

Senegal Program Report from the Advance Africa Project: Interventions, Achievements, and Lessons Learned

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*Expanding family planning
and reproductive health
services in Africa*

Senegal Program: Interventions, Achievements, and Lessons Learned

November 2004

Partner organizations: Academy for Educational Development • Centre for African Family Studies
Deloitte Touche Tohmatsu • Forum for African Women Educationalists
Family Health International • Management Sciences for Health

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I. Executive summary

Advance Africa's umbrella approach in Senegal aims to strengthen the public (Ministry of Health [MOH], Ministry of Education [MOE]) and private (Forum for African Women Educationalists [FAWE], Pan-African Regional Technical Assistance Group [PARTAGE], Association Sénégalaise pour le Bien Être Familial [ASBEF], Santé de la Famille [SANFAM]) sectors, and also to improve inter-sectoral collaboration, linkages, and integration into the educational sector of family planning and reproductive health (FP/RH) services within health and non-health sectors. Such endeavors call for a strategic approach bringing together health institutions, NGOs, and community-based organizations.

The Advance Africa program in Senegal is comprised of three different components:

1. Integration of family planning within postabortion care (PAC)
2. Strengthening the primary health care (PHC) system through performance monitoring and improvement (PMI)
3. Extending the fight against female genital cutting (FGC) in Senegal through integration into the formal education sector

In the component, integration of family planning within postabortion care, Advance Africa worked with PARTAGE members to strengthen their capacity to increase access to family planning services. PARTAGE consists of 18 multidisciplinary organizations, operating in different areas of expertise on the African continent. Advance Africa provided financial and technical assistance to the program.

In 2003, Advance Africa provided two grants to SANFAM and the Center for Training and Research in Reproductive Health (CEFOREP), with assistance from Centre Africain d'Études Supérieures en Gestion (CESAG), to implement their PAC activities. The grants were used for capacity-building and monitoring and evaluation (M&E). The CEFOREP and CESAG training institutions successfully carried out a monitoring and information system study as a result.

The second component is the strengthening of the primary health care system through performance monitoring and improvement. The PMI tool, developed with technical assistance from Advance Africa, has been successfully implemented in 15 USAID health districts and at the national level. By redeveloping the current monitoring system, Advance Africa has helped improve the performance of district health trainings and increase service utilization rates of FP, sexually transmitted infections (STI), and Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) services. Advance Africa's efforts also focused on the introduction of a participatory, continuous, and responsive approach to resolving consensually identified problems.

The third component, extending the fight against female genital cutting in Senegal through the formal education sector, aims to effectively connect networks of FAWE centers of excellence and teachers of life and earth sciences in the fight against FGC. Two hundred teachers were trained to provide FGC information and education to more than 32,000 students. Topics included the legal banning of FGC in Senegal, the

consequences of FGC, the socio-cultural and religious beliefs surrounding the practice, and current activities designed to prevent FGC in Senegal.

The overall outcome at country-level is the strengthening of the FP/RH system, capacity-building, and the integration of FP/RH into non-health programs.

Table of Contents

| | |
|--|-----------|
| I. Executive summary..... | 1 |
| Acronyms..... | 4 |
| II. Introduction..... | 5 |
| A. Advance Africa: An Overview | 5 |
| B. Senegal Background | 5 |
| C. Advance Africa activities in Senegal..... | 5 |
| III. Activities..... | 7 |
| A. Integration of Family Planning within Postabortion Care | 7 |
| IV. Overall Outcomes..... | 24 |
| V. Lessons Learned..... | 25 |
| VI. Recommendations/Next Steps..... | 25 |
| Annexes: Advance Africa list of report and tools produced in Senegal..... | 26 |

Acronyms

| | |
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| ASBEF : | Association Sénégalaise pour le Bien Être Familial |
| ASDA : | Association de Soutien au Développement des Activités de Population |
| BP : | Best Practices |
| CEFOREP: | Centre de Formation et de Recherche en Santé de la Reproduction (<i>Center for Training and Research in Reproductive Health</i>) |
| CAs: | Cooperating Agencies |
| CESAG: | Centre Africain d'Études Supérieures en Gestion |
| DISC : | Développement Intégré de Santé Communautaire |
| FAWE: | Forum for African Women Educationalists |
| FGC: | Female Genital Cutting |
| FHI: | Family Health International |
| FP: | Family Planning |
| HIV/AIDS: | Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome |
| ICPs : | Infirmiers Chefs de Poste |
| IEC: | Information Education, and Communication |
| IR: | Intermediate Result |
| JHU/CCP: | John Hopkins University, Center for Communication Programs |
| PAC: | Postabortion Care |
| PHC: | Primary Health Care |
| MIS: | Management Information System |
| MSH: | Management Sciences for Health |
| MOE: | Ministry of Education |
| MOH: | Ministry of Health |
| MTCT: | Mother-to-Child Transmission |
| PARTAGE: | Pan-African Regional Technical Assistance Group |
| RH: | Reproductive Health |
| SANFAM : | Santé de la Famille |
| SOTA: | State-of-the-Art |
| STIs : | Sexually Transmitted Infections |
| SVT : | Science de la vie et de la terre (life and earth sciences) |
| TOT: | Training of Trainers |
| VCT: | Voluntary Conseling and Testing |
| UNFPA: | United Nation Family Planning Association |
| WHO: | World Health Organization |
| USAID: | U.S. Agency for International Development |

II. Introduction

A. Advance Africa: An Overview

Advance Africa is a five-year family planning and reproductive health (FP/RH) service delivery project in sub-Saharan Africa. Funded by the United States Agency for International Development (USAID), Advance Africa is implemented by a consortium of six organizations with extensive experience in FP/RH service delivery, including Academy for Educational Development (AED), Deloitte Touche Tohmatsu (DTT), Family Health International (FHI), Management Sciences for Health (MSH), the Center for African Family Studies (CAFS), and the Forum for African Women Educationalists (FAWE). Advance Africa is especially fortunate to have these two African regional partners in its consortium.

