

# SENEGAL FINAL REPORT

October 2000—September 2001; June 2004—September 2006

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



**USAID**  
FROM THE AMERICAN PEOPLE









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**for**

**USAID’s Implementing AIDS Prevention and Care  
(IMPACT) Project**







Senegal Final Report

*Submitted to USAID  
By Family Health International  
November 2007*

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Special thanks also goes to the USAID/Senegal health team who recognized from the beginning of the project the challenges and importance of increased community involvement in Senegal's fight against HIV/AIDS.

Finally, the IMPACT/Senegal project offers its deepest gratitude to all the partners identified in this report for their tireless efforts to contribute to Senegal's struggle to stop the spread of HIV and to improve the lives of those who are affected. Each individual effort, each single act has come together to constitute a formidable impact on the lives of the Senegalese men, women, and children that we serve.

## GLOSSARY OF ACRONYMS

ACI	Africa Consultants International
AIDS	Acquired immunodeficiency syndrome
ANCS	Alliance Nationale Contre le SIDA
ART	Antiretroviral therapy
AWARE	Action for West Africa Region
BCC	Behavior change communication
Bio-BSS	Biological and behavioral surveillance survey
BSS	Behavioral surveillance survey
C&T	Care and treatment
CTA	Ambulatory treatment center
FBO	Faith-based organization
FHI	Family Health International
FSW	Female sex worker
HACI	Hope for African Children Initiative
HIV	Human immunodeficiency virus
IDU	Injection drug user
IEC	Information, education, and communication
IMPACT	Implementing AIDS Prevention and Care Project
JICA	Japan International Cooperation Agency
MOH	Ministry of Health
MSM	Men who have sex with men
M&E	Monitoring and evaluation
NAC	National AIDS Council
NGO	Nongovernmental organization
OI	Opportunistic infection
OSIWA	Open Society Initiative for West Africa
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
RH	Reproductive health
STI	Sexually transmitted infection
VCT	Voluntary counseling and testing
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

## Executive Summary

Senegal is one of the few countries in Africa to have maintained a human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) prevalence rate below 3 percent since the beginning of the epidemic. Multiple factors have contributed to this success including high levels of circumcision, active community organizations dedicated to health issues, a strong sexually transmitted infection (STI) program, and stable leadership within Senegal's National Multisectoral AIDS Program that engendered strong support from political and social leaders across the country. Senegal has also benefited from significant support from technical and financial partners and has, therefore, been the site of many new initiatives. For example, Senegal was among the first African countries to offer free antiretroviral therapy (ART) to all AIDS patients and to implement the prevention of mother-to-child transmission (PMTCT) of HIV strategies.

Within this favorable context, the IMPACT/Senegal project's key role was to help the national program effectively integrate HIV/AIDS services within the public health service network and strengthen the role of local NGO partners in the community response to HIV. IMPACT/Senegal's technical guidance helped the Ministry of Health (MOH) integrate HIV/AIDS services into the national program through the development of national protocols for all prevention and care services, and the overall strengthening of service systems including logistics, monitoring, and quality control. In addition, IMPACT/Senegal supported the decentralization of service delivery to the regional and district levels focusing on voluntary counseling and testing (VCT), PMTCT, and outpatient care coupled with nutrition support. IMPACT/Senegal also partnered with numerous local NGOs to strengthen their capacities to respond to community needs and priorities. This included communication activities targeting both vulnerable groups and groups that engage in high-risk behaviors, advocacy work with religious leaders and the media, and free condom distribution through community networks.

Key results of IMPACT/Senegal's prevention activities include reaching a total of 803,625 people in the general population through community activities and directly promoting safe sex to an additional 108,609 people in high-risk-behavior groups, including commercial sex workers, mobile groups, and men who have sex with men (MSM). Within the domain of care and support, IMPACT/Senegal introduced outpatient services that complement medical treatment of HIV patients with nutritional care, home visits, counseling, and support groups. Three sites with comprehensive ambulatory care were supported by IMPACT/Senegal and have served as models for decentralization of HIV care and treatment at the health center level, which represents a truly sustainable and integrated approach for HIV care in Senegal.

Beyond these technical achievements, IMPACT/Senegal played an important role in introducing the concept of integrated program management at both the central and regional levels. In the spirit of the UNAIDS-recommended "Three-Ones" (a design to improve the coordination of national HIV programs around one national plan, one national coordinating body, and one M&E plan), integrated program management was born out of Senegal's 2005 national program review and helped orient all partners toward a more coherent and coordinated approach to rationalize resources and decentralize program management and responsibility. IMPACT/Senegal helped guide this process on the national level, where resistance was greatest, and then stepped back so that the process could assume a national identity, rather than one associated with a "project." Integrated program management has since been fully adopted by the national program and all major donors, including USAID, the World Bank, and the Global Fund.

