

SEXUAL AND REPRODUCTIVE HEALTH SENEGAL REPORT

User
ACDEV

Acknowledgements

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Acronyms

- ANSD National Agency for Statistics and Demography
CHU Centre Hospitalo-Universitaire
CP prenatal consultations
CPC primary curative consultations
CPON post-natal consultations
DSME Directorate of Maternal and Child Health
IUD intrauterine device
DHS Demographic and health survey
FAR Women of reproductive age
UNFPA United Nations Population Fund
ICP nurse head of post
IEC Information Education Communication
STI Sexually transmitted infection
FP family planning
PNA national supply pharmacy
PNDSS national health and social development policy
SR reproductive health
SRAJ adolescent/youth reproductive health
SRH Sexual and reproductive health
ASRH adolescent sexual and reproductive health
CBT Community scorecard

Introduction

Sexual and reproductive health is fundamental to individuals, couples and families, and to the socio-economic development of communities and nations. Good reproductive health requires that women decide to have children when they want and that they have access to services that can help them have a healthy pregnancy, a safe delivery and a healthy baby¹.

Concerned about the slow progress made in the area of reproductive and sexual health over the past 10 years, and aware that the sustainable development goals would not be achieved without the renewed commitment of the international community, Senegal has embarked on a global strategy² accelerate progress towards the achievement of international development goals and targets related to reproductive health. Since then, the Senegalese government has been committed to strengthening the health system in all regions of the country in order to bring primary health care and reproductive health services closer to the population (PNDSS, 2019-2028).

Despite an increase in the production of national statistical information on socio-economic variables affecting the prevalence of reproductive ill health among women and adolescent girls, there are still problems with the use and disaggregation of data at the district level to fill development gaps. There is a need for more data collection and analysis to address disparities [³]. There is a need to make decisions that are evidence-based, informed by the beneficiaries of care, and thus responsive to their direct needs. With regard to the provision of appropriate reproductive health services, the Government of Senegal aspires to: address issues related to human resource capacity building, strengthen the capacity of service delivery points to provide a well-defined package of services for women and adolescent girls, and establish a comprehensive information, education and communication (IEC)/advocacy system that will facilitate the engagement of communities and their leaders as well as other key stakeholders, including health workers, in reproductive health interventions at the district level.⁴

This study uses a community-based scorecard evaluation of care-a community-directed research technique-to investigate the experiences of women and adolescent girls accessing quality reproductive health services in selected communities in the district

¹ <https://www.unfpa.org/sexual-reproductive-health#>

² The International Conference on Population and Development (Cairo, 1994), to the Fourth United Nations World Conference on Women (Beijing, 1995).

³ UNFPA. "Sexual & Reproductive Health" (2019). UNFPA.org, <https://www.unfpa.org/sexual-reproductive-health>.

⁴ Hesse, Afua, and Ali Samba. (2004) "Comprehensive Reproductive Health In Ghana". Dawnnet.Or, <https://dawnnet.org/sites/default/files/articles/ghana.pdf>.

1. Purpose of the report

The objective of this data collection is to gather the experiences and perceptions of the population regarding the state of sexual and reproductive health (SRH) service delivery in Senegal.

2.METHODOLOGY

This study is a qualitative case study that uses a community scorecard technique to interrogate the challenges faced by health care users in selected health centers in the districts of Dakar-Nord and Touba.

The methodology is then essentially based on **the Community Scorecard (CS) developed by the World Bank**. The community scorecard method is therefore based on techniques common to the participatory rural appraisal (PRA) research tradition, such as pointing, semi-structured interviews and in-depth interviews. This tool collects people's experiences and perceptions with a view to facilitating dialogue between patients and health service providers, but also to promote advocacy for the improvement of health services. The community scorecard uses simple qualitative techniques such as scoring, semi-structured interviews with health care providers and questioning to find out the reality of the participants. Focus groups will be facilitated, using a five-level satisfaction scale, to rate their local service providers on each indicator (see below). They will also be asked to explain their scores and describe their experiences.

In the context of this research, this tool is used to conduct community monitoring and evaluation, particularly in the districts of Dakar and Touba. This will allow the populations of these areas to evaluate the quality of reproductive health services offered in these public facilities. In addition, this technique will also allow the targeted health facilities to evaluate their performance in providing health care services.

The five key steps of the TBC process

- Develop service delivery indicators.
- Performance rating: using a five-point satisfaction scale based on their experiences and perceptions.
- Self-evaluation by service providers
- Direct interface: a forum for dialogue to negotiate common ways to address these issues and to jointly monitor progress
- Action planning cycle; formulation, implementation and monitoring

Focus groups with patients and providers were held to gather information about the service offer. Two key indicators were assessed: the accessibility indicator (geographical and financial) and the quality indicator.

The specific groups targeted include (1) adolescent girls, aged 15-19 and (2) a group of women of reproductive age, aged 35-49 (3) health care providers in community health centres. These groups were selected to participate in this study because they are highlighted in the literature as being particularly vulnerable, most affected by inequities in access to sexual and reproductive health information and care, and best placed to comment on reproductive health service delivery.

Structure of the focus groups

COMMUNITY	COHORT 1		COHORT 2		COHORT 3
	AGE	NO. OF ♀	AGE	NO. OF ♀	NO. OF STAFF
DIOUBEL DIST					
Thiawène	15-19	12	35-49	7	4
Guédé Kaw	15-19	11	35-49	11	3
Lansar	15-19	9	35-48	15	4
DAKAR DIST					
Mermoz	15-19	7	35-49	7	5
Yoff	15-19	8	35-49	6	6
Diamalaye	15-19	6	35-49	9	6

Data collection

The training of the interviewers took place on 07 July 2021. The fieldwork will take place on 18 July 2021 in six (6) communities across two districts - Touba and Dakar. It will be conducted by the project team in collaboration with the District Medical Officers as well as community facilitators and professional interviewers.

The evaluation will be conducted primarily with focus groups of women distinguished by age. For each community, two focus groups have been conducted - one with adolescent girls aged 15-19, and the other with women of reproductive age (35-49). These focus group discussions on demand will be complemented by interviews on supply with staff at the respective local health facilities. In each community, the facilitation team will seek participant satisfaction on three sets of UHC indicators, namely accessibility, affordability and quality of service.

Discussions were facilitated, using a five-point satisfaction scale, to indicate clients' ratings of their local service providers on each of the predetermined indicators. They were also asked to explain their scores and describe their experiences. After they described their individual experiences on a single indicator, the facilitator summarized and asked the group to rate the facility as a whole on that particular indicator.

Experience of the clients of the Yoff substation

Clients, especially women aged 35-49, and service providers were very satisfied with the quality of service indicators, while adolescents were satisfied with the speed of services and the respect for confidentiality. With regard to the treatment of clients at the health post, it was unanimously agreed that clients were treated with respect. However, they were only slightly satisfied with accessibility indicators such as the availability of equipment. For adolescents, the same feeling was shared regarding the availability of medication. On the other hand, the service providers were very satisfied with the accessibility of the facility.

In general, the analysis of the results shows that both clients and service providers approved of the accessibility and quality of the services provided. However, it would be important to strengthen efforts to improve these indicators.

Table + title

Indicators	15-19 years	35-49 years	Service providers
Accessibility indicators			
Accessibility of services (facilities and skills)	4	5	5
Availability of drugs	3	4	4
Availability of equipment	3	4	3
Affordability indicators			
Cost of consultations	4	5	4
Cost of drugs and services	4	5	4
Health insurance	4	3	3
Quality of service indicators			
Respect for customers	5	5	5
Speed of service	4	5	5
Confidentiality and privacy of care	4	5	5

Accessibility indicators

The accessibility indicator is subdivided into three subgroups, namely accessibility to services (facilities and skills), to the availability of drugs and to equipment. It is important to note that the opinions of both clients and service providers diverge in terms of the score given to express their satisfaction with the accessibility of services provided. Indeed, even though women and service

providers said that accessibility was good by giving a minimum score of 4 for the sub-indicators related to accessibility of services and availability of medicines, this was not the case for adolescents. While adolescents were satisfied with the accessibility of services, they were not very satisfied with the availability of medicines and equipment.