Advance Africa responds to the continuing need of strengthening FP/RH services within the context of HIV/AIDS in sub-Saharan Africa. It is a flexible, comprehensive project, able to offer a broad range of state-of-the-art (SOTA) FP/RH expertise and a solid understanding of the African setting, especially in post-conflict settings. Even though the project mostly focused on implementing RH/FP services at the operational level it did have an important component of global leadership, in which it developed partnership with many other organizations and worked on advocacy and policy development. The project achievement in repositioning family planning at the country and regional level illustrated well its global leadership role.

B. Senegal Background

Senegal has a population of 10 million people, with an average population growth of 3% (July 2000 estimate). The total fertility rate (TFR) is 5.21, and the modern contraceptive prevalence rate (CPR) is estimated at 10.5% (1999 interim DHS). As in many African countries, the population is young, with 45% below the age of 15. Infant mortality remains high at 58 deaths per 1,000 births. The maternal mortality rate is 510 per 100,000.

Advance Africa Senegal activities in Senegal include strategic mapping of the integration of HIV/AIDS and family planning programs in Kaolack region and the integration of FP and PAC activities, strengthening the primary care service through the monitoring system, and the integration of FGC education and awareness into secondary schools in Senegal with FAWE network support.

C. Advance Africa activities in Senegal

Advance Africa's umbrella approach in Senegal aims to improve the public (MOH, MOE) and private (FAWE, PARTAGE, ASBF, SANFAM) sector, and also to improve inter-sectoral collaboration, linkages, and integration of FP/RH services within health and non-health sectors into the educational sector. Such endeavors call for a strategic

approach bringing together health institutions, NGOs, and community-based organizations.

Advance Africa worked with PARTAGE and various cooperating agencies (CAs) to promote quality PAC practices and family planning as a means of preventing unwanted pregnancies and abortions. PARTAGE was identified for partnership by the Advance Africa consortium for its potential to translate service delivery objectives from policy planning and formulation into concrete programs on the ground.

To reach its country-level goal of strengthening the health system, Advance Africa provided technical assistance to the Ministry of Health (MOH) to reinforce the PHC system through the performance monitoring system. The performance monitoring and improvement (PMI) initiative was introduced to the Bamako Initiative in the 1990s, which has contributed significantly in improving the performance of health posts and the reduction of maternal mortality. Unfortunately, the previously selected activities failed to include family planning and HIV prevention activities. The tool aimed to measure service availability coverage, accessibility coverage, utilization, adequacy, and effectiveness coverage.

In its endeavor to create linkages with the non-health sector, Advance Africa integrated the fight against FGC into the educational sector. In 1999, the practice of FGC was outlawed in Senegal but hidden FGC practices continue in remote areas where the Senegalese government has difficulty enforcing the ban. Several NGOs actively and successfully operate in the context of rural communities, but a complete change in the national mindset requires sustained action through diverse strategies. Learning centers and academic institutions are the ideal location for providing information and raising students' awareness during their formal educational training. Advance Africa, based on the USAID Senegal mission request, worked closely with the MOH and other key partners to reinforce PHC monitoring activities and has assisted the MOH in the scaling up process in all regions. Additionally, Advance Africa has worked to integrate FP/RH monitoring within PHC facilities.

This report will present each initiative and summarize the overall outcomes and lessons learned at the country level.

III. Activities

A. Integration of Family Planning within Postabortion Care

1. Background

Family planning is one of the most effective interventions for the reduction of maternal mortality and a vital component in the reduction of abortion-related mortality. Postabortion complications such as infections and excessive bleeding are a major cause of death for African women. Treating these complications is important, but providing essential knowledge, practices (such as optimal birth spacing [OBS]), and services for family planning would improve the chances of mother and child survival. To help reduce maternal mortality in African countries, Advance Africa worked with PARTAGE and various CAs to promote quality PAC practices and family planning as a means of preventing unintended pregnancies and abortion. PARTAGE was identified for partnership by the Advance Africa consortium for its potential to translate service delivery objectives from policy planning and formulation into concrete programs on the ground. The organizations have the potential to transform family planning programs from donor driven activities to coordinated multi-sectoral programs with African ownership and direction with increased sustainability. To this end, in collaboration with WHO, UNFPA, and PARTAGE regional groups, a regional conference on initiatives to extend PAC services for Anglophone and Francophone countries was organized and follow-up activities were supported.

2. Intervention

a. Objectives

Advance Africa worked with PARTAGE to strengthen their capacity to increase access to family planning services. PARTAGE consists of 18 multidisciplinary organizations, operating in different areas of expertise on the African continent. Advance Africa provided technical assistance wherever necessary and transferred technical expertise and resources, thus building technical capacity and leadership within local organizations. Initiatives encouraged and strengthened south-to-south transfer of existing resources and expertise among these organizations and had three objectives:

- To demonstrate the feasibility and benefits of integrating/strengthening family planning counseling and services into PAC programs
- To expand access to family planning services by assisting PARTAGE organizations in implementing family planning within their ongoing reproductive health activities
- To complete and evaluate activities on the integration of family planning into PAC activities among selected PARTAGE members

b. Strategies and Activities

The overall strategy for strengthening family planning within PAC through partnerships with PARTAGE groups follows three stages: regional meeting, group planning and proposal development, and selection of and technical assistance to PAC champions (PARTAGE small grantees).

