

Strengthening Community Health in Senegal: Lessons from a Ministry-led self-assessment

Prepared by: Amy Mbacké (Ministry of Health and Social Action, Senegal), Boukary Tapsoba (Financing Alliance for Health, Senegal), and Shivani Shukla (Financing Alliance for Health)

Background

Community health forms the backbone of Senegal's journey toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). Currently, over 50,000 community health workers (CHWs) - including Agents de Santé Communautaire (ASCs) - deliver essential health services across the country. Operating through cases de santé (health huts), these frontline workers provide promotive, preventive, and basic curative care, often serving as the first - and sometimes only - point of contact with the health system particularly in rural areas.

Senegal has made notable progress in community health, particularly in improving maternal and child health outcomes, thanks to sustained political will and strong support from development partners.

However, achieving UHC requires robust, transparent, and government-led financing. Unfortunately, current funding landscape is heavily donor-dependent involving multiple partners and streams, limiting the government's ability to plan strategically, coordinate effectively, and align resources with national priorities. Health system is now at high-risk, particularly in the face of declining donor funding.

Problem Statement

As Senegal prepares its next National Community Health Strategy (2025–2029), it is urgent and imperative that fundamental questions about financing for community health be clearly addressed.

How is community health currently funded? Who contributes, and through which mechanisms? Are financial resources aligned with national priorities, and do they reach the community level effectively? What are the structural or institutional gaps preventing more and better resourcing of community health?

To answer these questions, the Ministry of Health and Social Action, with support from FAH, conducted an assessment using the Community Health Financing Assessment (CHFA) toolkit. The CHFA toolkit provides a structured, participatory process for mapping financial flows, identifying bottlenecks, and building consensus on the actions needed to strengthen community health financing. The insights generated from this assessment form the basis of this policy brief.

AT A GLANCE

Why it matters?

Community health is central to achieving UHC in Senegal, with over 50,000 CHWs providing essential services in rural areas. As donor support declines, building a sustainable, country-led financing model is critical to protect gains and expand access equitably.

How was the assessment done?

Stakeholders from government, local authorities, and development partners participated in a national consultation guided by the CHFA toolkit. Data were validated in real time and organized around key financing dimensions, including resource flows, governance, equity, and innovation.

Key findings

- CHWs play a vital role but need clearer recognition, support, and structure.
- Funding comes from many sources but needs better coordination and local flexibility.
- Planning and budgeting are not always well connected, which affects service delivery.

Key findings

- Coordination platforms exist but need stronger leadership and regular use.
- There is strong interest in performance-based financing, but key systems are still being developed.
- Gender and equity are important areas that can be better included in planning and leadership.

Recommendations

Senegal should formalize CHW roles with clear pay and career paths, increase domestic funding and explore new sources like CBHI and private partnerships, and strengthen local planning by aligning budgets with community needs. Coordination should be improved across all levels, with clear mandates and regular engagement. Stronger systems are needed to support performance-based financing, alongside a unified CHW incentive framework. Gender equity should be better integrated into planning, leadership, and resource allocation.

Objective & Scope

This assessment, led by the Ministry of Health and Social Action (MSAS) with support from FAH, aimed to build a clearer, shared understanding of how community health is currently financed in Senegal - what's working, what's missing, and what can be strengthened to make the system more resilient and sustainable.

It focused on four main goals: 1. understanding the context and current structure of financing for community health; 2. identifying gaps and inefficiencies; 3. facilitating dialogue and alignment among stakeholders; and 4. exploring traditional and innovative approaches to resource mobilization.

The exercise was grounded in the CHFA toolkit, a structured framework designed to support governments and partners in analyzing financing flows, evaluating strategic purchasing and governance arrangements, and identifying reform priorities.

The toolkit also guided an assessment of how the system is supporting (or failing to support) community health goals around gender equity, decentralization, and integration with national planning and budgeting systems.

Overall objective aimed to guide policymakers, development partners, and subnational actors in building a more coherent, predictable, and country-led approach to financing community health.

Methodology

A national consultation was held with key stakeholders involved in community health in Thies, Senegal. Participants included representatives from the Ministry of Health and Social Action (MSAS), the Network of Community Health Actors, the Ministry of Economy, Planning, and Cooperation, the Ministry of Family and Solidarity, the Union of Local Elected Officials Associations, and development partners such as WHO, UNICEF, Plan International, and AMREF. These stakeholders were selected for their institutional roles and practical experience in community health. Participants used the CHFA toolkit as its guiding framework. The toolkit was populated collectively with country data and information during a plenary session to encourage discussion, consensus-building, and real-time data validation.