Accessibility of services (facilities and skills)

For the first sub-indicator, we note the great satisfaction of people over 35 years old and of service providers, since for the latter we record a score of 5. As for individuals aged 15-19 years, their score is 4, which is also synonymous with satisfaction, but less so than the above-mentioned individuals. The shortcomings noted are the infrequent renewal of equipment, which is necessary because the area is close to the sea. This means that the equipment decays very quickly. Also, there is a lack of beds, leading to the hospitalisation of some patients on the floor. The non-existence of the maternity ward forces patients to resort to other structures, even though they are further away, for needs related to childbirth. Apart from these shortcomings, the facilities and skills are generally satisfactory.

In this same dynamic, the cohorts recognized that the structure was easy to access. No difficulties were raised at this level. Indeed, if some could walk to the health post, others stressed that it was necessary for them to take a means of transport and bear a very affordable cost (100FCFA) to get there.

In addition, both clients and providers stressed that the hours and days of operation are satisfactory. For women, the health post opens from 8:00 a.m. to 2:00 p.m., but the health staff can work until 4:00 p.m. to provide assistance to patients.

A woman maintains in this sense that: "here, even when you come at 2pm you are taken care of". This level of satisfaction is also encouraged by the fact that not only does the station operate from Monday to Friday, but even on Saturdays, Sundays and holidays. "Even on weekdays after the drop-off time, the major is sometimes there," said one of the participants.

This is important because beyond emergency cases, it can happen that during the winter season, there are often many sick people who come to the health post because of the resurgence of malaria. In such situations, the extension of working hours would be a considerable asset for the clients.

However, the frequency of services leaves something to be desired according to the adolescents. They would like to have more services in the evening, especially with the midwife who only takes emergencies, while the gynecologist only comes on Wednesdays. This limits the care of clients at the health post who prefer to go to the pharmacy to treat themselves or to self-medicate, which is a dangerous practice for their health.

The family planning services provided at this post are highly appreciated by women and teenagers who welcome the fact that the service is free. However, they say that initiatives are in place to encourage them to take advantage of the service.

"Family planning services are available and there are all the methods she (the midwife) presents to us: the LAM method, the pills, the implant, the intrauterine device...".

Drug availability

The second sub-indicator measuring accessibility is the availability of medicines. Here too, the youngest (15-19 years) are less satisfied than the other groups of individuals in the study. Their score is estimated at 3, which means that they are not very satisfied. The testimony of an adolescent girl proves this fact.

"Most of the medicines I need I buy from the private pharmacy, here we are given iron during pregnancy, I don't really know the names of the medicines. But there are painkillers available at the health post.

In fact, the most common coping strategy when drugs are unavailable is to use a private pharmacy, which is more expensive than the one at the health center, according to the adolescents' testimony. On the other hand, for service providers and individuals aged 35-49, their score is estimated at 4, which means that they are satisfied. The availability of medicines depends on the district or sometimes the Yoff health center. However, it can happen that there are shortages at the district level or that the center does not have enough resources to obtain medicines. In any case, when services or medicines are unavailable, clients say they go to the Philippe Senghor health center.

Availability of equipment

Finally, the availability of the equipment is also assessed differently. Indeed, suppliers and teenagers are not very satisfied with a score of 3. In this regard, a teenager testifies:

"The same scenario was observed with the biologist who comes to take samples with his equipment and brings the results to the Pasteur Institute. It also emerged from the discussions that the same scenario is observed with the biologist who comes to take samples with his equipment and brings the results to the Pasteur Institute. These results confirm the problem linked to the lack of material resources that the country's health structures are facing.

In addition to the problem of technical facilities, the lack of health infrastructure is widely raised and demonstrated through this research. Indeed, the results obtained through the study showed that the Yoff health post did not have a maternity ward. To fill the gap, the midwife does FP counseling in her office while the clients leave for the Phillip Senghor health center during delivery. The travel time between the Yoff Ndenatt health post and the Phillips Senghor health center is between 5 and

10 minutes by car.

In this regard, a teenage girl testifies:

"I come to this health post to do family planning and ANC. But if it's about childbirth I go to Philippe Senghor."

On the other hand, the adults are only satisfied with the facilities. The satisfaction score they give is 4. Looking for explanations for this, we see that the centre has the necessary equipment, but the problem is that this equipment is not often replaced, so it becomes old. For example, boxes of dressings, DUIs and speculums, bathroom scales and baby scales are used a lot and need to be replaced very often because of the proximity to the sea.

Affordability indicators

To measure the affordability indicator, three sub-indicators were constructed for this purpose: The cost of consultations, the cost of drugs and services and health insurance. The results of the analysis show that the individuals, both clients and service providers, were globally satisfied with the costs related to consultations, drugs and services. However, women and providers were only slightly satisfied with health insurance.

Cost of consultations

This sub-indicator is assessed differently by the different categories in the study. For adolescent girls and service providers, a score of 4 is equivalent to 'I am satisfied'. As for the adults, we note a high level of satisfaction at their level. The score recorded is estimated at 5. This high level of satisfaction is also due to the health coverage, especially with free care for children aged 0-5 years.

The costs of consultations at the post vary between 200 FCFA, 300 FCFA and 500 FCFA. In sum, both clients and providers welcomed the affordability of consultations at the health center. For family planning, the exercise showed that the price of the consultation depended on the method chosen. For example, if it is for the injection, one pays 200 FCFA, in addition to the 500 FCFA consultation fee; if it is for the tablets, it is 300 FCFA plus the 500 FCFA consultation fee.

In short, the results obtained through the discussions prove the satisfaction of the community and the providers with regard to the costs related to the consultation. In this sense, a care provider from the post testifies:

"Prices are set according to the cost of living here. Compared to others, it's more expensive. We

want these prices to be accessible to all, hence these rates.

Cost of drugs and services

Like the cost of consultations, the cost of drugs and services is highly rated by adults with a score of 5 compared to a score of 4 for teenage girls and providers.

However, it is important to emphasize that the question of the availability of medicines has been raised. In this sense, clients are obliged to resort to private pharmacies and to bear the additional costs due to the high cost of medicines in these private structures. One woman stated that:

"if a medicine costs 200 or 500 FCFA here at the health post pharmacy, the same medicine may cost 1000 FCFA; 1500 FCFA; 8000 FCFA or 7000 FCFA in private pharmacies."

Indeed, in the past, the prices of medicines vary from 100 FCFA to 1000 FCFA (for the most expensive medicines like antibiotics). Family planning services are also very accessible to the community. Prices vary from 200 FCFA for pills; the tablet to 100 FCFA; for the jadel or implant it is 500 FCFA.

As far as the costs of childbirth are concerned, patients are referred to the Philippe Senghor health centre because the post only provides curative and preventive services and the maternity ward, which is still under construction, is not yet operational.

While participants were unanimous in their recognition of the affordability of drugs and services, it is important to recognize that these costs are not always available to others. In other words, the client may not be able to afford these costs. When this situation arises, the client is referred to the custodian with the "social case" note to obtain medications. Conversely, the staff bears the costs.

"We also do social work, when a client can't afford services or medication and we see that she really doesn't have money, we offer her care and medication. We try to organize ourselves among ourselves to manage social cases," said one of the care providers.

Health insurance

Health insurance is rated very low compared to the other sub-indicators that capture the financial dimension. Indeed, service providers and adults are not very satisfied with this dimension and give a score of 3. This is justified by the administrative slowness which results in a delay in payment, but also by the fact that the post does not take all the insurance. The effectiveness of the free health care policy is therefore questioned. Indeed, for the women beneficiaries as well as for the care staff, the problem of reimbursement is indexed. However, it is important to underline that the initiative

has been approved by these groups and that the major advantage is that it has made it possible to solve the problems of delays in care. In short, the challenges raised include the availability and accessibility of drugs and services,

This is the example of the SESAME plan but also of the card for mutual health insurance. Teenage girls are a little more favourable, giving a score of 4, which means that they are just satisfied.

Quality of service indicators

For the evaluation of the quality of services, a quality of service indicator was constructed. This indicator is made up of several sub-indicators: respect for clients, speed of service and confidentiality and privacy of care. It should be noted that the community as well as the providers are generally very satisfied with the quality of services provided at the Yoff health center.

Respect and treatment of customers

Overall, all groups of individuals in this study are very satisfied with the respect they receive for services. The estimated score for this sub-indicator is 5 across the board, which indicates very high satisfaction.

The testimonies of the post's clients corroborate this:

"When you come in for a consultation, the midwife takes her time to check us out, asks us questions to see how we are feeling, before proceeding with care."

According to the clients, the care is really good as well as the treatment given to the patients.