Phase I: Regional Meetings

The Francophone PARTAGE group consists of seven organizations in West Africa. In collaboration with WHO and UNFPA, Advance Africa met with its Francophone PARTAGE group in Dakar, Senegal, in March 2002 for a regional conference. The two-day meeting focused on initiatives to extend PAC services for West African countries and discussed best practices in PAC. PARTAGE group attendees created action plans for strengthening family planning within PAC activities in their countries while Advance Africa provided technical assistance in applying best practices in PAC.

Anglophone PARTAGE consists of six national and two regional organizations covering eastern and southern Africa. Most of them are directly involved in HIV/AIDS prevention and care activities, such as VCT, MTCT, and counseling, but also offer some family planning and management services. Advance Africa conducted a workshop for Anglophone PARTAGE organizations from eastern Africa in Nairobi, Kenya, on 19-20 April 2002, as follow-on to the Regional Conference on NGO Partnerships for Reproductive Health in Africa, which aimed at improving family planning programs through better management and leadership. At this workshop, PARTAGE organizations developed proposals to implement family planning interventions in their areas of operation. Although Advance Africa chose to work with Francophone PARTAGE, Anglophone PARTAGE members continue to be involved in family planning, care and support, and management.

Phase II: Planning and Proposal Development

As mentioned above, the PAC West Africa meeting in March provided an excellent opportunity for Advance Africa to look for ways to help PARTAGE members share lessons learned and identify methods to implement pilot PAC activities. The PAC workshop was attended by approximately 150 participants representing government, regional African organizations, NGO, UN, and other funders. The meeting was comprised of a technical component with case studies and a mini university to provide participants with state-of-the-art (SOTA) information on PAC in the region.

An additional two days following the PAC meeting was used to select country champions to develop action plans based on information generated from the PAC workshop and the mini university. Follow-up activities included:

- Further analysis of how information and experiences obtained from the PAC workshop can be used to build regional organizations' capacity and leadership in PAC initiatives

- Examination of ways PARTAGE members can apply best practices in PAC in the Francophone region through a framework that enables them to collect, document, and disseminate best practices using a systematic approach developed by Advance Africa.
- Selection of members from the PARTAGE group where transfer of technical, financial, and resource capacity can be made to help them improve PAC by promoting and applying best practices
- Facilitation of a process where PARTAGE members can play a role in moving toward a multifaceted approach to best practices and provide access to evidence-based best practices

Phase III. PARTAGE Selection and Technical Assistance

The five organizations that submitted proposals for small grants for various activities were the following:

- *International Planned Parenthood Foundation Associate, Promoting integrative reproductive health and multisectoral activities for youth and children (ASBEF):* To provide in-service training to midwives and doctors in its clinics to integrate PAC services for family planning clients
- *CESAG:* To conduct research on the management of PAC in order to develop strategies and a plan of action for the integration of family planning services
- *SANFAM:* To develop curriculum and train health care providers in half of the 60 clinics of SANFAM on the integration of family planning activities into PAC activities
- *Association de Soutien au Développement des Activités de Population (ASDAP):* To conduct research on identifying PAC services for adolescents in the catchment's area where ASDAP works, promote PAC services, and initiate an awareness campaign on preventing illegal and unsafe abortions
- *Regional Center of Training in Management and Center for Training and Research in Reproductive Health (CESAG/CEFOREP):* To develop and apply guidelines to monitor PAC indicators and integrate them into the Management Information System (MIS) of the MOH system to strengthen the management of PAC activities (Both organizations will implement this activity)

Of the five, SANFAM, CEFOREP, and CESSAG received grants to implement PAC activities that combine service delivery, training, monitoring, and research.

3. Results

Advance Africa contributed to the strengthening of family planning within PAC by providing financial and technical assistance. Participation in the conference and follow-up activities included:

- Financing of overhead costs
- Sponsorship of 16 participants from African reproductive health organizations and members of the PARTAGE group
- Presentation of two papers entitled “Sustainability of Postabortion Care Services” and “Sexually Transmitted Infections in Postabortion Care Activities”
- Assistance developing PAC micro-projects for PARTAGE champions and group participants
- Follow-up on conference communication through the MAQ committee

In 2003, Advance Africa provided \$5000 grants to SANFAM and CEFORP (assisted by CESAG) to implement PAC activities. The small grants were used for training and M&E.