At the close of the IMPACT/Senegal project, it is recommended that the focus now shift to quality and coordination of service provision. As Senegal has effectively integrated HIV services into the public health system, the major challenge now is to ensure high-quality services in order to sustain high levels of use and adherence. As a low-prevalence country, Senegal also needs to rationalize its resources; this can be achieved through improved coordination at the decentralized level so that decision-making and planning take place at the level of implementation. IMPACT/Senegal has helped to provide the tools and the capacity to national partners so that both quality and coordination of service provision can be achieved in the near future.

## Objectives and Strategies

### Objectives

IMPACT/Senegal began in 2001 under USAID/Senegal's new country program with a mandate to implement activities in the domains of HIV prevention, care and treatment, surveillance and capacity development, and to cover six of Senegal's 11 regions, including Dakar.<sup>1</sup> In partnership with 14 local organizations, including three MOH institutions, IMPACT/Senegal targeted individuals, communities, and service delivery personnel in a comprehensive approach to contribute to USAID's Strategic Objective # 3 to *increase access to, and use of, reproductive health services and information*. The key results under this strategic objective were:

1. Increased access to STI/HIV/AIDS services;
2. Increased demand for STI/HIV/AIDS services;
3. Increased knowledge of the importance of STI/HIV/AIDS services.

IMPACT/Senegal worked along side national structures to promote long lasting change and improvement. In partnership with both the NAC and the Ministry of Health, IMPACT/Senegal's support produced numerous national protocols including: HIV testing (quality control, counseling guides, and testing logarithms), PMTCT (national reference document and service provider guidelines), STI syndromic management (protocol and training guide), nutritional care (national reference document and training guide), and logistics management of HIV drugs and materials (training guide). In addition, IMPACT/Senegal supported the transition toward more integrated approaches to program management at the regional level. This was done through the Integrated Regional Planning process initiated by the National AIDS Council (NAC) in 2006 and through integrated supervision by which the MOH AIDS Division has adopted a holistic approach to supervising the care continuum from prevention to treatment at the operational level.

IMPACT/Senegal partnered with 14 local institutions that together constituted a rich network of resources helping to lead Senegal's successful fight against HIV. IMPACT/Senegal's financial and technical assistance to these institutions not only led to the results described in this report, but also reinforced their institutional capacity, thus helping them secure additional funding from other donors and further contribute to the national program.

### Strategies

IMPACT technical strategies reflect Senegal's priority areas and needs concerning: (i) prevention with a focus on BCC, C&T, and STI management; (ii) care and treatment with a focus on psychosocial care including nutritional support; (iii) strategic information that includes both sentinel and combined surveillance; and (iv) systems strengthening. In each of these key areas the FHI/IMPACT approach has included direct support for service delivery

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<sup>1</sup> Soon after IMPACT/Senegal started implementation, USAID/Senegal awarded FHI a five year cooperative agreement. IMPACT-funded activities therefore became an integral part of the larger HIV/AIDS program implemented by FHI in Senegal. This report highlights those specific activities and results obtained in early 2001, and then from September 2004 to September 2006, when the majority of the IMPACT funds were spent.

coupled with trainings, materials development, and/or assessments/evaluations to improve quality.

### ***Communication***

In the context of Senegal's relatively low HIV prevalence, IMPACT/Senegal's priority was to focus on prevention of new infections through BCC activities. During the course of these three years, IMPACT/Senegal concentrated efforts on three population groups: individuals who engage in high risk behavior including MSM, sex workers and their clients, and mobile groups; individuals that are vulnerable by virtue of their social or economic status such as women and youth; and the general population.

IMPACT/Senegal's communication strategy was three-pronged: (i) focus on interpersonal communication for groups that engage in high-risk behaviors with targeted tools and messages; (ii) conduct national mobilization campaigns every 2 years to rekindle interest and commitment to prevention; (iii) target media, community, and religious leaders with advocacy campaigns to help them integrate HIV themes in their regular public discourse.

