

Ex-Ante Evaluation

1. Name of the Project

Country: The Republic of Senegal
Project: Universal Health Coverage Support Program
Loan Agreement: November 15, 2016
Loan Amount: 8,440 million yen
Borrower: The Government of the Republic of Senegal

2. Background and Necessity of the Project

(1) Current Development State and Issues of the Health Sector in Senegal

In the Republic of Senegal (with a GNI per capita of USD 1,050 as of 2014), health indicators improved, comparing favorably with the averages of Sub Saharan Africa (SSA). The under-five mortality rate per 1,000 live births (MDG4) in Senegal declined from 140 to 47 between 1990 and 2015 (target: 44; SSA average: 83) and the maternal mortality rate per 100,000 live births (MDG5) declined from 540 to 315 between 1990 and 2015 (target: 127; SSA average: 547). Nevertheless, Senegal could not meet the targets, especially for the latter goal, and it is facing significant regional and economic disparities (World Bank, 2015). These poor indicators of the country can be attributed not only to the supply side, which cannot provide good quality and quantity of health care services, but also to the demand side, which cannot provide the equitable financial access to these services.

As for the supply side, the number of physicians and nurses/midwives per 10,000 people in Senegal (0.6 physicians and 4.2 nurses/midwives) are far behind the averages of the African countries (2.7 physicians and 12.4 nurses/midwives) as well as the WHO-recommended targets (22.8 physicians/nurses/midwives). The number of hospitals per 100,000 people in Senegal (0.2 hospitals) is also much smaller than the continent's average (0.8 hospitals) (WHO, 2013). Because most of the medical facilities and health professionals are concentrated in the Dakar Metropolitan Area, regional disparities are significant. In fact, only two of the 14 regions have met the WHO-recommended target (one hospital per 300,000 people) (Ministry of Health and Social Action, 2010). In addition to the lack of quantity of health care services, the poor quality of these services due to the low motivation of health care personnel is one of the reasons for the poor health indicators, according to the review of "the National Health Development Plan (PNDS1998-2007)."

As for the demand side, many people cannot access affordable health services; for example, 68% of the poor (representing the lowest 20% of the income distribution) cannot use maternal and child health services for economic reasons (National Agency of Statistics and Demography, 2011). Although the Government of Senegal has made efforts to expand health insurance for the informal sector, including the poorest people, and free health care services for pregnant women and under-five children, these health insurance schemes cover only 32.6% of the population (JICA study, 2016).

For the reasons mentioned above, it has been considered essential for Senegal to increase health services to improve physical access and expand health insurance schemes to enhance economic access in order to achieve universal health coverage (UHC; all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship).

(2) Development Policies for the Health Sector in Senegal and the Priority of the Project

In its development strategies, “the Emerging Senegal Plan (PSE)” and “the National Health Development Plan (PNDS2009-2018),” the Government of Senegal has given priority to the strengthening of the health care system and the expansion of health insurance for socially vulnerable people. In 2013, the Government launched “the Strategic Plan for Development of Universal Health Protection Coverage (PSD-CMU2013-2017)” under the initiative of President Sall, aiming to achieve UHC by 2022. Moreover, the Universal Health Protection Coverage Agency (CMU Agency) was established in 2015. In particular, national priority has been given to expanding the community health insurance scheme with an aim to improve the economic access of the poorest households to health care services. However, the Ministry of Health and Social Action and, especially, the CMU Agency do not have sufficient budget to promote health insurance in 2016 and 2017, in particular to accelerate the expansion of health insurance coverage among the poorest people whose insurance premiums and actual medical expenses are fully borne by the Government.

Designed through discussions with the Senegalese side, the Universal Health Coverage Support Program (hereinafter referred to as “the Program”) aims to assist Senegal in achieving UHC by providing financial support for the formulation of the health financial strategy as a medium- to long-term financial plan, the revision of manuals on the health protection system, and the development of strategies to enhance the quality and quantity of maternal and child health care and other health services. Thus, the Program is in line with the development policies of Senegal.

(3) Japan and JICA’s Policy and Operations in the Health Sector

In “the Japan’s Strategy on Global Health Diplomacy” and “the Basic Design for Peace and Health (Global Health Cooperation),” the Government of Japan is committed to enhance support for the achievement of UHC. The assistance pledged by the Government of Japan at the Fifth Tokyo International Conference on African Development (TICAD V) also includes support for the realization of UHC in Africa. Moreover, Country Assistance Program for the Republic of Senegal (revised in April 2014) identifies “Health and Medical Care” as a development issue under the priority area of “Enhancement of Basic Social Services.” “JICA’s Country Analysis Paper for the Republic of Senegal (published in May 2012)” also identifies the health sector as a priority area. Therefore, the Program is in line with the international commitments, assistance policy and analysis of Japan. JICA has provided support for the Senegalese health sector, mainly for addressing

problems in the supply side, through the Technical Cooperation “Project for Reinforcement for Maternal and New Born Health Care in Tambacounda and Kedougou Region (PRESSMN; 2009-2011)” and the Technical Cooperation “Project for Reinforcement for Maternal and New Born Health Care Phase 2 (PRESSMN2; 2012-2017)” to enhance maternal and child health services as well as the Technical Cooperation “Project for Enforcement of Management of Health System in Tambacounda and Kedougou (PARSS; 2011-2014)” to strengthen the management of the health systems.