In this same section, the discussions made it possible to detect that contrary to what happens in certain health structures of the country, the reception is well appreciated by the clients of the post. The analysis of the results obtained with the providers proves this fact. Indeed, the latter declare that there are very strong ties that unite them with the clients and that go beyond the medical field. "We are like family and they confide in us a lot of things that sometimes have nothing to do with their medical care."

This very satisfactory score reflects the strongly developed social ties between the caregivers and the patients at this health post and more widely in the country of Teranga. This goes beyond the health space itself, but more broadly concerns Senegalese social life with regard to local societal configurations and dynamics, which are made up of particularities in which the social spaces and systems and daily practices of sociability are anchored.

Speed of service

The timeliness of service was also analyzed in this study. The conclusions drawn from these analyses include very high satisfaction among service providers and adults (35-49 years) with a score of 5 and simple satisfaction among adolescent girls with a score of 4.

The punctuality and organization of the staff is widely praised by the clients. This means that there are no delays in the treatment.

"The staff support and help each other so that there is continuity of service," said one of the providers.

This is confirmed by this woman who assures that:

"When we come to the Yoff health post, we always have access to the services we need, because whatever pathology we suffer from, we are taken care of until we get better. And this is the case for our children as well."

Confidentiality and privacy of care

This sub-indicator is rated at the same level as the timeliness of services. Adults and service providers were very satisfied with the privacy afforded to clients, while adolescents were simply satisfied with a score of 4. Both women and adolescents testified that patient confidentiality and privacy are respected at the health post. This woman's account speaks volumes:

"I would say yes, because I brought a 17 year old girl here who was in the early stages of pregnancy. When I brought her here, the midwife, after examining her, told me that she was pregnant. And the worst thing is that the man who did this to her was trying to abort her by giving her drugs. She was about two months pregnant. But despite all this, no one knew about it except her mother, me and the midwife. We discreetly handled the matter, without making it public. As a bajenu gox⁵, I had an obligation to keep it a secret."

⁵ Neighbourhood sponsor

Mermoz substation customer experience

Indicator	15-19 years	35-49 years	Service providers
Accessibility indicators			
Accessibility of services (facilities and skills)	3	4	3
Drug availability	3	3	4
Availability of equipment	3	3	4
Affordability indicators			
Cost of consultations	4	4	4
Cost of drugs and services	4	4	4
Health insurance	3	3	4
Quality of service indicators			
Respect for customers	3	4	4
Speed of service	4	4	4
Confidentiality and privacy of care	2	3	3

The Mermoz health post is used mainly by the citizens of Mermoz and surrounding areas. These include adolescents/youth and women aged 35 and over who use the health post for their sexual and reproductive health problems. Usually, the services requested by the population are SRH services, care for painful periods, vaginal infections and irregular periods. Also, some women do ANC or family planning at the post. Apart from this centre, people use hospitals such as Abass Ndao, the military hospital of Ouakam and the Philippe Senghor health centre.

An overall analysis of the results obtained at the Mermoz post shows that none of the indicators studied provided a high level of satisfaction to the community or to service providers. This is unprecedented if we compare the results with those obtained at the Yoff and Diamalaye posts in the same district.

Accessibility indicators

For the accessibility dimension, providers and adolescents give a score of 3 out of 5 as their level of satisfaction. This means that they are not very satisfied with this dimension. Indeed, the respondents find that the distance from the health post to their homes is quite long. As proof of this,

they say that they mostly use vehicles to get there. On average, they take about 5 to 20 minutes to reach the health post, depending on traffic jams.

However, the adults find that this time is not a problem for them. The health post is therefore accessible to them in terms of transportation time, means of transportation and ease of travel. Also, the opening hours and days are satisfactory for some, but for others they would like to have more services in the evening, especially with the midwife who only takes emergencies in the evening.

Although there are all the skills required for a health post and the staff: an ICP, a midwife, a midwife's assistant and a gynecologist who comes every Friday, the providers deplore the lack of adolescent-friendly services such as adolescent/youth spaces.

As for the gynecologist, he only comes on Fridays, which is not at all sufficient according to the clients, who would like him to come every day so that "all women are taken care of on time and when they need it," they claim.

Drug availability

Regarding the availability of medication, the individuals sampled say that the services of the nurse are always available. At any time, they can come and get a bandage or be consulted by a nurse, but this is not the case when they want to see the midwife in the evening or the gynaecologist on other days of the week. Analgesics are well available in the health post. On the other hand, the most effective antibiotics are bought at the private pharmacy. Contraceptive pills are also available at the health post. Overall, the clients are not very satisfied with the availability of medicines, unlike the providers who give a score of 4-satisfied for the same indicator. Thus, for clients who are not very satisfied with the availability of medicines and related medical supplies, they are sometimes forced to explore less credible care options such as sharing medicines and self-medication in pharmacies.

Availability of equipment

The same trend is observed for the availability of equipment. The indicator is assessed differently depending on the age of the respondents. While adolescents and women aged 35 and over are not very satisfied (a score of 3 out of 5), service providers say they are satisfied (a score of 4 out of 5) with the availability of equipment.

The inadequacies noted at this level are notably the absence of a scanner at the centre, which forces

people to go to clinics. However, we note the existence of other equipment such as scales, thermometers, tensiometers, consultation tables, registers, family planning tables and ultrasound.

Affordability indicators

Overall, the individuals surveyed are satisfied with the affordability indicators. With the exception of the score 3 assigned to health insurance by the clients, the various sub-indicators were assessed as satisfactory. Indeed, the costs of consultations, medicines and services, and insurance are well appreciated by all respondents, regardless of age group, except for adolescents, who do not have an objective assessment because they do not pay the various costs themselves. The score attributed is 4 meaning that the level of satisfaction is high.

Cost of consultations

The different cohorts interviewed appreciated the affordability of the consultation prices. In fact, these are 500 francs for the morning midwife consultation, 1000 francs for the gynaecologist consultation and 1000 francs for the evening midwife consultation. The ticket for family planning is 500frs.

Cost of drugs and services

As for the consultation, the clients and the staff of the Mermoz post found the cost of the drugs and the provision of services satisfactory. The cost of medicines varies from 100F CFA to 2000F CFA. For laboratory services, the cost is 12,000 CFA francs and from 200 to 500 CFA francs for family planning services.

Health insurance

Although clients are satisfied with the affordability of consultation, medication and service supplies, we note a rather sceptical feeling regarding their satisfaction with health insurance. This is justified by the score of 3 noted by the clients, which means that they are just slightly satisfied with this indicator. This level of satisfaction is due to the ineffectiveness of the policy, which applies only to children aged 0-5 years at the Mermoz facility. The post does not take care of those registered in the mutual health insurance scheme, according to the clients, who assure that the continuation of this policy of free health care would be beneficial to all social strata. In this sense, the authorities are called upon to support the efficient and effective implementation of the universal health coverage policy.

Quality of service indicators

In contrast to the Yoff station, the quality of services at the Mermoz site was rated differently by the groups, who said they were not satisfied with the quality of services provided. The confidentiality and privacy of patients are not preserved according to the adolescents who gave a score of 2 to show their dissatisfaction in this area. Both the women and the providers were not very satisfied with this indicator.

However, the speed of the services and the respect of the clients are unanimously appreciated by the adults and the providers who showed their satisfaction in this regard. For adolescent girls, even if the same feeling is shared regarding the speed of service, the treatment given to clients gives them just a little satisfaction

"The staff is quite respectful. But sometimes you can find 3 health workers in the room".

"My problem is that during the consultation the health workers come in and out and I don't find that very respectful."

When asked about this issue, the staff explained:

"In the room, there is a midwife, another midwife and two trainees. Sometimes some patients object to the presence of the trainees, as it poses a problem of privacy and confidentiality. But we try to explain to them that they are part of the nursing staff, although they are trainees. If the patient insists on being alone, I ask them (the trainees) to leave the room. But rarely has this happened."

DIAMALAYE

Indicator	15-19 years	35-49 years	Service providers
Accessibility indicators			
Accessibility of services (facilities and skills)	3	4	4
Drug availability	4	4	3
Availability of equipment	3	4	4
Affordability indicators			
Cost of consultations	4	5	5
Cost of drugs and services	4	4	5
Health insurance	3	1	3
Quality of service indicators			
Respect for customers	5	5	5
Speed of service	4	3	5
Confidentiality and privacy of care	4	4	5

Accessibility indicators

The accessibility indicator consists of accessibility in terms of services (facilities and skills), availability of drugs and equipment.

