Senegal Performance Indicators

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1. Introduction

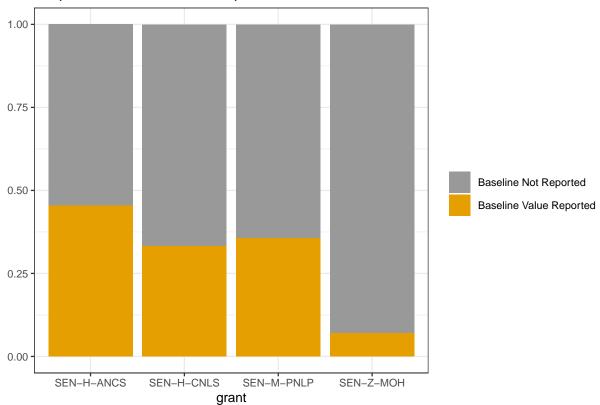
This document highlights the data completeness, data sources, and changes over time for Outcome Indicators in Senegal. Data for indicators all came from the latest available Progress Update and Disbursement Request forms (PUDRs) indicated below:

Most Recent PUDRs available
SEN-Z-MOH_Progress Report_30Jun2019 02 09 2019.xlsx
SEN-M-PNLP_Progress Report_S1 2019 Version finale du 15 Aout 2019.xlsx
PU-SEN-H-CNLS-S1-2019_15082019_finale.xlsx
SEN H ANCS PU (Jan-Juin19), LFA 5Sept19.xlsm

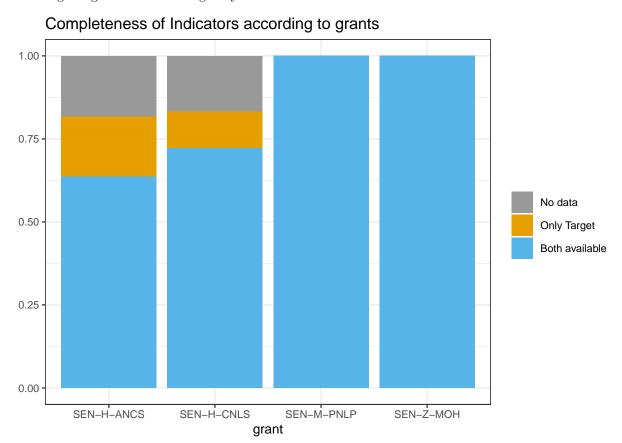
2. Data Completeness

For each Outcome Indicator, the grant Principal Recipient (PR) usually must establish an indicator "Baseline Value". This value—when available—can serve as a benchmark for progress reported in subsequent time periods. However, in the Senegal grants, the use of the baseline value seems to be inconsistently applied as typically around 50% and 75% of indicators in a given PUDR do not include a Baseline Value.

Proportion of PUDRs that report on baseline values



In order to calculate the achievement of an Outcome Indicator for a given grant, it is necessary to have information on (1) the target that was originally set and (2) the result. Only the malaria (SEN-M-PNLP) and tuberculosis grant (SEN-Z-MOH) in Senegal provide sufficient data to understand how well the grants are meeting the goals that were originally established.



3. Data Sources

"Data Sources" are listed in the PUDR to indicate where information reported to the global fund came from. Examples of data sources include reports from the disease-specific National Programs, surveys such as the Demographic Health Survey (DHS), and Health Management Information systems such as DHIS2.

In some cases, the source of information used to establish the target of a goal is different from the source used to provide updates on progress. In Senegal, the HIV grant to the National HIV Program (CNLS) had indicator sources change the most often: 12 of the 18 indicators in the grant changed sources.

Grant	Indicators	Different Sources
		between Baseline and
		Result
SEN-M-PNLP	14	1
SEN-H-ANCS	11	0
SEN-H-CNLS	18	12
SEN-Z-MOH	14	4

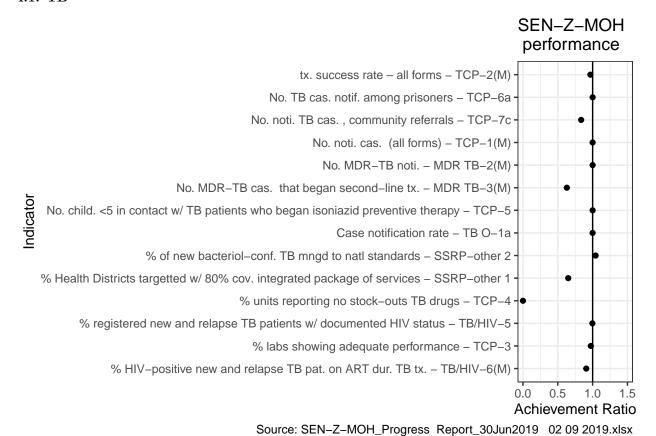
In the CNLS grant, the Baseline Values were established using reports from the National HIV Program, while the Result Values were obtained from a combination of DHIS2 data, indicators

reported directly from the clinics providing services, and from other reports created by the Ministry of Health.