This participatory approach allowed for a comprehensive understanding of current financing practices, challenges, and opportunities. Data collected were organized by key themes. This directly informed the development of a five-year action plan, providing a roadmap with strategic recommendations to strengthen financing for community health in Senegal.

Key Features of CHFA toolkit

- **Automated** recommendations to guide strategy development
- **Gender-responsive approach** to ensure equitable and inclusive financing
- **Action planning framework** to translate insights into concrete next steps
- **Customizable** to both small-scale and national CHW programs

Findings



CHWs (majority being women) are central to service delivery but remain informal and under-recognized.

Service delivery relies heavily on CHW volunteers, many without formal contracts, clear incentives, and lack of recognition in legal frameworks. While they are the critical link to reaching rural populations, inconsistent support, delayed payments, and unclear roles affect their motivation, retention, and accountability. Although most community health workers are women, they remain largely excluded from leadership, supervisory, and decision-making roles.



Funding for community health is diverse but fragmented.

Community health receives support from multiple sources—including the central government, local authorities, external partners, NGOs, and private contributions through out-of-pocket spending. Community-Based Health Insurance (CBHI) and mutuals also play a role in select regions. While this funding diversity creates opportunities, most resources are managed centrally, limiting visibility and adaptability at district level. Local authorities and district health teams often lack the autonomy to allocate resources based on local priorities, making it harder to ensure services are responsive and equitable.



Planning and budgeting need consistency and better link to financing.

Operational planning for community health is inconsistent across regions and not always linked to financing or local frameworks. Plans may be outdated or lack costing, making it difficult to advocate for or mobilize the required resources. District teams are often unsure of their responsibilities when it comes to budget allocation, tracking, or engagement with local councils. This reduces their ability to deliver integrated, demand-driven services and engage meaningfully in broader health system planning.



Need for better coordination, across levels including subnational.

While platforms for multi-actor coordination exist at national and regional levels, they are often underutilized or unclear in function. In many areas, duplication of roles, poor information sharing, and limited joint planning continue to affect implementation. Technical programs and financing streams often run in parallel rather than being aligned under one strategy.



Senegal has shown strong interest in innovative financing, but systems need to be prepared.

There is growing demand to pilot results-based and performance-based financing to improve accountability and attract more investment into community health. However, core systems needed to support such model including data platforms, verification mechanisms, and a harmonized CHW incentive framework - are not yet in place.



Recommendations

Issue	What should be done	Why it matters
CHWs are still working informally, without structured pay or formal status with most being women.	Develop a national CHW policy that clearly defines their roles, working hours, responsibilities, and pay. The policy should also create a structured career pathway and ensure CHWs are officially recognized in the health system.	CHWs are the frontline of care in rural areas. Giving them legal status, fair pay, and clear roles will improve motivation, reduce turnover, and improve service quality.
Funding for community health comes from many sources but is insufficient, fragmented and not well-coordinated	Allocate a dedicated line in the national budget for community health. At the same time, increase domestic funding and engage the private sector, development partners, and community groups like CBHI to co-finance services. Develop a costed investment case that outlines the value of community health, funding needs, expected results, and return on investment. Use it to advocate for more domestic funding and guide partner alignment.	Without predictable and pooled funding, it is difficult to plan ahead. A more coordinated and diversified funding model will reduce dependency and improve sustainability. An investment case helps make the case for more funding, ensures resources are used strategically, and supports shared goals across government and partners.
Many local health teams may not have clear plans, budgets, or roles to implement community health services	Review and update operational plans regularly. These plans should be based on local priorities, clearly state who is responsible for what, and be fully costed and linked to local development budgets.	Clear, updated plans make it easier to deliver services that match real needs. They also help local teams manage budgets and coordinate with others.
There are platforms for coordination, but they are not fully functional at the local level	Strengthen coordination groups at national, regional, and district levels. Define who leads them, how often they meet, and how they connect to planning and budgeting.	Regular coordination helps align priorities, reduce duplication, and improve how partners and government work together.
Senegal shows strong interest in innovative financing models, but systems need to be in place to design, implement, and manage them	Test performance- or results-based financing in selected areas, with clear rules, good monitoring systems, and a fair way to pay CHWs based on effort and results. Also, develop a single national framework for CHW incentives.	Innovative financing can improve performance and attract more investment. But it needs good data, fairness, and consistency to succeed.

