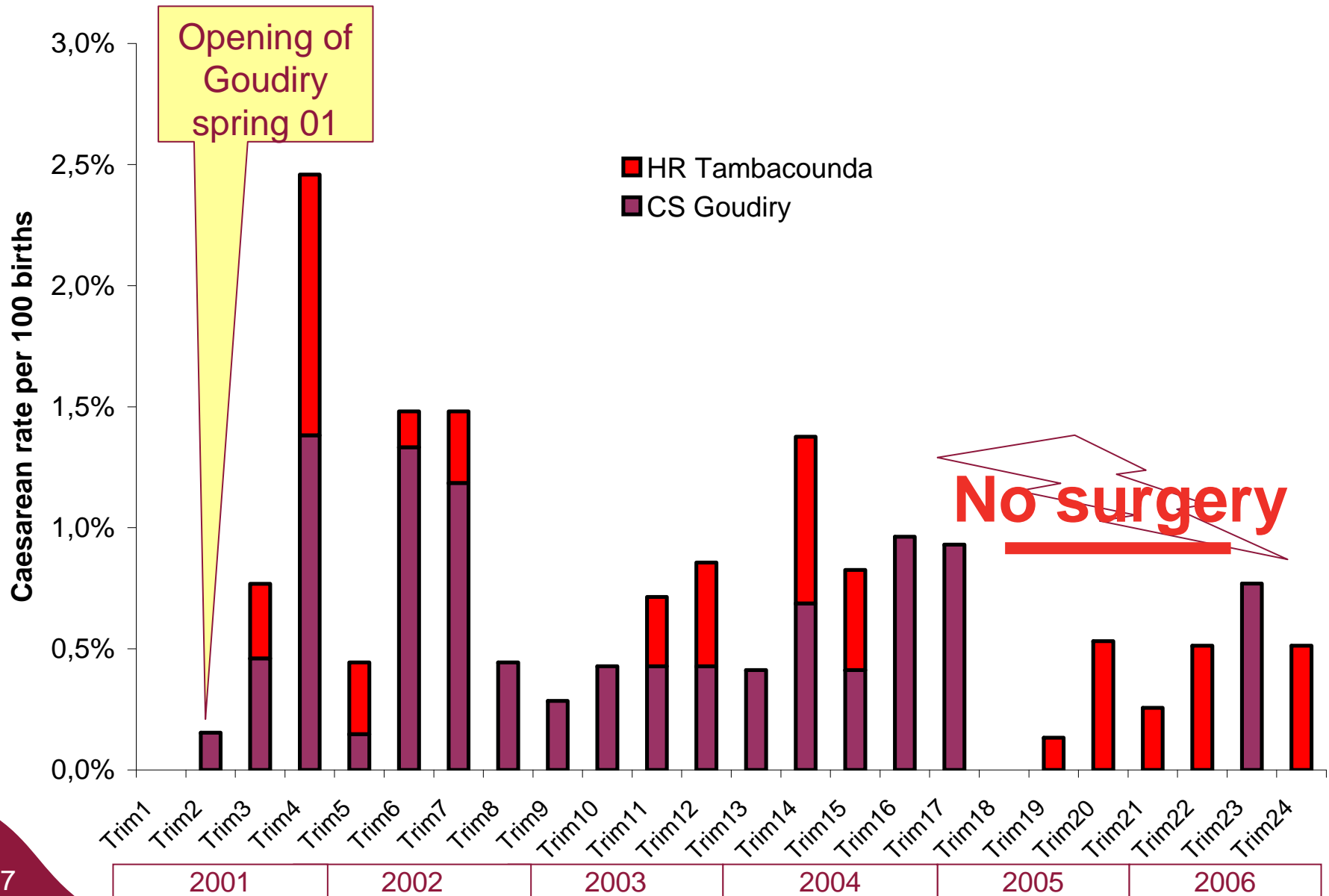
- Where an Emergency Comprehensive Obstetric Care team is functioning, most of the C-sections are performed in the district hospital

Bakel, C-section rate and contribution of referral facilities





Goudiry, C-section rate and contribution of referral facilities



- The community expressed its satisfaction to have life-saving surgery closer
- Surgical team is proud and feels satisfied except anaesthetists who feel at loose ends
- Decision makers don't feel that delegation of competences is a priority
- Medical students were not really informed; reacted positively but wondered what career prospect