Accessibility of services (facilities and skills)

Concerning the accessibility of services, the scores remain mixed. Indeed, **the three cohorts surveyed considered that accessibility to health services was just satisfactory, with a minimum score of 3. Indeed**, the providers and women over 35 years of age gave a score of 4 to the facility.

Compared to the Yoff health post with which it shares the same district, we note that Diamalaye is less appreciated in terms of access to services because of its isolation.

The main services clients use are family planning, prenatal care and counseling on SRH issues such as menstrual complications, vaginal infections and menstrual hygiene problems. Overall, clients appreciate the SRH services received from this post. For adolescent girls in particular, it is the advice they receive on breast self-examination but also the way they are treated when it comes to their SRH. In contrast, for women, this feeling is justified by the quality of the staff, especially the midwife.

Regarding the availability of care services, the clients generally appreciated the quality of the staff, even though they requested an extension of the staff's working hours. However, the providers

assure us that the staff is available even at late hours or on days off. In this respect, a staff member at the post testifies:

"As long as the patients are there, we stay, even until 5pm...It is the ICP that manages the emergency services that is, at night and on Sundays.

There is a good match of skills and staff available in the facility in that the post has a PCI, a nurse, midwives and aides.

Drug availability

The second sub-indicator measuring accessibility is the availability of medicines. Here too, health care providers are less satisfied than the other groups of individuals in the study. Their score, estimated at 3, proves that they are not very satisfied with the availability of medicines. Indeed, even if drugs such as analgesics and antihistamines are often available, stock-outs are very often noted. These mainly concern antibiotics, FP supplies, antihypertensives and captorprin. This situation forces clients to refer to pharmacies at additional cost.

On the other hand, teenagers and people aged 35-49 years are estimated to have a score of 4, which means that they are satisfied. It should be noted that the availability of medicines depends on the district. However, an internal organization has been set up to avoid shortages of medicines and therefore ensure their availability. Otherwise, the clients maintain that the pharmacies are an alternative. On the other hand, in some cases, women use traditional medicine for their SRH. Traditional products such as "Nep-nep", chocolate balls, etc. are used to treat the disease.

"I even have a friend who is selling. She sells mint powder, nep nep powder. The mint powder is like ice powder and you mix it with milk to increase the desire in your partner. For the ^{second} powder we mix it with cold water to tighten the sex."

"Even if we don't do it, we know that women use traditional medicines a lot because we see all kinds of products sold and women buy them."

Affordability indicators

To measure the affordability indicator, three sub-indicators were constructed for this purpose: The cost of consultations, the cost of drugs and services and health insurance.

Cost of consultations

This sub-indicator is well appreciated by the different categories of the study with a minimum score of 4 given by adolescents. Adults and service providers, on the other hand, recorded a score of 5, showing their very high satisfaction with the cost of consultations. The different scores indicate that both clients and providers appreciated the affordability of the consultation costs.

For the FP, the price of the services is 1000 FCFA (cost of the consultation ticket), the card at 100 FCFA, the file at 300 FCFA. And depending on the contraceptive method she chooses, she pays between 100 and 500 FCFA. If it is for prenatal consultations, the booklet is free. For children from 0 to 5 years old it is free, from 5 years old to 15 years old it is 500 FCFA; from 15 years old the ticket is 1000 FCFA.

Although prices are considered affordable in the Diamalaye facility, not all patients have access to them. Indeed, poverty makes it difficult for some patients to pay for the services. In these cases, it is the staff who bear the costs or the services are offered to them.

Cost of drugs and services

All the cohorts are satisfied overall with the prices of drugs and services. Like the cost of consultations, the cost of drugs and services is very well appreciated by the providers, with a score of 5 compared to a score of 4 for the adolescents and adults.

The costs vary between 100francs and 1000francs for the most expensive medicine at the hospital. These costs do not include delivery, which is done directly at the Phillippe Maguilene Senghor health centre.

Health insurance

Health insurance is very little appreciated compared to the other sub-indicators that capture the financial dimension. This is the case for adolescent girls who consider the policy of free health care ineffective by giving them a score of 1 to confirm their total dissatisfaction with health insurance. In fact, according to them, free health care only concerns the consultation when the drugs prescribed to the 0-5 year olds are most often out of stock in the health structure. This idea is in line with the providers' and adults' thoughts who also say they are not very satisfied with this policy. In Senegal, despite the government's willingness to provide care to the population, the problem of the cost of medicines remains a concern, particularly for low-income individuals. As a result, its implementation and monitoring are being questioned. Therefore, the effectiveness of free health care and the problem of reimbursement of the State's share are among the challenges to be met. It should be noted, however, that the vision has been well appreciated by the community, which would like to see this policy succeed.

Quality of service indicators

For the evaluation of the quality of services, a quality of service indicator was constructed. This indicator is made up of several sub-indicators: respect for clients, speed of service and confidentiality and privacy of care. It should be noted that the different cohorts constituted are globally satisfied with the quality of the services provided and for the most part with the treatment of the patients with a score of 5.

Respect for customers

Overall, all groups of individuals in this study are very satisfied with the respect given to them in terms of services. The estimated score for this sub-indicator is 5 for all cohorts, which is synonymous with very high satisfaction.

Speed of service

The speed of service was also analyzed in this study. The conclusions drawn from these analyses are, among other things, the high satisfaction of service providers and adolescent girls with a score of 5 and 4 respectively against a lower satisfaction of adults with a score of 3. For the latter, this score is justified by the delays noted in the start-up of services which, according to them, should begin at 9 a.m.

Confidentiality and privacy of care

This sub-indicator is rated at the same level as the timeliness of services. That is, service providers are very satisfied with a score of 5, while adolescents and adults are just satisfied with a score of 4.

Guedé's customer experience

The health post of Guédé covers 23719 inhabitants and is located 3 km from the Touba District. The facility receives nearly 712 clients per month, or about 32 patients per day. Very accessible to the population, Guédé offers all services related to Reproductive Health (RH). Services are available every day and even on Sundays. This is thanks to the internal organization of the staff of the establishment.

The availability of equipment in the Guédé health post is not satisfactory for all the categories surveyed. In addition to this lack of equipment, the accessibility of services and the cost of consultations were also rated less satisfactory. Older women rated the availability of medicines as very satisfactory, as did the speed, confidentiality and privacy of the services. On the other hand, they consider that respect for the client is an area that needs to be improved at the Guédé station. Adolescents and service providers find this type of service satisfactory. They consider that the speed of service, confidentiality and privacy of care should be improved to match the level of satisfaction with the respect of clients in order to make the reception at the Guédé health post pleasant.

Table 4: Guedé client experience

Indicator	15-19 years old	35-49 years old	Service providers
Accessibility indicators			
Accessibility of services (facilities and skills)	4	4	4
Drug availability	4	5	4
Availability of equipment	3	3	3
Affordability indicators			
Cost of consultations	4	4	4
Cost of drugs and services	4	4	4
Health insurance	3	4	3
Quality of service indicators			
Respect for customers	5	4	5
Speed of service	4	5	4
Confidentiality and privacy of care	4	5	4

Source: Author

Accessibility indicators

The accessibility indicator is made up of three subgroups: accessibility in relation to services (facilities and skills), in relation to the availability of medicines and equipment. The health post polarizes a whole area of about 23 thousand inhabitants, who are distributed in areas that are more remote than others. Patients come according to their proximity but also according to their means of locomotion or transport. The more remote populations go to other health posts for treatment. These are health posts such as Bagdad or Ndiané. It all depends on the patients, some prefer to go to these new posts, others are familiar with the providers at the Guédé post and others prefer to go to other structures.

Accessibility of services (facilities and skills)

Access to the service, with a score of 4, is considered satisfactory overall by the three groups. The health facility of Guédé is located in the town centre, so the inhabitants of the locality consider that there is no real problem of accessibility. Thus, by walking or using a means of transport, people manage to access the post.

The clients came from a variety of backgrounds. Although some women admitted to having difficulties with transportation, they acknowledged that it took them just 10 to about 30 minutes to reach the health post. The facility is accessible on foot, by taxi or by cart

Moreover, all the services work even on Sundays, there are teams that rotate. There are 16 qualified staff consisting of a head nurse, midwives and nurses. In the maternity ward, for example, there is even a midwife on duty, they take turns. The pharmaceutical warehouse also operates 24 hours a day, even on weekends and public holidays. In the maternity ward, the midwife and her assistants take turns every 48 hours.