The CEFORP and CESSAG carried out a monitoring and information system study in the health zone that covered the Kaloack district, which includes health clinics served by SANFAM and ASBEF. Consequently, the three PARTAGE organizations benefited from the training which focused on how to measure the impact of PAC activities.

a. Leadership role and provision of innovative tools and approaches

One of Advance Africa’s mandates is to promote and scale up best practices to help establish family planning and other reproductive health services as a priority. Advance Africa shared their best practices approach with the PARTAGE group. The innovations presented at the PAC workshop served as lessons learned to assist various organizations in developing PAC activities and scaling up interventions where appropriate. Best practices mini-compendia were disseminated and groups exchanged ideas about their roles and resources to combat various PAC problems. Advance Africa continues to facilitate this process for different PARTAGE members and African institutions by continually updating the Best Practices Compendium and providing PARTAGE members with opportunities to highlight their promising practices and innovations.

b. Building capacity and collaboration

Working closely with three local African organizations, Advance Africa provided technical assistance in the proposal development phase and at other various points of implementation. The collaboration with SANFAM, CEFORP, and CESSAG was based on ongoing communication and feedback to help local organizations improve their proposal development skills and take ownership of their activities, thus enabling them to make use of local resources and knowledge. Advance Africa’s technical assistance role also provided supervisory assistance to PARTAGE groups that strengthened the Francophone network and created new PAC pilot initiatives.

c. Inter-sectoral collaboration and/or partnership development

Cooperating agencies partnered with local organizations and professionals in this area to address PAC within ongoing reproductive health services. The process of organizing regional conferences serves as an excellent example of collaboration in the preparation and management of a reproductive health initiative in Francophone West Africa. The cooperation and participation of IPAAS, John Hopkins University, Center for Communication Programs (JHU/CCP), INTRA/PRIME, Engender Health, Pathfinder, and Family Health International for the Francophone conference was exemplary, as each contributed their expertise and resources to the conference.

d. Increased awareness and/or knowledge in FP/RH and health practices (communities, groups, individuals)

In an effort to exchange relevant information on global PAC activities with key stakeholders and Francophone and Anglophone PARTAGE groups, Advance Africa collaborates with the CATALYST consortium to produce an annual newsletter. Advance Africa continues to fund, translate, and disseminate the PAC newsletter to various PARTAGE members, CAs, and local NGOs. The publication serves as a technical and organizational update on new PAC models, lessons learned, and conference proceedings.

4. Lessons learned

The success of regional initiatives to extend PAC services proves the need for collectively mobilizing resources to address the growing problems associated with illegal abortions in sub-Saharan Africa. Despite the growing numbers of women and adolescents resorting to illegal abortions, the policy and legal environment of these countries will take time to change. It is important that professionals working in this area address PAC within ongoing reproductive health services to reduce disability and death among women.

Monitoring and evaluation is a key issue for improving the implementation of all FP/RH-related activities, mainly for those concerning innovative interventions such as PAC activities. Appropriate indicators are not yet widely used in Senegal and PAC activities are not properly monitored. CEFOREP's newly developed list of indicators needs to be further tested and integrated into the MIS to effectively support PAC activities and family planning. The CESAG Institute of Health Sciences, which works closely in collaboration with CEFOREP, is developing and testing guidelines to refine the selected indicators and integrate them into the national MIS. Limited resources have impeded the organizations' capacities to follow through with these activities.

A serious obstacle faced by PARTAGE and other local organizations is the limited financial and technical resources to take on PAC services. Advance Africa provided these organizations with small grants, but challenges still arose in the organizations' capacity to report activities and document the impact of the intervention. Administration and reporting systems continue to be major areas that need improvement.

5. Recommendation

Despite the various constraints, the role of local organizations in promoting PAC within the framework of their mandate is critical. As acknowledged in the PAC Francophone workshop, PAC requires not only health interventions but also advocacy, policy, and programming to sustain quality services for women. Secondly, organizations working in PAC should create an environment where women do not feel like they have to resort to illegal abortions.

6. Conclusion

The purpose of creating the PARTAGE concept was to facilitate capacity-building and the transfer of skills to African institutions for better, more cost-effective, and sustainable results. Funding PAC champions strengthened Advance Africa's collaboration with PARTAGE groups and provided resources and incentives for them to develop cohesive strategies for local implementation. Organizational staff received appropriate support (training and/or supervision) from Advance Africa's experts which improved PARTAGE's capacity to integrate PAC into their family planning interventions.

B. Strengthening the Primary Health Care System through Performance Monitoring and Improvement

1. Background

Advance Africa, based on the USAID Senegal mission request, worked closely with the MOH and other key partners to reinforce PHC monitoring activities and assist the MOH in the scaling up process in all regions. Additionally, Advance Africa has worked to integrate FP/RH monitoring within PHC facilities.

The performance monitoring and improvement (PMI) initiative was introduced into Senegal with the implementation of the Bamako Initiative in the 1990s, which has contributed significantly to the performance of health posts. This approach, based on health services coverage measurement, focuses specifically on performance improvement. Health service coverage is a concept that was developed by WHO to address the issue of improving program implementation and effectiveness. WHO states that “services coverage measure enables managers to identify bottlenecks in the operation of the service, to analyze the constraining factors responsible for those bottlenecks, and to select effective measures for service development (Tanahashi, T., WHO, 1978)”. The monitoring approach for this activity consists of providing practical management support to the implementation of selected PHC activities that are the most cost-effective given the available resources. The previously selected activities however failed to include family planning and HIV prevention activities. The approach aimed to measure the coverage, availability, accessibility, utilization, adequacy, and effectiveness of services.

Advance Africa has provided a revision of the monitoring tools to include family planning and HIV/AIDS components, the strengthening of tools, the training of health workers in monitoring tool use, and the scaling up of revised tools to be used throughout the country.