- Fee exemption package:
 - C-sections in regional (4) and district hospitals (6)
 - Normal deliveries in health posts and district hospitals
 - Public sector only
 - No assistance with other user costs
- Area
 - 2005: Kolda, Ziguinchor, Tamba, Matam, Fatick
 - 2006: rest of country except Dakar
- Mechanism
 - C-section: government pays 55,000F/C-section to Regional Hospitals. RH provide C-section kits to district hospitals
 - Delivery kits: provided by the Central Pharmacy

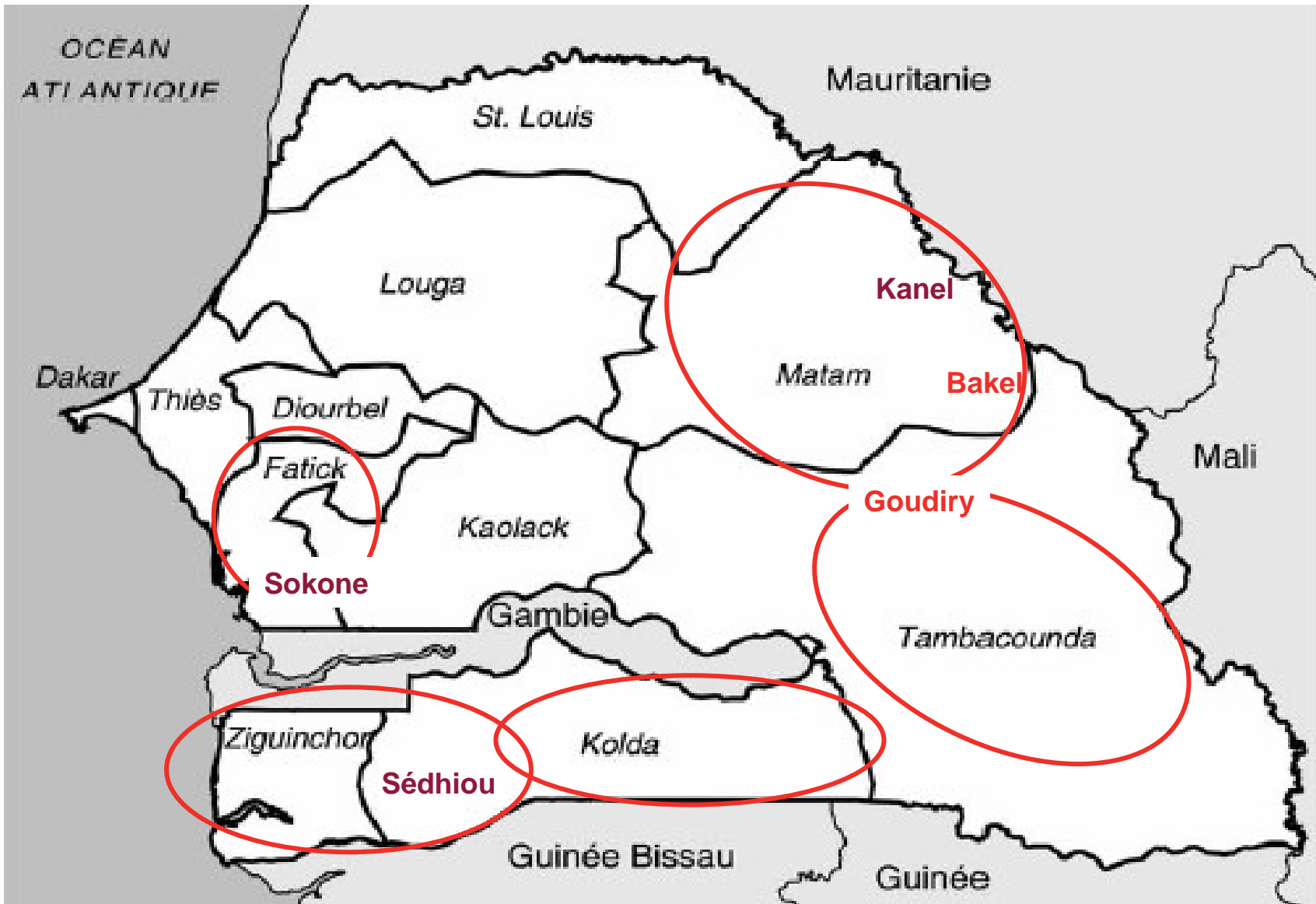
Designed for **normal** deliveries



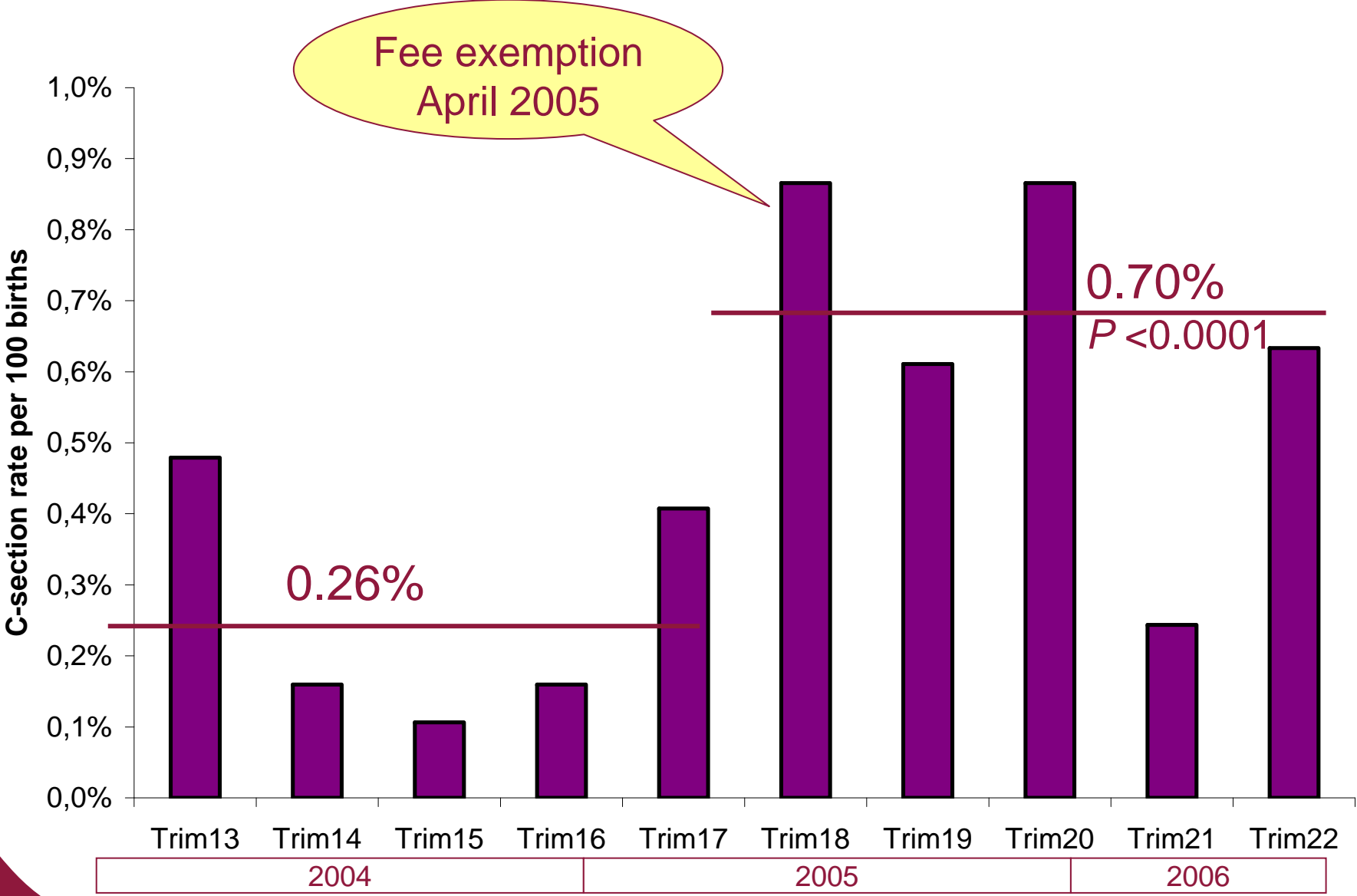
- Gloves
- Bandage
- Sanitary towels
- Sterile towel
- Clamp

