Senegal

Monitoring and evaluation of community-based access to injectable contraception

"Data management is important because it allows you to identify clients who have not come to their appointments and to visit them at home and start them again."
—Matrone, Senegal

Community-based distribution worker greeting couple outside.
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PROJECT DESCRIPTION

In response to global efforts to increase task shifting, whereby tasks traditionally performed by higher-level cadres of health care workers are shifted to lower-level cadres through training and mentoring, the World Health Organization (WHO) has issued recommendations[1,2] addressing which cadres of health care workers they recommend provide particular services. In regard to family planning, WHO recommended lay health worker provision of injectable contraception with "targeted monitoring and evaluation" or "in specific circumstances." To assist countries to follow the WHO recommendation, FHI 360 initiated a project to develop written guidance on monitoring and evaluation (M&E) of community-based access to injectable contraception (CBA2I), along with recommended M&E indicators. The goal of the guidance and recommendations is to strengthen CBA2I programs through improved M&E, resulting in increased access to and quality of family planning services. The guidance was developed based on an examination of the literature, a technical consultation with experts in the field, and case studies performed in three countries already implementing CBA2I programs.

This document summarizes responses FHI 360 received while conducting interviews with those involved with CBA2I as part of a case study conducted in Senegal in 2017. Interview subjects were those responsible for administering the CBA2I program, including higher level government officials in the family planning division, district staff, facility-based staff, and community health workers who provide CBA2I. In addition, we spoke with personnel at nongovernmental organizations who played a role in establishing CBA2I projects, and specifically the M&E of those projects. The following sections outline the status of family planning and CBA2I, what we learned from the interviews, and reflect a summary of the responses from the interviewees for each question. FHI 360 also conducted case studies in Malawi and Uganda.

ABOUT SENEGAL

Senegal is a coastal, west African country with an estimated population of 16 million. Fifty-eight percent of the population live in urban areas, mostly focused in and around Dakar, but also including Saint Louis and a few inland urban areas.

In Senegal, there are several types of public community health workers. Community health agents (agents de santé communautaire, ASCs) are chosen by their communities and provide curative and preventative services related to a range of issues including malaria, nutrition, and family planning. Matrones, who make up another category, provide pre- and post-natal related services. A third category is comprised of combined ASC/matrones, who provide the services of both ASCs and matrones. In this document, we will use the term ASC/matrone to refer to both ASCs and ASC/matrones, as they are the community health workers providing the majority of family planning services.

Senegal has a total fertility rate of 5.0, an infant mortality rate of 33, and a maternal mortality rate of 484. The modern contraceptive prevalence rate for married women is 20.3 percent, and the unmet need for family planning is 25.6 percent. (2014 Demographic Health Survey)

WHAT IS CBA2I POLICY AND PRACTICE IN SENEGAL?

ASC/matrones must have a minimum of a primary education. They are selected by their communities, however, resulting in variation in education levels. They work out of health huts based at the village level and are responsible for approximately 3,000 people. Basic training to be an ASC/matrone depends on the needs of the community, but is generally around one to two weeks. Training to be qualified to provide the initial offer of pills and injectables is three days of theory and five days of practice, although this too can vary somewhat depending on the skills of the community health worker. They are not paid, but may receive compensation from the committee who manages the health hut

[1]World Health Organization (WHO). Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: WHO; 2015. Available from: http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/.

[2]World Health Organization (WHO). WHO recommendations: Optimizing health worker roles for maternal and newborn health through task shifting. Geneva: WHO; 2012. Available from: http://optimizemnh.org/.

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through which they work, averaging somewhere between $10 to $20 USD per month.

In 2014, the Department of Reproductive Health and Child Survival put forth a circular instructing all districts nationwide to scale up the provision of injectables at the community level by the ASC/matrones, including the initial dose. Managing the supply of injectables to the health huts, however, is the responsibility of the district medical officer and may not be consistent in all districts. It is estimated that intramuscular Depo-Provera is now provided in approximately 91 percent (1690) of health huts in 14 regions and Sayana Press in 35 percent (655) of health huts in four regions, where it was introduced through the international nongovernmental organization (INGO), PATH.

Officially, ASC/matrones are supervised monthly either by the head of the local health zone or through a sponsoring NGO project. In practice, supervisions may not be happening that frequently, especially in areas without a sponsoring project.

HOW IS M&E OF CBA2I CONDUCTED?

The Statistics and Health Information Division within the Directorate of Planning, Research and Statistics is responsible for data management for the entire health system, including family planning. Facility-based head nurses prepare reports for their catchment areas each month based on data collected from the health huts, provided by the ASC/matrones. This information is reported through the districts, where it is entered into the District Health Information System (DHIS2).

Family Planning M&E indicators were decided upon when the training manual for pill and injectable provision was developed and written by ChildFund in 2012. Community health workers were trained on definitions for indicator values such as "active," "inactive," and "abandoned." Because of literacy issues, the indicators were kept simple and are used with pictographic reporting forms. The indicators were not in response to the WHO recommendation for targeted M&E.

Through regular M&E, the family planning department within the Department of Reproductive Health and Child Survival has identified challenges in communicating family planning messages to the general population as reflected in low recruitment rates and the high discontinuation rates in some areas. The identification of these challenges resulted in a 2013 national nine-month communications campaign, called "Moytou Nef" in the local language of Wolof, which translates as "avoid closely spaced births."

What indicators does the Senegal CBA2I program use?

- # of clients counseled (disaggregated by initial counseling and method specific)
- # who adopted a method, by method
- Quantity of supply given

Based on the above data, program officials also calculate:

- Recruitment rate
- Contraceptive prevalence rate
- Discontinuation rate
- Couple years of protection

What additional indicators did our respondents think would be helpful?

Respondents mentioned several other data points they thought would be helpful to collect, including information on side effects, discontinuation rates at the level of the health post, and number of referrals made for long-term methods. In addition, they thought it would be helpful to establish a threshold for acceptable discontinuation rates.

What tools do Senegal's ASC/matrones use?

- Family planning register
- Community data collection form
- Training guide
- Stock form
- Screening checklist
- Reasonably sure not pregnant checklist

What practices does Senegal recommend to other countries?

The following are recommendations given by interview subjects for other countries looking to implement or improve CBA2I programs.

- Quarterly family planning data reviews that provide a national dashboard and track the performance of districts
- Regular data quality assessments of family planning data
- Regular refresher training on procedures for those responsible for collecting data on family planning improves the quality of collected FP data
- Pictorial data collection forms and checklists for community health workers with limited literacy skills
- A staff person at the health posts dedicated to M&E who would assist with data collection and reporting. This was noted as a need. This position does not currently exist in Senegal, but would be helpful.

How are data used for decision making in Senegal?

When the central level notes that certain districts have too many inactive clients or not enough new users compared to program objectives, they will ask the district for more information. *Are there stock-outs? Is there a need for further training? Is the data inaccurate?* Based on the feedback, appropriate solutions are sought.

M&E OF CBA2I GUIDANCE

The results of this case study, along with case studies in Malawi and Uganda, were combined with data from a review of the literature and a consultation with experts in the field to develop guidance for M&E of CBA2I. The guidance, including recommended indicators and sample job aids, are available on fhi360.org, Community-Based Family Planning.

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