2. Intervention

a. Objectives

- ***Overall Objective***

This program is aimed at reactivating and improving the monitoring system that was initiated in Senegal in 1992. The system had been dropped in 1997 when health personnel went on strike and held all routine data collected from public health facilities. The main objective of this reactivation is to rapidly improve the health status of women and children in Senegal. The revised system will include birth spacing and HIV prevention activities as essential activities to be monitored within the district health system. High priority activities that are to be monitored every six months include: vaccination of children under 12 months old (through the expanded program on immunization), prenatal care visits, modern contraceptive utilization for birth spacing, HIV/AIDS prevention, and primary curative care. The program will help ensure that every six months a monitoring (assessment and micro-planning) of the performance (quantitative and qualitative) of

each PHC facility within the district health system will take place focusing on essential activities.

- ***Operational Objectives***
 - Determine the weaknesses of the monitoring guidelines for both the health centers (district hospitals) and health posts
 - Test the feasibility and effectiveness of a draft version of the monitoring guide for health centers that include family planning and HIV prevention activities in the five selected districts
 - Organize a workshop to present, discuss, and validate the revised version of the monitoring guide based on the results from the test conducted in the five districts
 - Expand into the ten other USAID-supported districts the validated monitoring guide for health centers and the revised version of the guide for health posts to all 15 districts covered by Advance Africa technical assistance
 - Ensure the appropriate training of personnel to correctly apply the new monitoring guide
 - Provide necessary technical assistance to the MOH to generalize the new monitoring system and approaches to all other districts outside USAID-supported regions

b. Strategies and Activities

To ensure effective achievement of the above objectives the following four phases of the implementation strategy have been developed:

Phase I: Extensive literature review on monitoring based on the Senegal experience and other African and global experiences; this literature review will examine published and non-published documents to identify potential best practices, lessons learned in the areas that can be replicated in Senegal, and errors that need to be avoided

Phase II: Development and testing of new approaches and methods that can potentially strengthen the monitoring process and improve the performance and quality of the five target services, taking identified gaps and weaknesses into account

Phase III: Production of the final guide for monitoring health centers and health posts within the district health system

Phase IV: Validation of the newly developed guide for its application to all districts in the country, including the 15 districts supported by USAID; completion of appropriate

improvement and enhancements of the monitoring guide; organization of a national workshop to discuss and improve the monitoring guide and different approaches

3. Results

Advance Africa contributed to the performance improvement of district health trainings, and service utilization rates of FP/STI/HIV/AIDS services by redeveloping the current monitoring system. Advance Africa also focused on introducing a participatory, continuous, and responsive approach to resolving identified problems in a consensual manner. These accomplishments were made possible by a set of intermediate steps which are presented below.

a. Advance Africa leadership role

Advance Africa demonstrated its leadership by devising a new Performance Monitoring and Improvement guide. In addition, Advance Africa facilitated an analysis of the monitoring system and the organization of a committee to implement the project. Literature on the current monitoring process was then collected and analyzed thoroughly for gaps and insufficiencies. The outcome of this analysis led to the development of a field observation guide used in the monitoring process. A survey was implemented in five health posts and five health centers in the 15 health districts covered by USAID. It included an analysis of the monitoring information, dissemination, and planning meetings. All of the collected data was then analyzed for strengths and gaps. Advance Africa's new Performance Monitoring Plus guide was designed to incorporate the elements of the original Senegalese guide with revisions to overcome previous shortcomings.

b. Capacity building

The goal of PMI activities in Senegal has been to expand the capacities of the MOH, health districts, and health centers. The collaborative work has also helped CAs expand their capacities to participate in an activity that they would otherwise have little input into.

c. Inter-sectoral collaboration and/or partnership development

Advance Africa worked on consensus-building in the development and adoption of the monitoring guide with other CAs. In addition to the MOH, the monitoring implementation involves several partners including Family Health International, (FHI), Management Sciences for Health (MSH), DISCH, EngenderHealth, IntraHealth, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), WHO, and United Nations International Children's E Fund (UNICEF). Therefore, a key step in the project process was to reach a consensus on the monitoring guide and the process of its modification. The CAs developed a definitive and consensual report on gaps in and proposed solutions for the monitoring process of health posts, health centers, and the community health system. They took into account FP/STI/HIV/AIDS activities and qualitative approaches from the Strategic Mapping Approach when developing these solutions.

d. Increased awareness and/or knowledge of FP/RH and health practices

In partnership with the MOH, Advance Africa's first step was to standardize the use of the Performance Monitoring and Improvement guide in the 15 USAID-supported districts. To do so, the project organized a two-day workshop to update supervisors and district medical directors on the utilization of the new guide and tools. Advance Africa also did a follow-up refresher course, where the ICPs (infirmiers chefs de poste) were retrained by the supervisors. Afterward, the districts implemented the modified guide using the second monitoring cycle as a test. The Advance Africa technical team observed the second monitoring cycle in at least 20 health posts, five health centers, and five health huts in the project zone. The team also participated in dissemination/planning meetings, where they drew up a summary report of the meetings and brainstormed solutions.

Ultimately, Advance Africa's Performance Monitoring and Improvement guide has been implemented in all the health centers of the 15 districts in the USAID intervention zone, and has been accepted on a national level by the MOH and other CAs.

e. Provision of innovative tools and approaches to strengthen program implementation and capacity

In Senegal, integration of Advance Africa's Performance Monitoring and Improvement system into the national PHC system has contributed significantly to the overall strengthening of the national family planning program. This approach ensures that the monitoring of family planning interventions is planned and carried out biannually in each health facility of each district's health system. The MOH in Senegal and eventually other African countries will consider this approach for their performance monitoring.