Drug availability

Women aged 35-49 years consider drugs prescribed by providers to be very accessible. While adolescents and providers are less sceptical about the quality of this service. The latter consider that if there are a lot of patients, there may be a shortage of drugs and the supply from the National Supply Pharmacy (NSP) may take time. Most of the patients manage to buy the drugs, sometimes even we providers help them. If there are drugs that are not available or in shortage, they go to buy them in private pharmacies.

Service providers consider that during the winter season, with influenza and malaria and certain skin diseases, stocks of anti-flu, anti-malarial, analgesics and antibiotics are reinforced.

If drugs are not available, clients turn to private pharmacies. And if the client is unable to obtain medicines, they often collect them from the community, which usually solves the problem, as one participant said:

“Once I saw a patient who could not afford to buy medicines and services and she did not have the money for transport back... I went out and collected the money and also gave my contribution. I went out and collected the money and also gave my contribution. With the money collected I bought the prescription and as she had spent the whole day in the post once the meal was ready at my place I brought her share. I called one of her brothers to let him know and asked him if he didn't know and he promised to come but we didn't see him. In the evening, with the money collected, I took him a taxi and gave him the rest of the money.”

Availability of equipment

The availability of equipment is a real problem at the Guédé health post for all categories surveyed. All three cohorts gave a score of 3 to this question. Indeed, the participants stressed that there was a notable lack of equipment at the health post. Pregnant women reported that even though the post offered them prenatal visits, they were referred to facilities such as Ndamatou or Diémoul for

delivery. The post also lacked the equipment to carry out analyses. In addition, the participants deplored the state of the facility, especially during the winter months. The delivery room is not up to standard and does not allow for the privacy of the clients. The proximity between the different services was also mentioned. The use of domestic refrigerators in the pharmacy to store certain medicines was also noted. The staff consider that the equipment needs to be renewed. It should be noted that the equipment available is the scale, thermometers, blood pressure monitoring devices and family planning (FP) charts. The facility also has a weekly ultrasound service.

Affordability indicators

Cost of consultations

At the Guédé health post, the cost of the consultation is almost satisfactory for all social categories. The cost of consultation is 1 Dollar for everyone. The price is unchanged for the consultation of children over 5 years, the nurse consultation, the midwife consultation, the FP booklet. Better still, the booklet for prenatal consultations (CPN) is free. Thus, the perceptions were unanimous regarding the level of satisfaction noted for this indicator. In fact, both clients and providers gave a score of 4 to support the affordability of the consultation costs. This feeling is mainly justified by the fact that the facility grants loans to clients who cannot afford to pay for the service, while free consultations are held from time to time at the same facility. Sometimes the staff takes care of the patient before asking them to pay, as this woman testifies: "I have a daughter who studies not far from here, and once she had a stomach ache and she came directly to the health post. We took care of her and even gave her the medicine she needed and the next day she came back to pay".

Cost of drugs and services

The same assessment was made with regard to the cost of drugs and services, such as consultation costs. The opinions were unanimous for all the cohorts who gave a score of 4 to show their satisfaction with this indicator. Indeed, the medicines sold in the establishment are accessible to the local population according to the participants. Better still, when clients cannot afford it, the post gives them credit for the services rendered and sometimes it is free, according to the participants. This is how they justify not using medicinal plants or self-medication.

It is important to point out that the credits granted are given to regular clients at the station, therefore well known by the staff, otherwise the "*bajenu gox*"⁶ is most often responsible for following up on unknown clients.

⁶ Neither a nurse nor a midwife, the *bajenu gox* is most often an experienced woman respected in her community. She passes on her knowledge to all women, whether they are teenagers, newlyweds or mothers, an act of intergenerational solidarity that is well established in Senegalese traditions. This is to face the challenges related to **access to the health system for women and adolescent girls in Senegal**. see <http://www.jo.gouv.sn/spip.php?article8402>

This way of proceeding is very much welcomed by the populations, especially since it facilitates access to care even for the poorest, while discouraging them from resorting to traditional medicine or self-medication. In this sense, a woman affirms that: "It just strengthens our relationships. Because I know that even if I don't have money, I can get treatment and then come to pay it back."

Health insurance

Providers and adolescents are not very satisfied with the health insurance policy, with a score of 3 for this indicator. However, opinions diverge as to the reasons for this score. Indeed, while the providers find that the policy is very limited and should concern all segments of the population regardless of age, the adolescents complain that the free health insurance only concerns the consultation. Therefore, they complain that the post is unable to provide them with the necessary medicines or that the insurance only covers minor medicines, so they continue to bear the burden of catastrophic expenses as those who do not have them.

Unlike adolescent girls, older women benefit from this policy as long as their children under five years of age do not pay for their care. This contributes to the improvement of their health in the sense that mothers no longer need to go to traditional practitioners for their children's health needs. However, the women regret the limitation of free access to childbirth. To this end, they plead for a reduction in the costs of childbirth.

Quality of service indicators

Respect for customers

We can note that the populations are satisfied with the services we offer them, because most of them come back, others refer their acquaintances to us, and some even testify to their satisfaction with the care or services they obtained in this post. Both groups (adults and providers) scored 4 on the indicator and the adolescents scored 5.

A woman said: "I live just behind the health post and frankly I have no worries with the service providers every time I come here they take good care of me and the welcome is really warm. When you come to a place where you are not well received, you won't go back but that's not the case with the post. And the most important thing is that the service is continuous at any time there is always a care provider."

For their part, the providers certified that they had no feeling of disrespect for the establishment's clients. On the contrary, the care is given in complete discretion and all the necessary measures are taken to put the client at ease. When asked about their experience in this regard, the nurse confirmed that she had never experienced such a case and this was demonstrated by the testimonies of the clients who would not hesitate to point this out if they had.

Speed of service

Clients have praised the speed of the services provided by giving a score of 4 or more to indicate their satisfaction with this level. The staff is perfectly organized to ensure continuity of services

even outside working hours, when a team remains on duty to deal with emergencies. The respondents had no experience of unjustified delays by health personnel.

For their part, the providers confirmed this score of 4 and stated that when the service starts the clients are automatically taken care of. This account from one of the facility's staff corroborates this fact:

"When they come to the health post, they are sold a ticket and they wait for their turn. When their turn comes, the staff takes care of them without waiting."

Confidentiality and privacy of care

With regard to respect for confidentiality, the women were completely satisfied with a score of 5, and the adolescent girls to a lesser extent with a satisfaction level of 4. While women felt that privacy was respected, adolescent girls felt that because of their age, some staff members did not give them much importance during consultations. This leads some of them to abandon the institution in favour of other structures such as Philip Senghor or to be accompanied by an older person. It is necessary to emphasize that whatever choice is made, this discourages adolescent girls' access to RH services.

The women, for their part, confirmed that for family planning, respect for dignity is observed, as it is for all other services except maternity, because for other services, the doors are closed at the time of the consultation, as they are for consultations with the midwife. Respect and confidentiality are therefore the order of the day. However, for the maternity ward, the participants argue that the fact that the delivery room is close to the other wards does not ensure privacy for patients. Consequently, they called on those in charge to solve this problem for better care of the entire population.

The providers gave a score of 4 on this indicator. They were satisfied with the respect of privacy in the treatment of clients. No incidence was noted in this sense according to the staff.

Thiawene's customer experience

Located at 13 Km 500 from the district of ..., the health post of Thiawène polarizes 21217 inhabitants. The services offered are prenatal and postnatal consultations, family planning, primary curative consultations. A particularity of this post is that it has an ophthalmological service. The establishment receives about 560 clients per month.

The summary scores from the Thiawene focus groups regarding their local health facility are presented in the table below. Similar to Guede, clients in Thiawene rated their facility poorly in terms of availability of facilities. Adults felt that they were not at all satisfied with this indicator related to the quality of services. In addition, due to persistent deficits in the availability of medicines, some clients resort to herbal remedies, which remains a dangerous practice for their health.