(4) Other Donors’ Activities

Through its project, “Health and Nutrition Financing” (2014-2018) focusing on maternal and child health as the main target, the World Bank is providing financial support to service providers by introducing result based financing and support to the demand side by capacity building of agencies related to health security. The United States Agency for International Development (USAID) also supports the health care services improvement, establishment of mutual health organizations and their operational capacity development. In addition, Belgium, France, Luxemburg, and other development aid agencies are providing their support to both the demand and supply sides. Senegal is one of the countries subject to the second batch support under the Global Financing Facility (GFF) model in which the World Bank, Japan, the U.S. and other donors participate to increase the investment in the maternal and child health sector.

(5) Necessity of the Program

The Program is in line with the development agendas and policies set forth by the Senegalese Government as well as the cooperation policies of the Japanese Government and JICA. It aims to facilitate universal health coverage in the country through the challenge of quality improvement, quantity enhancement of health care services and improvement of financial access to the services and is deemed to contribute to achieving SDG3, “ensure healthy lives and promote well-being for all at all ages.” Therefore, the need for implementing the Program is high.

3. Program Description

(1) Program Objective

The Program is to enhance economic and physical access to health care services of the poorest people as the main target by promoting the following areas to achieve UHC in the Republic of Senegal, thereby contributing to facilitating stable economy development efforts of the country: (i) formulation of health finance strategy and relevant investment plans and securing the governmental budget, (ii) revision of manuals related to health protection system, and (iii) establishment of strategies for enhancing quantity and quality of health care services.

(2) Program Site/Target Area:

Throughout the Republic of Senegal

(3) Program Component

In order to encourage the Senegalese government to achieve UHC by 2022, the Program sets out 15 policy actions to be implemented by 2016 and 2017 and provides general budget support based on an assessment of the extent to which such policy actions are achieved (refer to the attachment for the policy actions).

(4) Loan Amount

8,440 million yen

(5) Program Implementation Schedule

The commencement of financial support under the Program is on August 27, 2016 (the date of prior notice). The targets for the achievement of policy actions are June 2016 for the first tranche and June 2017 for the second tranche. The loan will be disbursed after confirming that the relevant policy actions have been achieved (scheduled for November 2016 and August 2017, respectively). The project will be completed upon disbursement of the second tranche (scheduled for August 2017).

(6) Program Implementation Structure

- 1) Borrower: Government of the Republic of Senegal
- 2) Executing Agency: Ministry of Economy, Finance and Planning

(7) Environmental and Social Considerations/Poverty Reduction/Social Development

1) Environmental and Social Considerations

① Category: C

② Reason for Categorization : The Program is likely to have regarded as having minimal adverse impact on the environment according to the Japan International Cooperation Agency Guidelines for Environmental and Social Considerations (issued in April 2010).

2) Promotion of Poverty Reduction: This project aims to improve financial access to health services by the poor.

3) Promotion of Social Development (e.g., Gender Perspectives, Measures for Infectious Diseases including HIV/AIDS, Participatory Development, Consideration for People with Disabilities, etc.):

The project aims to improve financial access to quality health services by mother, children and other socially vulnerable people through a wider adoption of the health insurance system and the improvement of free medical care services for delivery and other matters. It is also to contribute to measures for infectious disease for the purpose of supporting the improvement of financial access to, and enhancement of quality and quantity of health care services.

(8) Collaboration with Other Donors

The policy actions are monitored by closely exchanging views with the World Bank, USIAD and other donors facilitating UHC.

(9) Other important issues

Given the economic situation of the country where agricultural production expanded

and the import price of crude oil decreased, the nominal GDP growth rate is in upward trend, increasing from 4.3% in 2014 to 6.5% in 2015. The financial and current-account deficits, on the other hand, show an improving tendency; the former has improved from -5.0% in 2014 to -4.7% in 2015 while the latter has improved -8.9% to -7.5% (IMF, 2016). Although the financial gap is expected to be reduced step by step in light of these trends, the gap is projected to be 372.4 billion FCFA (approx. 67.8 billion JPY) in 2016 and 339 billion FCFA (approx. 61.7 billion yen) in 2017.

4. Targeted Outcomes

(1) Quantitative Effects

1) Outcome (Operation and Effect Indicators)

Indicator	Baseline (recorded in 2015)	Target (2019) [2 years after completion]
Proportion in remote areas* of health post allocating 1 nurse and 1 midwife (%)	41	80
The number of eligible persons of the National Program of Family Security Allowance enrolling to mutual health organization (person)	185,541	2,000,000

* Remote area refers to 47 out of 76 health districts of the country where located in rural or marginal areas provided by the Ministry of Health and Social Action.