- Sometimes
 - oxytocics

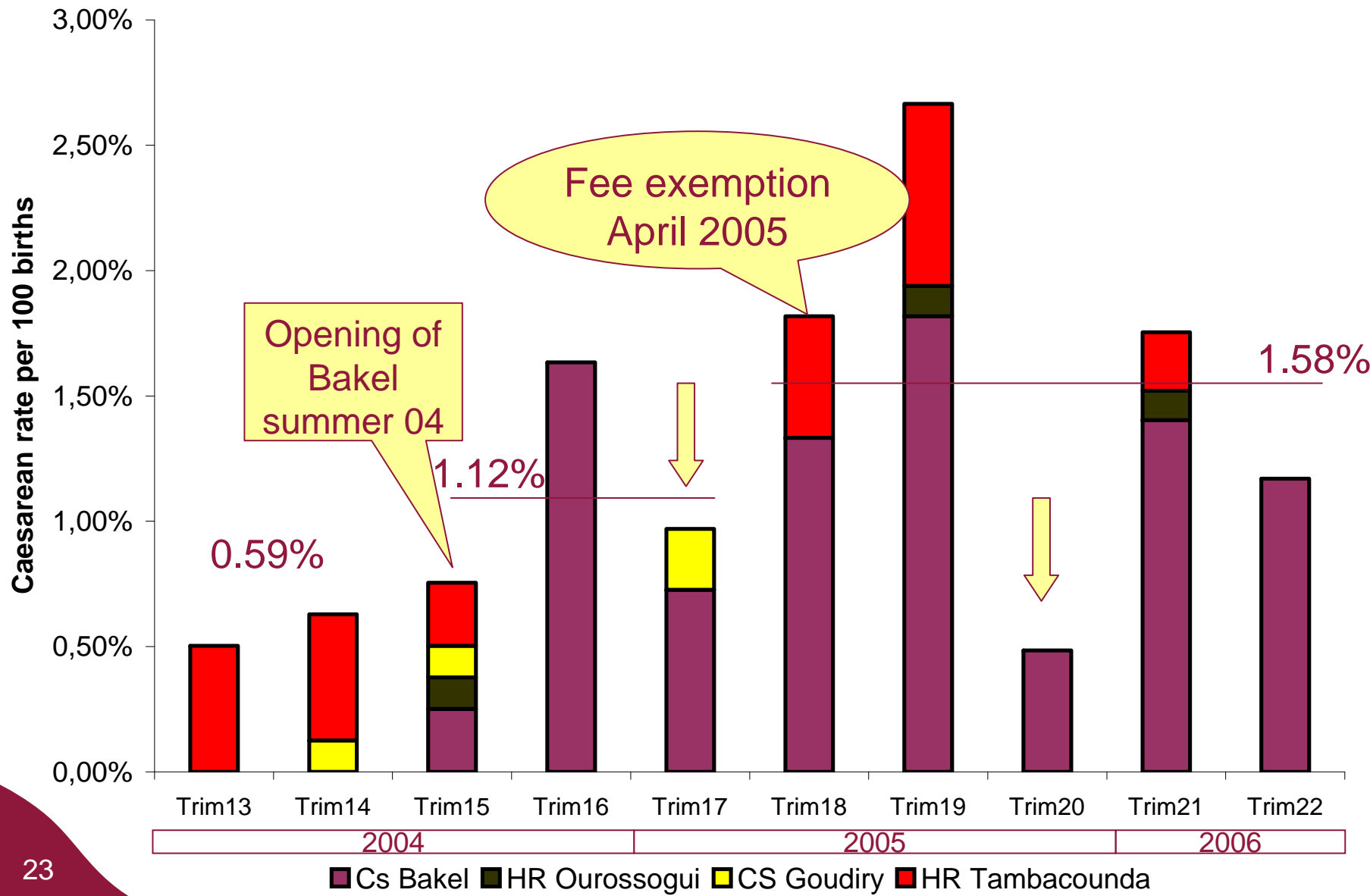
Fee exemption implementation 2005