Two essential improvements are to be included in the monitoring tool: the integration of family planning and STI/HIV/AIDS into the monitoring tools and specific tools for the health center (former monitoring tools were focused on the health post). These modifications allow the MOH to have a better understanding of PHC services by providing better coverage of monitored activities.

f. Increase in service outcomes: utilization, demand, access, quality, and sustainability

Advance Africa's work has increased usage of the new monitoring guide, and has resulted in the ownership of and commitment to the guide at the national level, thus demonstrating the successful integration of the new approach.

Most recently Advance Africa has ensured that a follow-up be carried out for the last two monitoring cycles of the project. The MOH with Advance Africa technical assistance organized a national workshop launch and presented the finalized monitoring tools. With support from the MOH, the usage of these tools will be extended outside of the initial 15 USAID-supported districts to a nationwide audience.

4. Lessons learned

The scaling up and revision of these monitoring tools were successful because of a set of principles established during the project initiation and implementation stages.

a. Participatory approach and partners' involvement: The involvement of partners and key stakeholders contributed to the success of the tools. Having CAs, UN institutions, and the MOH discuss monitoring issues ensures an overall acceptance of the tool.

b. Ownership and leadership sharing: Advance Africa did not solely implement and lead the project alone. District and regional physicians also played an intricate part, and the MOH team was a key partner in the process, demonstrating their commitment and willingness to use the monitoring tool.

c. Scaling up the utilization of monitoring tools: The evaluation of former monitoring activities is essential to the scaling up process. By integrating family planning and HIV/AIDS indicators into existing monitoring tools, Advance Africa helped broaden the scope of topics covered in the monitoring guide. Also, the tool was extended to health centers and for utilization nationwide.

d. Political support: The project gained strong political support, which aided in overcoming various difficulties and obstacles. The MOH supported Advance Africa's revision, finalization, and utilization of the tool.

5. Recommendations

- Assist and support the monitoring extension nationwide. The monitoring tools' development and implementation in USAID-supported districts went well due to an exhaustive follow-up. It is important to give the same kind of treatment during the extension process, health personnel training, monitoring planning, and at least one cycle of implementation.
- Develop an innovative electronic monitoring tools using PDAs system tested by MSH in the country to allow for efficient data analysis and monitoring. Consequently, time spent between the monitoring data collection and its restitution is shortened.
- Find a more suitable way to give feedback to improve the community's involvement in the use of the data, and help them make changes where necessary. When feedback is too abstract, it is difficult for the community to understand the data.
- Assist health facilities in integrating the monitoring results into the district's annual workplan to minimize discrepancy between the district's annual workplan development period and monitoring data availability.
- Facilitate collaboration among partners to increase the use of the monitoring data within the workplan.

6. Conclusion

Following the examination of Senegal's previous monitoring tools, Advance Africa discovered that the majority of the data collected was underutilized, and community participation in addressing health problems was inadequate. The new performance monitoring system has been extended to collect data on family planning, STI, and HIV/AIDS services, and includes all components of service provision. The new monitoring system is an ongoing activity, focusing on performance throughout the process of health care delivery.

The new monitoring system can also be used as a decision-making tool. It specifically outlines health personnel and their responsibilities to confirm leadership roles and accountability. Advance Africa's Performance Monitoring Plus system has been accepted as a management tool by the MOH and other political bodies. Participating CAs and doctors have ownership of the tool as contributors its development. The monitoring system is user-friendly, consensus-based, and has been successfully implemented in the 15 USAID health districts as well as at a national level.

C. Extending the Fight against Female Genital Cutting in Senegal into the Formal Education Sector

1. Background

Although the practice of female genital cutting (FGC) was outlawed in Senegal in 1999, hidden FGC practices continue in remote areas where the Senegalese government has difficulty enforcing the ban. Several NGOs actively and successfully operate in the context of rural communities, but a complete change in the national mindset requires sustained action through diverse strategies. Learning centers and academic institutions are the ideal location for providing information and raising students' awareness during their formal educational training. They are the future adults who should make well informed decision on this critical issue to facilitate and speed up the FGC complete eradication.

To take advantage of this opportunity, Advance Africa collaborates with the Senegalese chapter of the Forum for African Women Educationalists (FAWE). FAWE works within the formal educational system to combat FGC. By targeting the young girls and boys at elementary and high school levels, FAWE and Advance Africa hope to influence the future elimination of FGC.

FAWE/Senegal, one of 33 national chapters of FAWE, was founded in Dakar on 26 April 1997. Regular members of FAWE include female ministers of national education, female university presidents, and other women in policy-making positions in Africa. FAWE implements its strategies on the local level through advocacy, demonstrations, awareness-building, partnerships, and strengthening capacities. In Senegal, FAWE has a large network of centers of excellence designed to promote the education of young girls in 113 secondary schools and high schools across the country. FAWE's unique position has helped gain commitment from high-level government officials and community members, such as the MOE and school personnel. With FAWE support, methods and curricula focused on the harmful effects of FGC will successfully be integrated into schools.