4. Grant Results based on most recent PUDRs

The "Achievement Ratio" is calculated in the PUDR to understand how close to the original target the Outcome Indicator result is. A value of 1.0 or greater means that the Indicators goal has been met or exceeded.

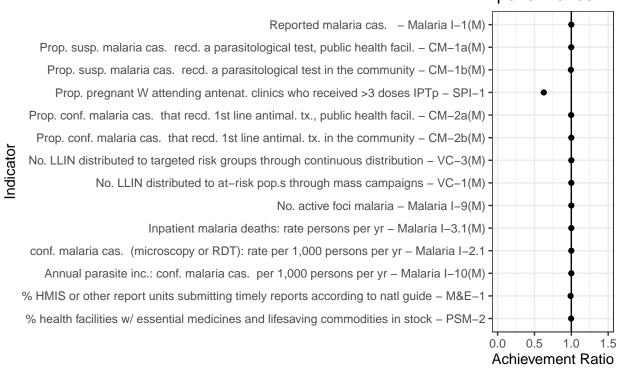
4.1. TB



In the most recent PUDR, the TB grant has reported the lowest performance in the number of reporting units that had no stock-outs of anti-TB drugs. Number of MDR-TB patients that began second line treatment and health district coverage with TB services are the next indicators with the worst performance. Community referrals has also been an area where the indicator results reported have not been meeting the targets set. Section 6 below includes information on progress over time for some of these Indicators.

4.2. Malaria

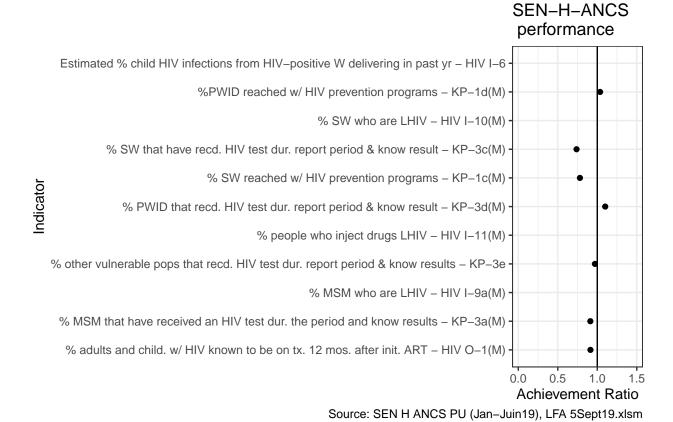
SEN-M-PNLP performance



Source: SEN-M-PNLP_Progress Report_S1 2019 Version finale du 15 Aout 2019.xlsx

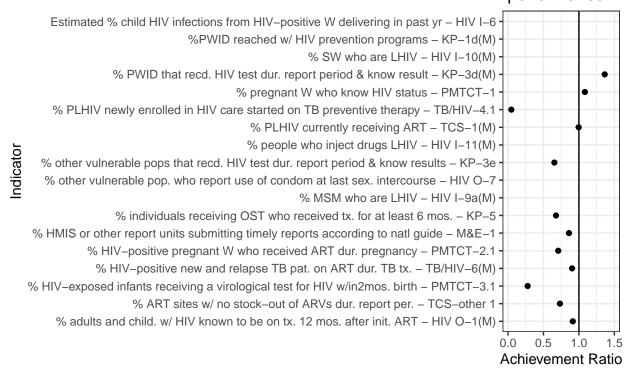
The Malaria grant has been meeting all of its targets except with regards to the proportion of pregnant women who received at least three doses of intermittent preventive treatment (IPTp).

4.3. HIV



The HIV ANCS grant has been performing lower than its targets in indicators that relate to sex workers, specifically. There are also a few Indicators with no updates available.

SEN-H-CNLS performance



Source: PU-SEN-H-CNLS-S1-2019_15082019_finale.xlsx

The CNLS grant appears to have more indicators that are lower performing than the ANCS (NGO) grant.

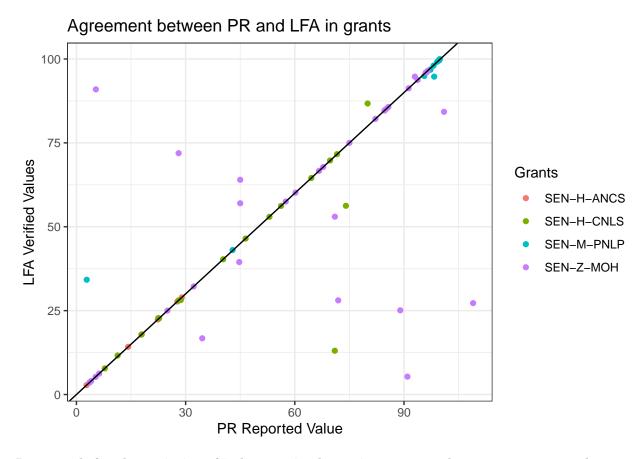
The majority of Indicators between the two HIV grants are different, but in some cases—such as KP-3d(M) testing for HIV among people who inject drugs—both the CNLS and ANCS report different results for the same indicator. The PUDRs for each of the grants also list different targets: while the ANCS grant reports a higher value it also lists a higher target and the CNLS grant lists a lower result but also a much lower target leading to a much higher achievement ratio. Currently, only the ANCS PUDR is LFA-verified however.