Fee exemption and C-sections in Kanel



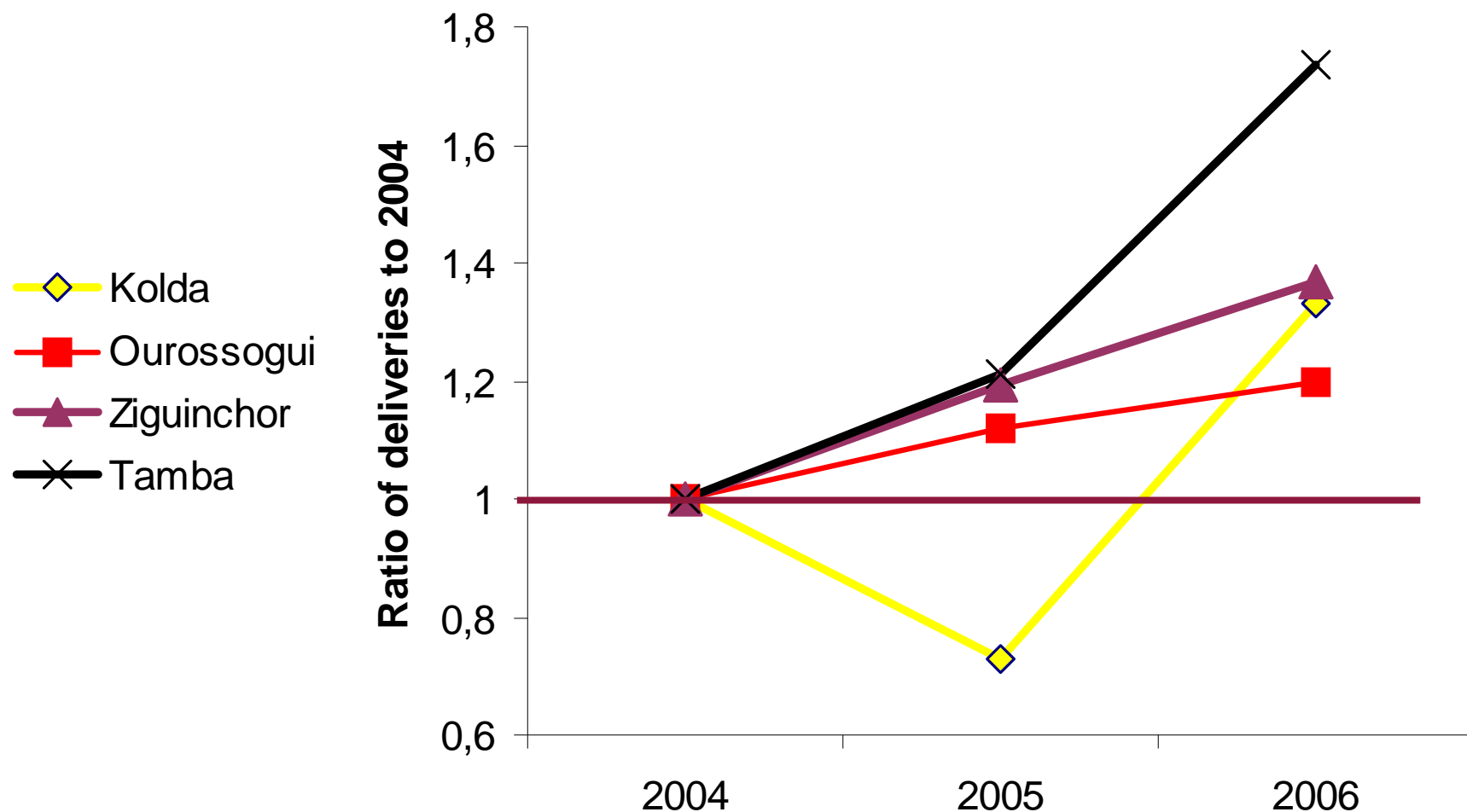
Fee exemption and C-section rate in Bakel Impact