2. Intervention

a. Objectives

- **General Objective**

To contribute to the national objective of eradicating FGC by effectively involving networks of FAWE centers of excellence and teachers of life and earth sciences

- **Specific Objectives**

- To train *science de la vie et de la terre* (SVT) (life and earth sciences) instructors to provide eradication of FGC instruction in six regions of Senegal during the 2003-2004 school year
- To raise students' awareness on abandoning the practice of FGC in the third and fourth levels of secondary schools of the six regions in Senegal during the 2003-2004 school year
- To begin cultural activities that advocate for the prevention and abandonment of FGC within the secondary schools of the six target regions

b. Project Strategy and Activities

Advance Africa has followed these phases in order to achieve project objectives:

Phase I: Advocacy

Utilizing skills provided by consortium members, Advance Africa worked closely with FAWE/Senegal on integrating FGC prevention instruction into the formal education sector. Known for their advocacy efforts, FAWE has made girls' education a priority and has helped increase funding for girls' educational activities in Senegal. Encouraging FAWE's preexisting network of supporters, teachers, and students to participate in the prevention of FGC has helped gain support for these activities.

Publicizing the law against FGC and organizing public cultural activities, has been another successful strategy in the fight to eradicate FGC. These cultural activities are engaging, informative, and designed to raise awareness in the community. Adolescents in schools are encouraged to actively participate in the eradication of this practice through these and other existing community initiatives within the informal education sector.

Phase II: Reference Manual

In addition, Advance Africa created a reference manual of FGC facts and information for trainers and teachers.

Phase III: Tools for Teachers

FAWE trained and provided resources for SVT instructors to conduct prevention of FGC instruction for students, both in regular classes and in FAWE centers of excellence. One of the tools developed for SVT teachers was a fact sheet about FGC.

Phase IV: National Curriculum

Advance Africa and FAWE developed a national curriculum integrating prevention of FGC instruction, an intervention that could be scaled up to go beyond the six regions currently applying the curricula. A standard curriculum would ensure that age-appropriate and pertinent information on FGC is communicated to the correct students.

These activities followed a series of steps to link schools, out-of-school groups, and community-based activities for the greatest impact. Discussion groups and advisory sessions with teachers and students also helped to validate the curriculum.

Phase V: Trainings

Advance Africa organized a national training of trainers' (TOT) workshop and six regional workshops. Prior to the TOT, 25 national trainers were identified within the project's target region, who in turn organized six regional workshops to train SVT teachers. As a result, more than 200 teachers received the training on FGC prevention and eradication.

In addition to these various trainings, concurrent cultural activities were held in the community and dialogues were held with families to elicit participation from parents and community leaders in FGC eradication efforts. These activities took place during the 2003-2004 school year.

3. Results

In 2003, Advance Africa conducted a regional TOT for ten FAWE members to transfer knowledge and skills in adolescent reproductive health. Following this regional TOT, FAWE and Advance Africa developed a life skills education (LSE) toolkit that includes advocacy materials and curricula for the prevention and eradication of FGC. The reference manual, school curriculum, and training and supervision tool for science teachers are currently in use throughout Senegal. In January 2004, 49 trainers were given the skills and tools needed to use the training manual and the curriculum at the central level. In the next phase, the program will train LSE/FGC instructors in 25 schools within 18 departments in six regions. Training in the remaining educational departments will be conducted in 2005-2006.

a. Advance Africa's leadership role

Baseline survey with parents and students conducted and data used for advocacy:

Advance Africa administered a baseline survey to parents to assess their knowledge of FGC and the law that prohibits the practice. The survey provided strong data used for advocacy against FGC, thereby gaining the support of local decision makers, deputy from national assembly, and the MOE. This advocacy helped spur the MOE to issue an official

notice nationwide to integrate the fight against FGC into the secondary school curriculum.

b. Capacity building

Centers of excellence and cultural activity coordinators as champions: The MOE benefit from the implemented training program. FAWE's centers of excellence organized community events, such as plays and concerts, to highlight and discuss FGC in their communities. Competitions were held with prizes for student involvement in the fight against FGC. Resource persons were available for ongoing discussion and counseling in the centers of excellence.

c. Inter-sectoral collaboration and partnership development

Skill-building workshops for school personnel: FAWE/Senegal's central office and the MOE worked as partners on project implementation and the quarterly monitoring of SVT instructors, regional education advisors, and other implementers in the teaching program. FAWE facilitators and school staff received technical assistance and an orientation on these activities. The MOH also made an important contribution to the technical training.

d. Increasing awareness and/or knowledge of FP/RH and health practices

Pedagogical approach to combating FGC: The 200 teachers trained provided FGC information and sensitization to more than 32,000 students. Information-sharing topics include the law banning FGC in Senegal, the consequences of FGC, the socio-cultural and religious beliefs surrounding the practice, and current activities designed to prevent FGC in Senegal.

e. Provision of innovative tools and approaches to strengthen program implementation and institutional capacity

FGC training tools: Advance Africa and FAWE conducted literature searches and gathered in-country information on the status and trends of FGC in Senegal. This activity provided clear and context-specific materials needed to implement the project. Thus, a set of training materials was developed including a reference document, FGC training curriculum, a teachers' training manual, a student reference document, and supporting IEC and sensitization materials based on the Senegal experience.

Development and adaptation of IEC materials: Advance Africa assisted FAWE in identifying available IEC materials. This participatory approach aimed to cut costs and avoid duplication of effort. A videotape from WHO and UNICEF was adapted and used by trainees during educational and advocacy activities.

f. Increase in service outcomes: utilization, demand, access, quality, and sustainability

National TOT workshop and six regional workshops: Advance Africa organized and conducted a TOT for 25 national trainers identified within the project target region. These trainers in turn organized six regional workshops to train SVT instructors on abandoning the practice of FGC in Senegal. More than 200 instructors received the training.