5. Agreement between PR, LFA

After each PUDR is submitted by the PR, the LFA will verify the results reported on the Indicators. In some cases they may revise the original values provided by the PR.

The most recent LFA-verified PUDRs for this analysis include the following:

LFA Verified PUDR Files
SEN-Z-MOH PUDR (Juil-Dec18) LFA 19Avr19 MAJ 25apr19.xlsx
SEN M PNLP PUDR (Juil-Dec18) LFA, 10Mai19.xlsx
SEN H ANCS PU (Jan-Juin19), LFA 5Sept19.xlsm
SEN-H-CNLS PUDR (Juil-Dec18) LFA, 9Avr19.xlsx

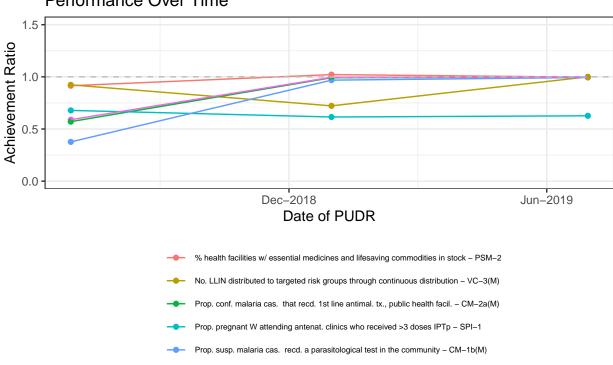


In general, for the majority of indicators in the various grants, there was agreement between the values reported by the PR and those verified by the Global Fund LFA, except in the TB grant. In that case the LFA revised several of the reported results

6. Results Over Time

The tables below highlights how indicators available in the three most recent PUDRs have changed over time for each of the grants.





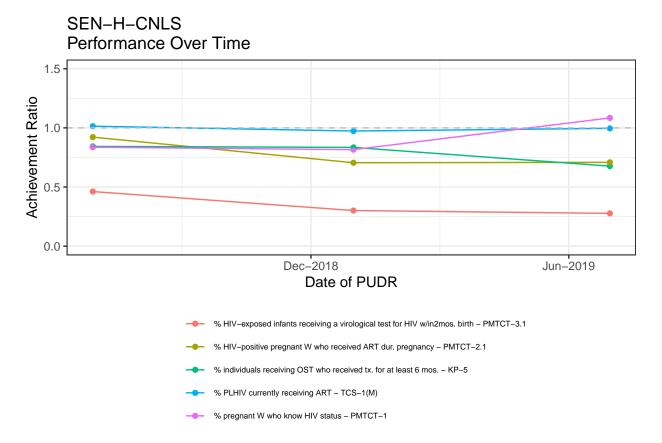
There has been an overall trend of improvement in indicators in the malaria grant, with the exception of IPTp provided to pregnant women which has not improved much since the first semester of 2018.

Prop. susp. malaria cas. recd. a parasitological test, public health facil. – CM-1a(M)



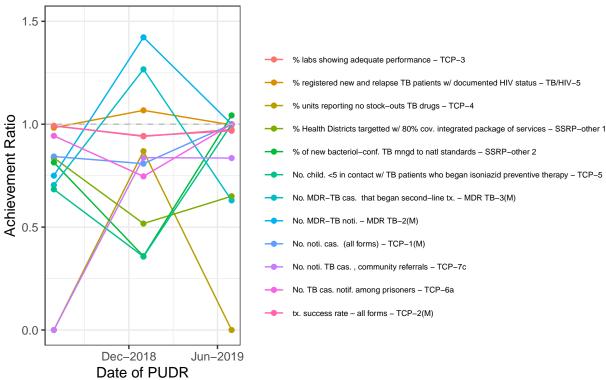


Indicators related to prevention programs and HIV testing among sex workers have also worsened since the first semester of 2018. While HIV testing among MSM has improved from where it was during the first semester of 2019, the target goal was not being met in the most recent PUDR.



The HIV-CNLS grant in Senegal has several indicator targets which have not been met and there has been little progress on the majority of them, with the exception of pregnant women who know their HIV status which despite lower performance throughout 2018 has been improving in the most recent period.





MDR-TB identification and treatment (top two lines) is an area of large investment by the Global Fund in Senegal. Progress made in the year 2018 on both of those indicators has somewhat stalled in the first semester of 2019.

TB cases identified through community referrals is also an important area of investment in Senegal; this indicator has remained just under-target in the most recent PUDRs despite making progress from being at 0 in early 2018 (bottom left line).