Evolution of deliveries in Regional Hospitals compared to 2004

Index year: 2004

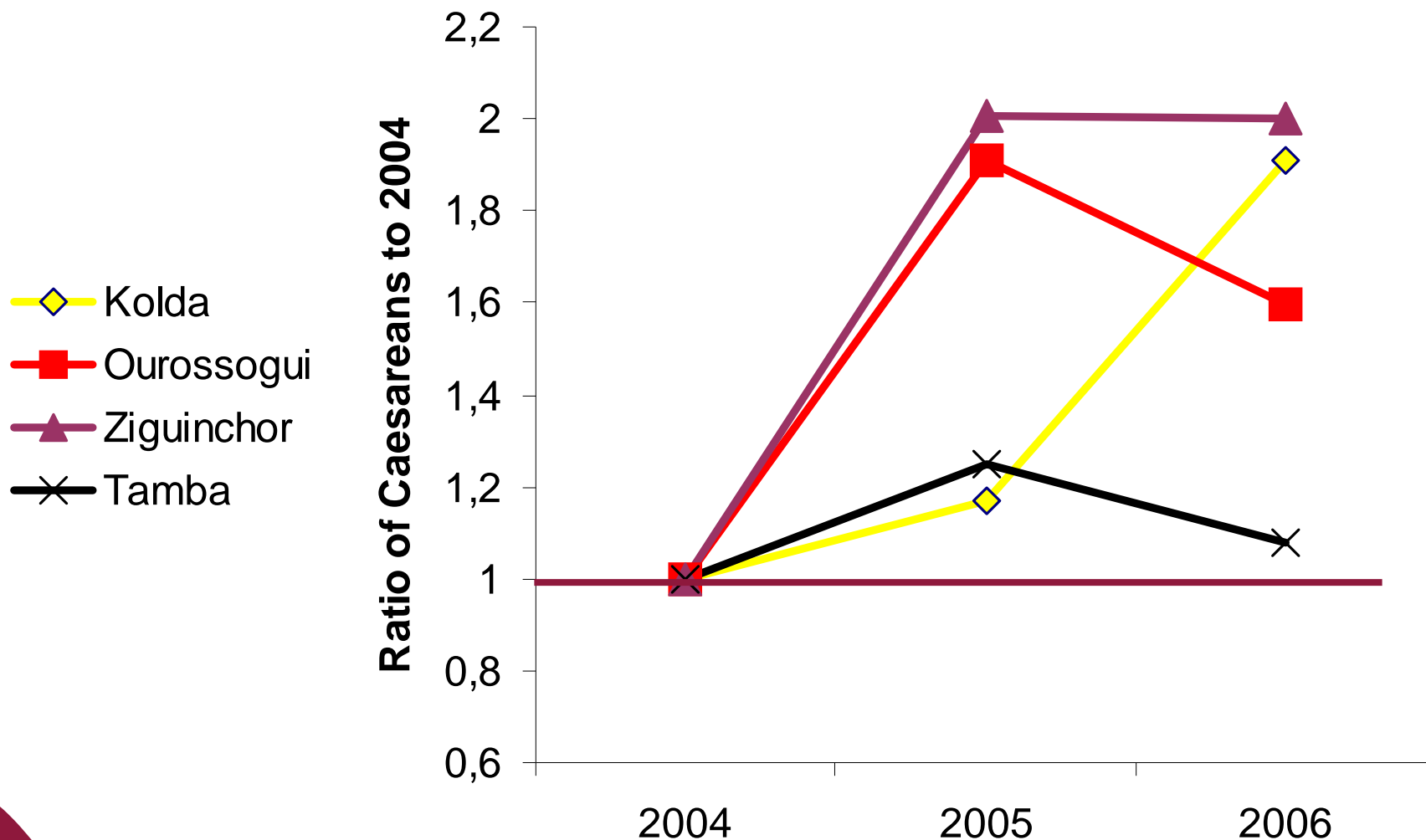
Number of deliveries



Evolution of C-sections in Regional Hospitals compared to 2004

Index year: 2004

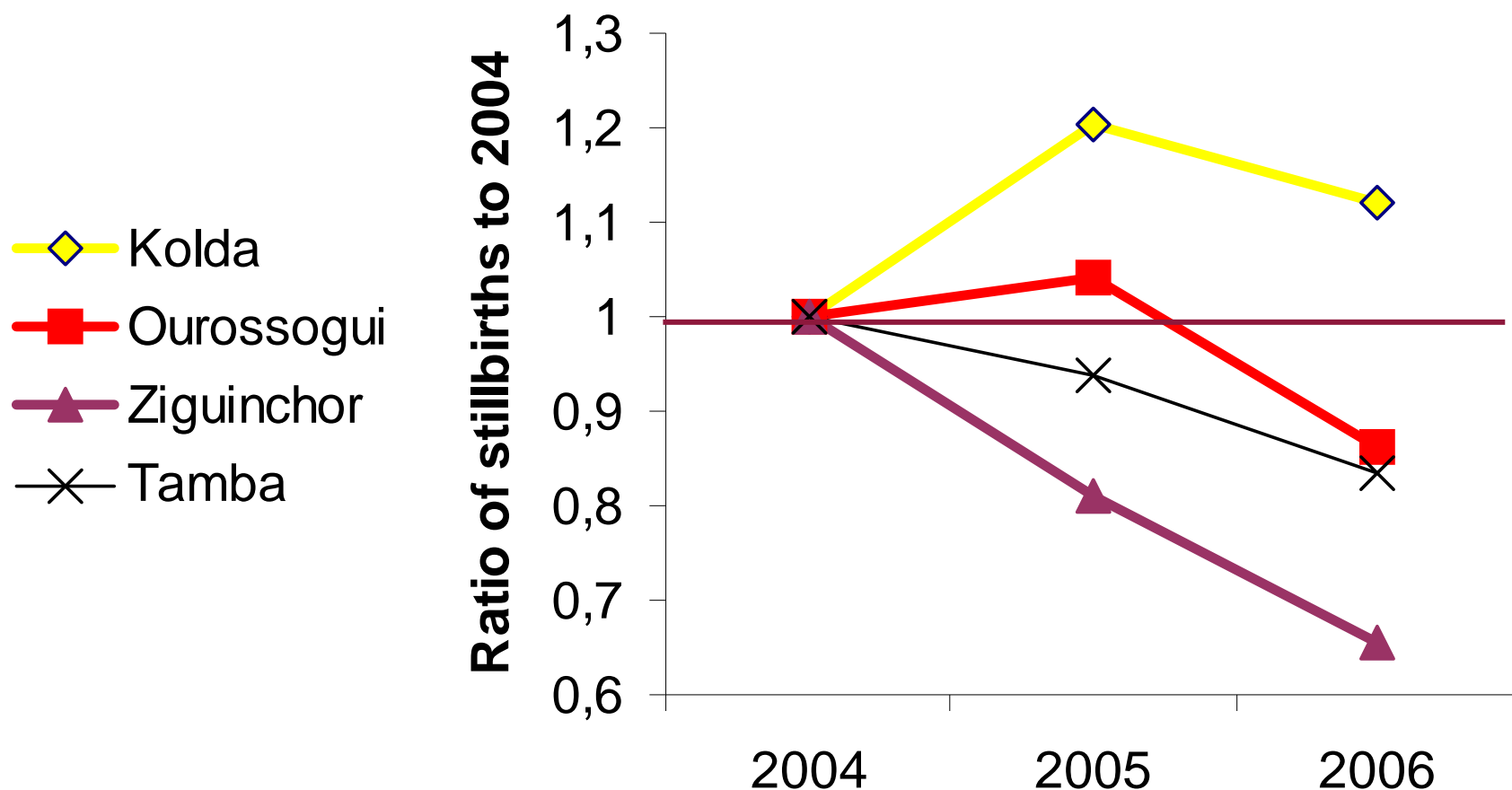
Number of C-sections



Evolution of stillbirths in Regional Hospitals compared to 2004

Index year: 2004

Number of stillbirths



- Regional level

- Financial flows to cover cost of fee exemption: delay
- Amount paid for a C-section (84€) cover the cost (60€)
- Deliveries and C-sections increased, stillbirths decreased (6.0% to 5.0%; in sample 1% = 250 newborn saved)

- At district level

- Delivery kits are not adapted
- Deliveries doubled and C-sections increased
- Fresh stillbirths slightly increased from 2.7% to 3.1%

- At health post level

- deliveries have slightly increased but referred women increased by 50%
- total stillbirths increased from 1.7% to 4.2%

- General feeling (key informants and population)
 - fee exemption is welcome
 - the poorest benefit the most
 - Still many people not informed of fee exemption
- However, the lack of income in health posts is a problem (difficulty to pay personnel, extra-drugs)
- Demand for
 - Improve access for remote villages
 - Increase subvention (compensation for lack of income) and speed of reimbursement
 - Completing the delivery and c-section kits in order to make delivery and c-section really free of charge

- Both policies seem effective in their contribution to decrease barriers to access to care
- Fee exemption:
 - Completing kits
 - Improving the management process
- Delegation of competences, suggestions:
 - Increase coverage
 - Inform medical students
 - Career prospect for GP? Underemployed anaesthetists?
 - Increase scope of emergency surgery?
 - At Health Post level:
 - Gender of nurse may be a problem
 - Coverage is still low