Table 5: THIAWENE client experience

Indicator	15-19 years old	35-49 years old	Service providers
Accessibility indicators			
Accessibility of services (facilities and skills)	4	4	4
Drug availability	3	4	4
Availability of equipment	3	2	4
Affordability indicators			
Cost of consultations	4	4	5
Cost of drugs and services	4	5	4
Health insurance	4	3	4
Quality of service indicators			
Respect for customers	3	5	5
Speed of service	5	4	5
Confidentiality and privacy of care	4	5	1

Source: Author

Accessibility indicators

Accessibility of services (facilities and skills)

All three cohorts surveyed were satisfied with the accessibility of sexual and reproductive health services provided. They gave a score of 4 in this regard. On average, the facility serves about 560 clients per month with an estimated total staff of 16 qualified people. For clients living in the vicinity, it takes only five minutes to reach the facility, but others are forced to take the bus for a payment of 100FCFA to access the post. Clients expressed concern about access to the post during the winter months. Indeed, the city of Touba experiences flooding during the rainy season, which does not make it easy for people to access certain areas, as is the case with Thiawène. Despite this, clients and providers gave the facility a score of 4.

The availability of staff was praised by the clients. One participant said:

"As for the working days, the staff is there every day from Monday to Friday; even on Saturdays and Sundays, there are shifts.

Another testified:

"Whether it is early or late, whenever we need health personnel for care they are available; whenever we knock on the door of the health post they are there for us."

Drug availability

With regard to the availability of drugs, feelings were mixed. While women and providers were satisfied with access to medicines, giving it a score of 4, adolescent girls expressed some reservations. They gave a scale of 3 to express their low satisfaction in this regard. For example, according to these adolescents, the only medicines available were paracetamol, ibuprofen, Efferalgan and iron, whereas stock-outs are very frequent at the facility. If there is a shortage of medicines, they are forced to go to the pharmacies to buy them. The latter are much more expensive in private pharmacies.

For the women, the only medicines available in the facility are those that require a minimum of storage conditions, as the health post does not have the necessary storage material. Therefore, medicines that are easily preserved with the help of ventilators are often available. For example, Ubiprofen, Perfalgan, amoxicillin and iron are drugs that are often available when we need them.

Providers, on the other hand, feel that equipment such as lamps need to be replaced. The newborn corner still needs to be equipped. The delivery boxes are in short supply in the health facility because the new midwives do not have a box. Thus, they have to use the ICP box to carry out their work.

Availability of equipment

A feeling of dissatisfaction was shared by both groups. While the teenage girls were just satisfied, giving a 3 to the availability of equipment, the adults were really offended by the lack of equipment noted in the facility. The latter were very critical of the score before rating it 2 on this dimension. The reasons given were the lack of equipment for ultrasound, CT scans and X-rays. This forces them to bear additional costs by going to other structures such as the Touba health centre and the taxi fare costs them 4000FCFA. On the other hand, a woman in the group says she simply gives up the treatment and goes home. She says that:

"In the event that we cannot access the necessary equipment for our care, for whatever reason, we prefer to simply stay at home and leave everything in God's hands. We don't necessarily go to traditional healers or take traditional remedies. Sometimes we choose to stay at home and rely on God."

When asked about this, the providers corroborated the women's stories and called on the authorities to strengthen the technical platform. Indeed, the post lacks several medical materials such as delivery boxes, materials for the nursery, etc.

The head nurse testifies that:

"It's missing because we only have two. There was a midwife who left and I gave her a box and I also have a box. But the new midwives don't have a box."

Thus, the new midwives work with the box of the head nurse, so that is not comfortable.

In addition, the staff deplores the lack of infrastructure, particularly the lack of a consultation room. This makes it difficult to respect the privacy of the clients.

Affordability indicators

Cost of consultations

The establishment sets the cost of the consultation at 500 CFA francs for working hours⁷ and 1000 CFA francs for on-call duty, i.e. emergency consultations. The consultation ticket is 5000FCFA for childbirth while the services remain free when it comes to postnatal care. For family planning services, apart from the purchase of the ticket, it is necessary to buy the chosen method of contraception: a pack of pills is 100 FCFA; the IUD is 500 FCFA as well as the Jadelle; the deposit is 200 FCFA

In short, contrary to what happens in other health posts where the price of a prenatal consultation is 800 francs or even 1,000 francs, the costs of consultations are considered affordable

⁷ The working hours are from 8am to 4pm.

in Thiawene. The clients therefore showed their satisfaction by giving a score of 4 to the indicator while the providers gave a score of 5 to the health post.

It should be noted that FP services are mainly requested by adult women, and adolescent girls rarely use these services. In this regard, a midwife testifies:

"No I haven't seen it here. A young girl coming here to seek family planning, I haven't had it yet." This situation is not surprising when one considers that Touba is a religious city, and the socio-cultural context is not conducive to access to sexual and reproductive health care for young people.

Cost of drugs and services

Participants were very pleased with the affordability of their SRH. The groups scored 4 and 5 respectively for adolescent girls and adults. Indeed, the paracetamol tablet, for example, is 100 FCFA, syringes are also sold at 100 FCFA.

For FP, the deposit (injection) costs 200 FCFA while the card costs 500 FCFA. The costs of childbirth are estimated at less than 20,000 CFA francs and are therefore accessible to the people of the area.

The health costs of accommodations used by clients can be high. One participant in the women's focus group said that some women prefer to give birth at home because they cannot afford the costs associated with childbirth. This poses a danger to her and the child.

Participants recounted an incident in which a woman in the community lost her life after staying at home and relying on these traditional remedies. The woman is most often delivered by an elderly person who is not qualified to do so, and she could get tetanus or be very tired if she is not cared for by trained health personnel. Giving birth at home without assistance is not safe at all. There are also women who go into labor quickly and usually do not have time to reach the health post. The example of the woman who was delivered by her mother-in-law is one such case. The latter was thus obliged to take the child and put it in a bucket with all the risks by the time she reached the health post.

Health insurance

All three groups interviewed said that free care is observed for children under five only and medicines are often available in the facility. Free family planning is also supported by organizations such as Mary's Top and eye operations are sometimes free of charge, especially during awareness campaigns.

As a result, both cohorts of clients rated the quality of the drugs as 3 and 4 for adults and teens respectively. According to one of these participants, "If she is prescribed other drugs that do not fall into the essential drug category, the parents have to buy them. In other words, the coverage is only for simple, less expensive drugs, so they feel that there is no difference with those who do not benefit. This leads some parents to resort to natural herbs, which are very harmful to the child's health.

Quality of service indicators

The quality of the services provided in the Thiawène facility is well appreciated by the community, especially the adults and the providers, who are very satisfied with the treatment given to the clients and with the respect of the patients' privacy. Adolescent girls expressed great satisfaction with the speed of services.

Respect for customers

Both groups (adults and providers) rated the facility as a 5 and observed that facility staff were always respectful to them. Adults were particularly impressed that health care workers could take the time to be polite to them. They described the nurses as "*family*" because of their warm and welcoming personalities. Participants noted how "*they start caring about us as soon as we step into the facility; ... they converse with us*" and "*they take their time to care for you even though they are under pressure*". The older women added that they had never heard of anyone in the community being disrespected. Echoing these sentiments, the nurse described how much more difficult their job is when clients leave their hospital cards at home. She confirmed that they have always kept their cool despite the fact that this is common.

Speed of service

Participants, particularly adolescent girls, also indicated that staff were punctual and provided services in a timely manner at Thiawene. They mentioned that the nurses reside in the facility and *are* therefore "*always available.*" "The only time they were not available to provide services at the facility was when they were on an outreach mission in the community," the nurse said. Adolescent girls and providers gave the facility a score of 5 on this indicator, while adults gave a score of 4.

Confidentiality and privacy of care

The focus groups emphasized that staff at the facility acted professionally and kept their discussions confidential. Adults testified that their privacy was fully respected by staff. They rated this as a 5. Their SRH issues were safe with staff. They were not aware of any instance where a client had complained of a breach of trust. The adolescents confirmed this fact by giving a score of 4. On the other hand, the provider group was not at all satisfied with this indicator; the reason given was the lack of rooms for consultations. In fact, according to the nurse interviewed, all SRH-related services are done in one office.

"Our office houses all the services: we do planning, counseling which is not normal, Family planning, antenatal and postnatal consultation, general consultations."

By asking the staff about this great difference in viewpoint with regard to this indicator,

"No, it's all about the welcome. We're familiar, we talk to each other. The population doesn't even realize it."

Lansar customer experience

Established in 2018, the Lansar facility located at 8 Km 300 from the district, covers 19623 inhabitants . The post receives nearly 712 clients per month. The results obtained through the discussions are shown in the table below.

