

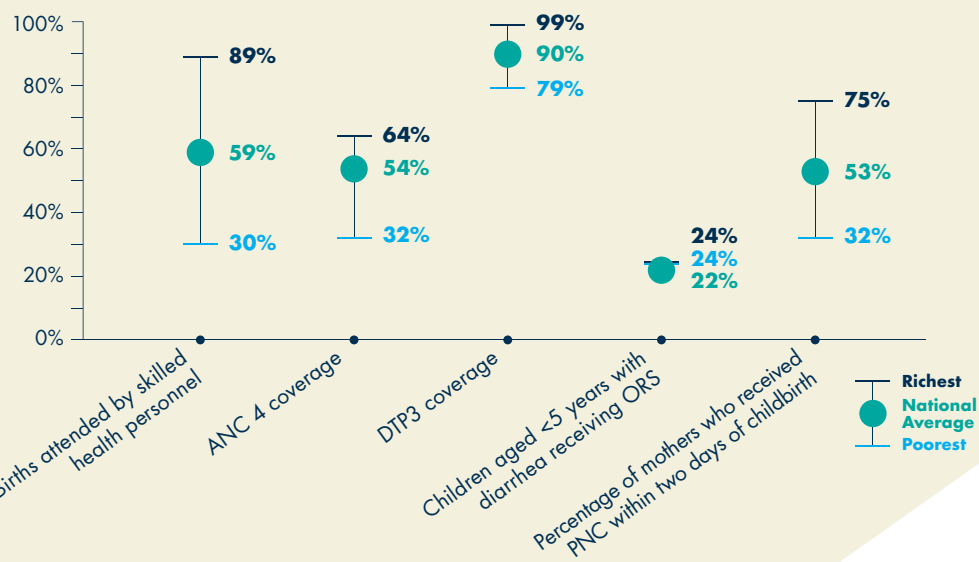
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 392 per 100,000 live births	Under-five mortality ratio 51 per 1,000 live births	Percent of births <24 months after the preceding birth 14.5%	Moderate to severe wasting among children under 5 years of age 7%
Neonatal mortality ratio 21 per 1,000 live births	Adolescent birth rate 72 per 1,000 women	Stunting among children under 5 years of age 17%	

COVERAGE INDICATORS***

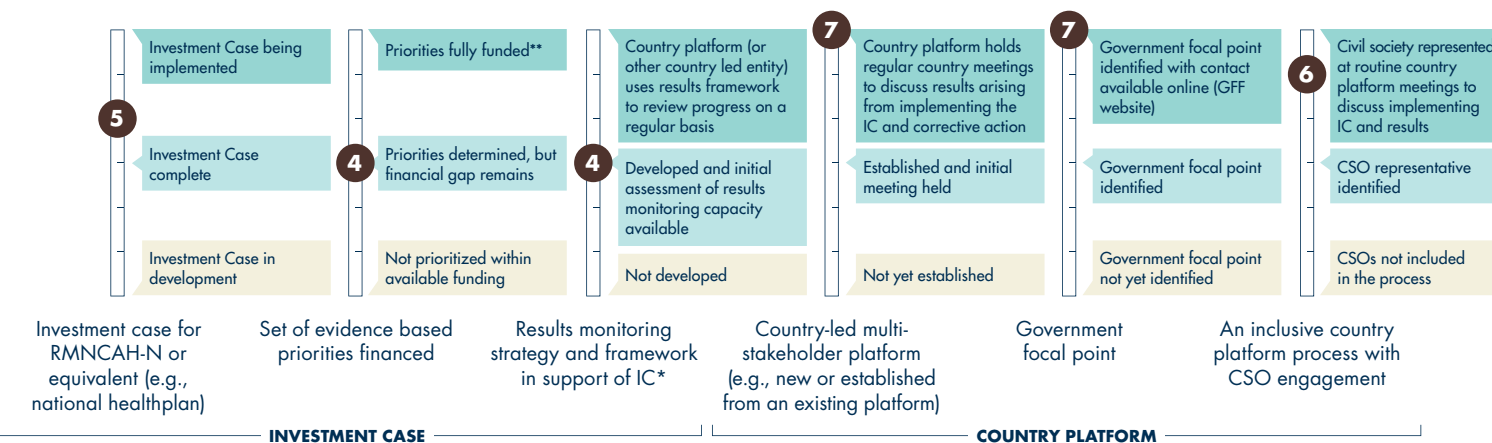
People living with HIV receiving ART 52%	Coverage of pregnant women who receive ARV for PMTCT 55%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 48%	Modern contraceptive prevalence rate 23%
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Investment Case Priorities

- Provide a high-impact RMNCAH-N package.
- Enhance equity and financial access for the poor to improve access to the RMNCAH-N package by:
 - Strengthening behavioral change
 - Improving communication interventions
 - Improving community health interventions
 - Scaling up the *Couverture Maladie Universelle* program and demand-side financing programs to target the poor.
- Improve adolescent health through multisectoral approaches (scaling up adolescent-health-related messages and engaging a policy champion).
- Strengthen the health supply pillar to improve effective coverage of the RMNCAH-N package by scaling up the Informed Push Model and human resource initiatives.
- Strengthen health system governance through capacity strengthening for efficient management of external resources by the Ministry of Health, by:
 - Developing a common work plan at the regional level
 - Financing a P4H coordinator supporting the ministry
 - Providing innovative and sustainable funding to reach universal health coverage
 - Improving civil registration and vital statistics systems.

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done
 ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis;
 ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 15	Ratio of government health expenditure to total government expenditures 4.2%	Percent of current health expenditures on primary/outpatient health care 42%	Incidence of catastrophic and impoverishing health expenditures 3.33% catastrophic 1.1% impoverishing
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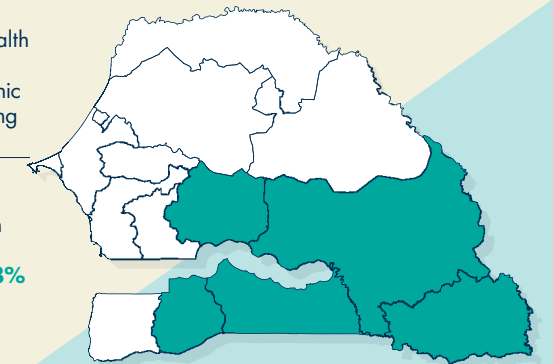
OUTPUT INDICATORS

Share of health in total government budget Not available	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization Yes	Share of external funding for health that is pooled or on budget 92.88%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency Yes	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) Yes	
Country has: implemented or updated a resource mapping exercise Yes	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) Yes		

EFFICIENCY

DTP3 dropout rate 5.69%	ANC dropout rate 43%
Health budget execution rate 80.5%	

Geographic Focus Areas



FOCUS AREAS*

*In the future, it is likely that poor districts from Dakar and Dioubel may be included in the priority regions, depending on availability of funding.

Resource Mapping