**Health post refers to the nearest temporary health facilities to community.

2) Impact

Indicator	Baseline (recorded in 2015)
Under-5 mortality rate (to 1,000 births)	59
Percentage of deliveries assisted by skilled birth attendants (%)	53

(2) Qualitative Effects

The quality of health care service is improved by providing health care services utilizing models such as PRESSMN for maternal and neonatal care on a scientific basis and 5S-KAIZAN-TQM for work environment improvement and quality management.

(3) Internal Rate of Return: Not calculated.

5. External Factors and Risk Control

(1) Program Implementation Structure

While the Ministry of Economy, Finance and Planning, the executing agency, has plenty of experience in receiving general budget supports from other donors, the Ministry of Health and Social Action, which is responsible for monitoring policy matrix and indicators may not have sufficient understanding of the Program procedures. As it is required to make the Government of Senegal thoroughly understand Yen loan procedures and strengthen a monitoring system of policy actions, an expert of ODA loan Operation will be

dispatched.

(2) Program Implementation Capacity of Related Agencies

The CMU Agency and mutual health organization have to keep securing their necessary personnel and developing their capacity for operating the health protection system such as community health insurance system and free medical care services as listed in the policy matrix. To ensure the achievement of policy actions and increase the program effect, a technical cooperation project is planned to be implemented aiming at capacity development of relevant stakeholders to health protection system (the CMU Agency, mutual health organization, health care agencies, etc.)

6. Lessons Learned from Past Projects

(1) Results of Evaluation of Similar Past Projects

Narrowing down of target area for policy and institutional improvement, setting functional indicators and other aspects to increase effects of financial support for policy improvement are reported as lessons in the World Bank Independent Evaluation of financial support through co-financing with the World Bank to the Poverty Reduction Support Credit (PRSC) in the United Republic of Tanzania. The ex-post evaluation result of the Climate Change Program Loan (I to III) in the Republic of Indonesia also indicates that the important factors for successful project are to limit the number of operation and effect indicators to minimize administrative cost and choose indicators for measure project outcomes, not for monitoring of the achievement of policy actions as well as continue policy dialogue on project monitoring.

(2) Lessons for the Project

The Program focuses on the health sector. In addition, operation and effect indicators are set by limiting those for being able to be collected and measuring program outcomes and policy dialogues are planned to be held on a regular basis by utilizing occasions like a steering committee.

7. Plan for Future Evaluation

(1) Indicators to be used

As described in 4.(1)1).

(2) Timing

2 years after the program completion.

Attachment: Policy Matrix of the Universal Health Coverage Support Program

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Category	1 st tranche (achieved by June 30, 2016)		2 nd tranche (achieved by June 30, 2017)		JICA's technical cooperation and collaboration with other donor projects
		Policy action		Policy action	
1. Health Finance Management					
Health financing	1	The committee for drafting "the National Health Financing Strategy" is established.	1	"The National Health Financing Strategy" is drafted.	Health Policy Advisor is currently dispatched to the Ministry of Health and Social Action to provide advice from policy and technical aspects. GFF sets the formulation of the National Health Finance Strategy as the condition of their financing. WHO, the World Bank, UNFPA, USAID and other donors participate to GFF.
			2	The budget for the PND-CMU is stipulated in the Multiannual Expenditure Programming Document 2017-2019.	
2. Enhancement of health care service demand					
Community-based Health Insurance for the informal sector	2	The agreement on "Protocol for the communication of the personal data of vulnerable households" is signed.	3	The Communication and Marketing Plan of CMU Agency is finalized.	Technical cooperation is being planned for strengthening capacity of relevant agencies responsible for policy and institutional building of the demand side. The World Bank, USAID, BTC, LuxDev, and WHO provide their support to mutual health organization while AFD supports free health care system.
	3	The revising process of the manual of administrative and financial procedures for mutual health organizations is launched.			
Free Medical Care Services for Children under five and pregnant women	4	The revising process of manual of free medical care programs is launched.	4	The manual of free medical care programs (including reform of reimbursement to health facilities) is revised.	
Institutional and legislative frameworks			5	The draft of Health Protection law is approved by MHSA.	
3. Expansion of health care service provision					
Quality Health Service Delivery	5	The committee for revising "the Investment Plan for Health" (human resources, equipment and facilities) is activated.	6	"The Investment Plan for Health" (human resources, equipment and facilities) is validated.	The Project of Reinforcement of the Capacity of Technique for Maintain Medical Equipment Phase II implements human resource development for equipment management while the Project for Reinforcement of Human Resource Management Network provides support for allocating and securing personnel in remote areas.
			7	"The Strategic Quality Plan 2016-2020" is validated.	
			8	A supervision plan of service delivery is prepared for each Medical Region.	The model (5S-KAIZAN-TQM) developed in the Project of Enforcement of Management of Health System will be utilized as the central tool.
	6	The process of drafting "the National Strategic Plan for Reproductive, Maternal, Neonatal, Child and Adolescent Health" is launched.	9	"The National Strategic Plan for Reproductive, Maternal, Neonatal, Child and Adolescent Health" is validated.	Country-wide dissemination of the PRESSMN model developed in the Project for Reinforcement for Maternal and New Born Health Care is included. As it is set as the financing condition of GFF, the World Bank, USAID and AFD are also supporting the maternal and child sectors.