Table 6: LANSAR Client Experience

Indicator	15-19 years old	35-49 years old	Service providers
Accessibility indicators			
Accessibility of services (facilities and skills)	4	5	4
Drug availability	4	4	4
Availability of equipment	3	4	3
Affordability indicators			
Cost of consultations	4	4	5
Cost of drugs and services	4	4	4
Health insurance	⁸	5	2
Quality of service indicators			
Respect for customers	4	5	5
Speed of service	4	5	4
Confidentiality and privacy of care	4	4	5

Source: Author

Accessibility indicators

Overall, accessibility is well appreciated by the facility's clients. However, the availability of equipment still needs to be improved according to the adolescents, who deplore the shortcomings in this area.

⁸ The nine adolescent girls interviewed said that they were not aware of the free health care policy and therefore could not comment on whether they were satisfied with the free health care.

Accessibility of services

Focus group participants were pleased that it only took them 15-20 minutes to walk to their centre. They were all satisfied with the accessibility of services provided at this facility which was only inaugurated in 2018. Previously, the community says they frequent Ndamatou and Diémoul hospitals for their SRH issues. Ndamatou hospital is located at 8 Km from Lansar.

According to the testimonies, the establishment starts to function from 8:00 am until 6:00 pm with an on-call service that ensures the continuity of care services even on weekends. The post is adequately staffed to international standards, with a head nurse, nurses and a midwife, although the adults have expressed a desire to increase the number of midwives to better care for patients and to avoid the long waits they often experience.

As for the measures taken by clients in case of unavailability of services, clients prefer to wait or come back the next day. And when it is an emergency, none of them use plants or self-medication. On the contrary, women say they prefer to go to another post like Diémoul or to the hospital of Ndamatou to be treated. In any case, the participants praised the accessibility of the services provided by the Lansar facility. It is with this in mind that the adults gave a score of 5 to show their complete satisfaction with the accessibility of services offered at Lansar.

Drug availability

All three cohorts surveyed were satisfied with the availability of medications at the facility. Both clients and providers scored 4 on this indicator. Medications such as analgesics, anti-inflammatories, antibiotics, family planning supplies, and IV fluids were most often available at the facility. Although adolescents complained about infrequent breakage of antibiotics, staff said that this is not a problem.

In case of shortages, clients turn to private pharmacies where medicines are sometimes paid for on credit, as one participant testified.

"When there is a medicine that is not available in the health post, there is a pharmacy just in front of the post. This is also an opportunity to thank the pharmacist because he sometimes gives us the medicines on credit. We are often given credit because sometimes we lack the resources to pay for the medicines on the same day. We just leave our identity card as a guarantee and then we come back to pay the total amount.

Because of the talks that are often organized on the dangers of using medicinal plants, women say they have abandoned this practice. However, some of them do not hesitate to practice self-medication, especially in case of fever.

The supply is done at the district level and it is the Health Development Committee that buys the drugs. Orders are placed monthly at the post level.

[Availability of equipment](#)

Both groups (adolescents and providers) complained about the unavailability of certain essential equipment for a health facility such as Lansar. They gave the facility a score of 3 for this indicator. Their concerns mainly revolved around the absence of ultrasound equipment, autoclave, ventilators and laboratories, forcing them to go to Ndamatou Hospital for treatment. In the discussion with the older cohort, one woman pointed out the lack of equipment for the pediatric ward such as stethoscope, a children's area etc. A member of the adolescent group talked about the lack of scales for weighing children, which forces them to endure long waits like 30 to 45 minutes that could be resolved if the facility had enough scales.

On the other hand, the staff underlined the availability of some materials, essential to the care such as delivery kits, IUD insertion and removal kits, aspirators for resuscitation, scales, beds.

The adults gave a score of 4, proving their satisfaction with the availability of equipment in the health post. According to them, the facility has the equipment they need, such as scales, thermometers, ultrasound equipment and family planning equipment.

[Financial accessibility](#)

[Cost of consultations](#)

The cost of the consultation is considered affordable by both clients and providers. Indeed, the latter gave a score of 5 to this indicator, while women and adolescents rated it 4 to show their satisfaction. Tickets are sold at 500FCFA and at 1000FCFA for on-call hours. For childbirth, a ticket must be purchased at 5,000 CFAF. The rest of the expenses depend on the price of the drugs administered to the woman giving birth; the total amount varies between 25,000 and 30,000 FCFA. **For FP, in addition to the cost of the consultation ticket, the client must pay 500 francs for the injectable method, implant, IUD and 200 francs for the pill in addition to the family planning booklet which costs 500 francs.**

[Cost of drugs and services](#)

Adolescents and older women as well as providers were unanimous on the fact that the costs of drugs and services set by the facility are affordable. At Lansar, drugs are sold for 100 to 1000 CFA francs for analgesics and antibiotics and 200 CFA francs for iron. For childbirth, you have to buy a ticket at 5,000 FCFA. The rest of the expenses depend on the price of the medicines administered to the woman giving birth; the total amount varies between 25,000 and 30,000 FCFA

In general, women and teenagers manage to pay the amount requested for the delivery; but sometimes there are social cases. In these cases, the staff tries to manage it at the health post: the ticket is offered to the client, as well as the medicines that the client needs and that are available at the depot. But for medicines that are not available at the health post depot, the client is left to his own devices. At this level, testimonies confirm that help is requested from the population or in other cases, the client is obliged to return home without the medicines.

Health insurance

The nine adolescent girls interviewed said they were not aware of this free health care policy and consequently, they could not comment on their satisfaction or not with this free health care. This shows the failure of communication of this policy launched in Senegal since October 2013.

In the same vein, the providers complained about the way the policy was implemented. These implementation difficulties directly affected the motivation of health workers. Even if they agreed with the principle of providing free health care to children aged 0-5, they deplored the cash flow difficulties that free health care generated and therefore questioned the fairness of such a measure. One of the participants of the providers' group said: "*We are not satisfied with the free health care policy because we are in a health post, even if we want to help people, sometimes it is very difficult to take care of everyone because the State does not reimburse normally. So afterwards, we hardly have the necessary resources to take care of free health care and even to pay our staff*". In other words, free care is idealistic because it is practically impossible to take care of all the 0-5 year olds for free. It is inequitable because some elderly people have incomes that allow them to take care of themselves. In addition, it ruins the health structures. Therefore, the providers scored 2 on this indicator to prove their dissatisfaction with this policy.

Unlike the adolescents and providers, the adults praised the policy. In doing so, they praised the initiative of free health care for the youngest. According to them, this policy would have allowed to manage delays in care but also and especially to facilitate access to quality care for the poorest. This is why the older women gave this indicator a score of 5.

Quality indicator

Respect for customers

The way clients are treated at the Lansar health facility was magnified by all participants in the study. Adults and providers gave the facility the highest rating in this regard, while adolescent girls showed their satisfaction by giving the facility a rating of 4. Clients applauded the courtesy of the health care staff. Staff were "very welcoming," "listened to," "were nonjudgmental," "gave good advice," and "respected the dignity of clients". One woman in the older group said that the doctor even gave her his personal number for emergencies because her patient had diabetes. In her testimony, she said: "*It was the same when I brought my little daughter who was sick. The staff on duty took very good care of her.*

Providers corroborated this and said they received gifts from clients who were satisfied with the services provided in the facility.

Speed of service

The three cohorts praised the internal organisation of the facility's staff, who ensure continuity of services, giving them a score of 4 for adolescents& providers and 5 for adults. This justifies the feeling of satisfaction among the clients. The punctuality of the staff and the way they handle

emergencies are among the reasons given by the adults. This promptness in taking care of clients is observed even at weekends with the staff on duty, as attested to by the clients' statements.

[**Confidentiality and privacy of care**](#)

On this indicator as well, the two groups of clients have the same perceptions of the level of satisfaction obtained. They gave the facility a score of 4, while the claimants gave it a score of 5.

Consultations are carried out with respect for the privacy of the patient. The door of the room is securely closed when a client is picked up, says one of the participants. However, the staff deplores the lack of rooms which pushes them to cumulate all the services in the same room as the care staff underlines it: "we do not have a room for each service that we propose, we make an integrated service".

