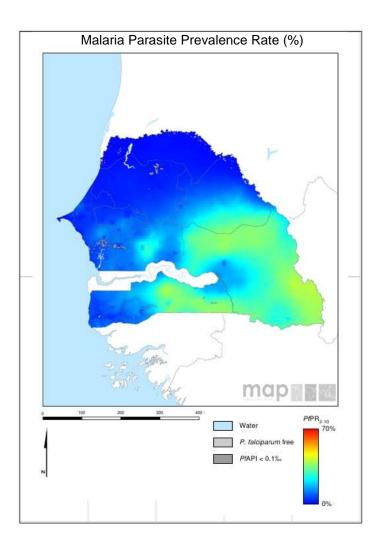
Senegal ALMA Quarterly Report Quarter Two, 2018



Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control
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LLIN financing 2018 projection (% of need)	100
Public sector RDT financing 2018 projection (% of need)	100
Public sector ACT financing 2018 projection (% of need)	100
World Bank rating on public sector management and institutions 2017 (CPIA Cluster D)	3.6

Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	- 4
Insecticide resistance monitored since 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2017)	
Operational LLIN/IRS coverage (% of at risk population)	100
Reduced Malaria Incidence by >40% by 2020 (vs 2015) (projected)	

Tracer Indicators for Maternal and Child Health and I	1TE	Ds
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2016)		44
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2017)		54
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2017)		25
% deliveries assisted by skilled birth attendant		59
Postnatal care (within 48 hrs)	c	75
Exclusive breastfeeding (% children < 6 months)		36
Vitamin A Coverage 2016 (2 doses)		
DPT3 coverage 2017 (vaccination among 0-11 month olds)		93

Key



Target achieved or on track Progress but more effort required Not on track No data Not applicable

The annual reported number of malaria cases in 2016 was 356,272.

Malaria

Progress

Senegal has implemented iCCM country wide. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Senegal has secured sufficient resources to sustain universal coverage of essential malaria control interventions in 2018 and has achieved universal operational coverage of LLINs. Senegal has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard. Senegal has put in place strong public sector management systems and has achieved a rating of 3.6 for Cluster D CPIA. Senegal was awarded the 2018 ALMA Award for Excellence for reducing malaria cases by more than 20 percent from 2015 to 2016.

Impact

The annual reported number of malaria cases in 2016 was 356,272. WHO estimates that the country achieved a greater than 20% reduction in malaria cases between 2015 and 2016.

MNCH and NTDs

Progress

Senegal has achieved high coverage of the tracer MNCH interventions DPT3 and postnatal care, and has recently increased coverage of ARTs in the total population. The country has enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Senegal is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Senegal is good for lymphatic filariasis at 71% and onchocerciasis at 69%, with coverage for schistosomiasis at 35% and soil transmitted helminths at 63%, but coverage for trachoma is low (15%). Overall, the NTD preventive chemotherapy coverage index for Senegal in 2016 is 44, which represents a decrease compared with the 2015 index value (62).

Previous Key Recommended Action

Senegal responded positively to the MNCH recommended actions addressing low coverage of ARTs in children, and continues to track progress as action is implemented.

New Rey Recommended Action					
Objective	Action Item	Suggested completion timeframe			
MNCH ¹ : Optimise quality of care	Investigate and address the reasons for the lack of reported data on vitamin A coverage	Q2 2019			

New Key Recommended Action

¹ MNCH metrics, recommended actions and response tracked through WHO MCA