4. Lessons learned

Advance Africa and FAWE have been very successful in combating FGC in Senegal. Much of this success can be attributed to the impact and reputation of FAWE's networks and the responses elicited from FAWE's advocacy tools. The involvement of the community, specifically educational officials at various levels, contributed to the effectiveness of the pilot intervention. The SVT instructors' support was a key element in the success of FGC initiatives and activities both in and out of school.

5. Recommendations

- Scale up the integration of the FGC initiative into secondary schools in remaining regions
- Train a diverse group of teachers across disciplines in FGC (geography, philosophy, history)
- Reinforce the link between zero tolerance for FGC in schools to zero tolerance within the communities outside of schools
- Conduct a survey in 2005 with the schools, students, and parents in the six targets regions and compare findings with schools not currently involved

6. Conclusion

The fight against FGC is a long process that requires the multiple uses of complementary strategies. Advance Africa's approach in Senegal is to introduce the fight against FGC to the formal education sector and to establish links with ongoing community-based activities. The involvement of the community creates a synergy of action between teachers and students, parents and children, and community groups which have the capacity to bolster countrywide support for abolishing and preventing FGC. In addition, students and parents will be well-prepared to advocate for the eradication of FGC.

SVT teachers have been successful in demonstrating the need to extend the same training to other teachers and to encourage the MOE to fully integrate an anti-FGC education component in schools throughout the region.

IV. Overall Outcomes

The overall outcome at country level is the strengthening of the FP/RH system, the capacity-building of staff, and the integration of FP/RH into non-health programs. Advance Africa work in Senegal helped improve the public (MOH, MOE) and private institutional (FAWE, PARTAGE, ASBF, SANFAMP) system for client-driven FP/RH service provision. This approach experienced successes due to the strong emphasis on collaboration during its development.

The project attained its goal of improving inter-sectoral collaboration, linkages, and integration of FP/RH services into health and non-health programs. The monitoring project, besides strengthening the overall system, increased community involvement and the amount of data that could be used for decision making. The FGC project tightens the link between the MOH, the MOE, FAWE and other grassroots organizations in the reproductive health improvement effort.

Advance Africa played a leadership role in providing innovative tools and approaches, building capacity, developing inter-sectoral collaborations, and increasing awareness of FP/RH health practices. The project's activities have contributed to both regional and national achievements in FP/RH.

At the regional level, PARTAGE, FAWE regional training, and the PAC Initiative have contributed to Advance Africa's reproductive health leadership agenda. Regional institutions like CESAG and CEFORP contributed capacity-building and technical assistance to the implementation of a small grants program.

National-level activities were designed to achieve intermediate project results and in general increase access to and quality of FP/RH clinical and non-clinical programs. The Performance Monitoring and Improvement project, for example, strengthened health providers' awareness of the importance of data collection to improve reproductive health services and also gave them the training they needed to utilize data effectively. The MOH has also benefited from receiving timely data for planning and program development purposes.

One example of Advance Africa's interventions in the non-clinical sector is the integration of FGC education into the school system in collaboration with the Ministry of Education and FAWE. This project succeeded due to the strong inter-sectoral collaboration and strong political support.

V. Lessons Learned

- Monitoring and Evaluation is a key issue for improving the implementation of all FP/RH activities, particularly for innovative interventions such as PAC activities and the integration of the fight against FGC into the MOH sector
- PARTAGE facilitated the capacity building and transfer of skills to African institutions for better, more cost-effective, and sustainable results
- Participatory approach, partners' involvement, project ownership, and leadership sharing are key factors for the success of the program
- Political support was essential for FP/RH initiatives
- The involvement of the community was key to the effectiveness of the pilot intervention.

VI. Recommendations/Next Steps

- FP/RH programs should focus on advocacy, policy, programming, and research
- PAC, M&E, and the fight against FGC should be implemented nationwide
- Communities should be involved in program implementation and use gathered data for decision making
- The multi-sectorial approach in FP/RH programs implementation should be consolidated and extended
- Coordination and partnership among FP/RH stakeholders should be encouraged

Annexes: Advance Africa list of report and tools produced in Senegal

- A. Integration of Family Planning within Postabortion Care**
 - 1. PAC conference report, Advance Africa, Dakar, Senegal, 2002
 - 2. PAC training report, Advance Africa, Dakar, Senegal, 2002
 - 3. PAC Best Practice Compendium, Advance Africa, Arlington, USA , 2002

- B. Strengthening the primary health care system through Performance Monitoring and Improvement**
 - 1. Evaluation des Indicators de Planification Familiale au Sénégal, Dakar Sénégal, Ministère de la santé 2003
 - 2. Strengthening the primary health care system through Performance Monitoring and Improvement final Report
 - 3. Guide du Monitoring des Activités de Référence des Centres Hospitaliers, Dakar Sénégal, Ministère de la Santé 2003
 - 4. Guide du Monitoring des Activités de Référence du Centre de Santé Dakar Sénégal, Ministère de la Santé 2003
 - 5. Family Planning Integration into HIV/AIDS program Strategic Mapping in Kaolak; Dakar, Senegal 2002

- C. Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector**
 - 1. Reference manual For Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector
 - 2. Training curriculum For Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector
 - 3. Teachers book For Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector
 - 4. Trainees book For Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector
 - 5. FGC country report For Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector
 - 6. Baseline survey For Extending the Fight Against Female Genital Cutting in Senegal through the Formal Education Sector