Summary of discussions

The analysis of the results shows that the quality of reproductive health care services is generally satisfactory in the districts of Touba and Dakar. In Dakar, accessibility to services is highly appreciated in the Yoff and Diamalaye stations and to a lesser extent in Mermoz. In Touba, the same observation is made in the Guédé and Lansar facilities, unlike in Thiawène.

However, improvements are expected in both zones, particularly with regard to the availability of medicines and equipment in health facilities. In fact, although progress has been made in some health facilities, the renewal of equipment is a problem. In Thiawène, a glaring lack of basic equipment emerged from the discussions, while in Yoff, the renewal of materials is necessary.

Although FP equipment is available in all the facilities surveyed, efforts to strengthen the technical platform are expected.

In addition, *the unavailability of drugs* in the targeted health facilities was emphasized in the discussions. This pushes women and adolescent girls to resort to private pharmacies, incurring additional costs related to the purchase of medicines and transportation, while others who do not have the means prefer to resort to traditional medicine, which remains a dangerous practice for their health, as illustrated by the participants of this study. These products from the traditional pharmacopoeia are most often unregulated.

In **Senegal**, as in the rest of the African continent, 80% of the population use **traditional medicine**, medicinal plants and indigenous knowledge or local knowledge from resource persons to solve their private and health problems.

The *costs of the drugs* and services as well as the *consultation costs* are considered affordable by the various communities interviewed. This facilitates their access to health care. While some participants in Dakar and Touba praised the affordability of these costs, others had difficulty paying for consultations. But the strategies put in place in some facilities such as Guédé are effective solutions to facilitate access to care for these groups of individuals. In this health post, credits are granted to people who cannot afford to pay for services. In Lansar, women reported that even the private pharmacy granted them credit for the purchase of medicines and service supplies.

On the other hand, efforts are expected in the area of *health insurance*. The problems of reimbursement and the effectiveness of this policy are indexed. The cohorts therefore call on the Senegalese authorities to overcome these barriers in order to facilitate access to quality health care for the community.

As a reminder, Senegal, like other West African countries, has embarked on a process of free health care with a view to facilitating access to quality health care for the community, particularly women, children and adolescents. This is in response to the persistence of high maternal mortality ratios in Senegal, the still slow progress in increasing skilled attendance at delivery and the unequal access to care for women and adolescent girls. The argument behind these policies is that beyond promoting maternal health and equity, the policy of free obstetric care is a potential poverty

reduction strategy, as it promotes the implementation of sexual and reproductive rights and eliminates the catastrophic costs incurred by households in using its health services.

With regard to the evaluation of the quality of services in the Dakar region, the results of the discussions show that the community is generally satisfied with the services provided. With the exception of the Mermoz post, where clients complained that confidentiality was not respected in the provision of services, the analyses show that the quality of care is relatively very satisfactory.

Conclusion and recommendations

Improving the quality of health care depends on patient satisfaction and the quality of services provided. The objective of this study is to collect the experiences and perceptions of the population regarding the state of sexual and reproductive health (SRH) service delivery in Senegal, particularly in the districts of Dakar and Touba.

The community scorecard method developed by the World Bank has produced convincing results. Indeed, the results obtained showed that the populations were generally satisfied with the respect of privacy and confidentiality in the treatment. On the other hand, they deplored the glaring lack of equipment in the health facilities. This feeling is also decried in the availability of medicines, where frequent shortages are observed in the facilities. This leads them to resort to pharmacies at a higher cost or to self-medication or traditional medicine, which are dangerous to their health.

Moreover, the analysis of the clients' perceptions revealed that efforts are expected with regard to health insurance. Indeed, the discussions revealed that even if the free health care policy is welcomed by both providers and clients, it still has enormous limitations. From the point of view of the latter, the insufficiencies related to this policy are related to the reimbursement of credit by the State, while clients deplore not only the non-effectiveness of the policy but also, and especially, the fact that free access only covers inexpensive drugs. Also, according to the latter, some health facilities refused to take the health cards and as a result, clients were obliged to pay for the consultation in the same way as those who did not have one, while others travelled long distances in search of a facility capable of taking care of them.

In view of these results, the following recommendations are made:

- Concerning the quality of services

It would be important for health staff to receive training in communication. This would make it possible to deal with the difficulties raised by some of the participants in the study concerning reception in the health facilities.

- Concerning the availability of equipment

The lack of equipment was very much raised during the discussions in the Touba and Dakar districts. The lack of a maternity ward in some posts was also deplored by clients and providers. This leads some women and adolescents to turn to other, better equipped facilities where they often encounter difficulties related to care, as is the case in Yoff and Diamalaye. In addition, other clients prefer to go home and use medicinal plants or self-medication. In any case, the Senegalese authorities should react urgently to the lack of equipment and materials in Senegalese health institutions.

Apart from the maternity ward, it would be good to improve the technical facilities. Indeed, the discussions revealed a glaring lack of medical equipment in the health posts: ultrasound machine, mammography, a scanner, beds, wheelchairs among others. This could avoid certain inconveniences as was the case in Yoff.

The lack of equipment such as an autoclave, FP materials such as boxes for IUD insertion and for

Jadelle removal were also reported. Delivery boxes in the posts that offer delivery services such as the Lansar post as well as office furniture were highlighted during the discussions.

The renewal and maintenance of the equipment used was also discussed by the community, especially those who live near the seaside structures.

Some health facilities are in such a state of disrepair that they require complete rehabilitation. The kitchens and the laundry are out of order in most establishments. The relatively sophisticated equipment with which they were equipped is generally

In some cases, there are technical services in charge of maintenance, but the staff is quickly overwhelmed by the lack of training required, the lack of human, material and financial resources at all levels, and the unavailability of spare parts. In some cases, there are technical services in charge of maintenance, but the staff is quickly overwhelmed by the lack of required training, the lack of human, material and financial resources at all levels, the non-availability of spare parts in a timely manner and the absence of regulations on the organization and functioning of maintenance at all levels.

Consequently, the communities questioned call on the authorities to periodically renew health care equipment but also and above all to carry out regular maintenance, by qualified personnel, of medical imaging and/or laboratory equipment in health care institutions.

- The study also suggests that where residential accommodation exists on site for health workers, this could contribute significantly to improving citizens' access to health care. Districts could therefore consider supporting their health facilities in this regard.

Health insurance

- Resolve credit repayment difficulties

Indeed, the study revealed that the delay noted in the reimbursement of credit constitutes a blockage for the health structures which were struggling to meet the demand for health care of the health card holders.

- Include costs related to childbirth in the free of charge rate.

The clients interviewed almost all emphasized their desire to receive free health care for prenatal and postnatal consultations, but also and especially for childbirth. One of the reasons given, according to them, is that it would allow women and teenagers to use health facilities during pregnancy and afterwards. In fact, according to them, in Touba more precisely, women and teenagers would not hesitate to stay at home or to miss pre- or post-natal consultations for lack of means.

- Ensure proper monitoring of the policy

The Plan also suffers from a shortage of staff responsible for monitoring it at the national level, especially in the Touba district. It was under the administrative supervision of the office for the elderly, which was composed of only two agents in charge of reimbursements to all the country's

health facilities. This led to a lack of control over reimbursement requests and delays in processing them.

These implementation difficulties directly affect the motivation of health personnel. Although they support the principle of providing free care to the elderly, they deplored the cash flow difficulties that the Plan generated and questioned the fairness of such a measure. According to one doctor: *"The Plan is idealistic, it is impossible to take care of all the elderly for free. It is inequitable because some elderly people have incomes that allow them to take care of themselves. In addition, it ruins the health structures."*

According to some health workers, the increase in demand led to unpaid overwork and unjustified prescriptions by health workers with insufficient training in geriatrics. Some staff claimed to be responsible for certain expenses that the Plan had not covered, such as transport or certain medicines.

Authorities must first ensure the availability of resources and rigorous planning before committing themselves to policies whose potential effects are nonetheless significant and beneficial to the population.

Among other key recommendations for closing the gap in the provision of reproductive health services, taking into account the specific needs of vulnerable groups, the quality of reception, the effectiveness of the integration of services and the consideration of socio-cultural realities appear to be major levers for improving the health of women and adolescents in Senegal.

In short, communication on ASRH must be the order of the day. A holistic and comprehensive approach that is not only focused on the reason, but also on the individual, should make it possible to overcome the barriers to access to reproductive health services for adolescents and women. In addition, the community-based approach would facilitate this process. It would be very relevant for future studies to take into consideration the specific needs of vulnerable groups but also to broaden the scope of the study.