### ***Voluntary Counseling and Testing (VCT)***

IMPACT/Senegal established the first VCT site in Senegal in 2001 and established an additional 15 sites by the end of 2006. All these sites were based in NGO or private sector structures, and half of them integrated VCT into existing health services (either ANC or youth RH services). Recognizing that the demand for VCT could not be satisfied through these limited number of structures, the MOH decided in 2005 to integrate VCT in all health centers across the country. All of IMPACT/Senegal's tools, evaluations, protocols, and training materials were adopted by the MOH and used to implement the massive scale up of VCT starting in 2006.

### ***STI Management***

IMPACT/Senegal's strategy has been to strengthen service delivery personnel capacity in STI syndromic management at all levels of the health pyramid, while at the same time supporting the MOH initiatives to train selected personnel in STI management for commercial sex workers and MSM. IMPACT/Senegal also supported another MOH initiative to introduce syphilis testing in the ANC package at the health post level (this is the most decentralized level of the health pyramid in Senegal).

### ***Care & Treatment***

IMPACT/Senegal's strategy in the domain of care and support was to help the MOH go beyond ART treatment at the hospital level to offer comprehensive care including treatment of opportunistic infections and nutritional and psychosocial care at both the regional and district levels.

### ***Strategic Information***

IMPACT/Senegal's strategy was to support national initiatives to monitor and measure the HIV epidemic. Building upon the success of the behavioral surveys conducted under AIDSCAP, IMPACT/Senegal supported a combined bio and behavioral survey targeting

groups that engage in high-risk behaviors, as well as the sentinel surveillance system initiated by WHO in 1989.

### ***Systems Strengthening***

As a key partner to the MOH and NAC, IMPACT/Senegal accompanied the national program as it sought to strengthen key systems based upon program priorities. In some instances the solution was provided through additional human resources, in others the solutions came through the establishment of task forces or working groups to focus on a specific issue. This domain is difficult to predict and plan from the outset but provides extremely valuable support during implementation.

### **Country Context**

Senegal has a concentrated HIV epidemic characterized by very low prevalence among the general population and relatively high prevalence among certain groups. In 2001, sentinel surveillance results indicated an HIV prevalence ranging from 0.4 percent to 2.9 percent among pregnant women in four sites; for sex workers in those same sites, the rates ranged from 14.3 percent to 29 percent. The 2004 sentinel surveillance results from 11 sites showed similar ranges in HIV prevalence: between 0.3 percent and 3.6 percent among pregnant women, and between 11.9 percent and 29 percent for sex workers.

In 2005, the DHS included biological tests and estimated the national HIV prevalence at 0.7 percent, hiding an important variation between women (0.9 percent) and men (0.4 percent). In 2006, results of the first combined surveillance (behavioral and biological) among groups that engage in high-risk behaviors estimated HIV prevalence among female sex workers at 19.8 percent, with significantly lower rates among the military, transport workers, and migrant groups (all with predominantly male populations). The variation across geographic zone is striking, with a rate two-to-three times higher in the southern regions. Despite such variations, however, Senegal has been able to maintain the HIV prevalence among its general population under three percent, which was the objective stated in the National Strategic Plan 2002–2006.

Part of Senegal’s success in maintaining a low HIV/AIDS prevalence rate is due to an early and effective response by both national leaders and community organizations. Strong national leadership facilitated the integration of new program components (VCT, PMTCT, ART, nutritional support) into the public health delivery system and a broad-based civil society sector helped extend HIV prevention and care to villages across the country. Senegal was also one of the first countries to provide free ART to all AIDS patients since 2001, and has since declared HIV testing and PMTCT services free to all. Despite such dedicated and innovative programming, the role of PLHA has been comparatively limited and very few people have revealed their HIV status and joined the ranks as actors of the country’s AIDS response. Low prevalence combined with very strong traditional and religious beliefs have delayed the open debate about HIV at the family and individual levels, such that there are still few families who provide care for sick members and even fewer partners who are tested together.

Additional challenges include overall low utilization levels of health care services and tremendous stigma/discrimination associated with HIV. While Senegal has been heralded as one of Africa’s countries with the highest level of knowledge about STI/HIV/AIDS, the transition from knowledge to action has been very difficult. Neither the “supply” of nor the

“demand” for HIV services have been able to effectively overcome religious and cultural obstacles associated with disease and sexuality.

## Implementation and Management

As noted above, IMPACT/Senegal played a major role in Senegal as the national program began to scale up key interventions and ensure access to both prevention and care services across the whole country. Listed below are some of IMPACT/Senegal’s key activities that have contributed to Senegal’s overall success.

### Key Activities

#### *Communication*

IMPACT/Senegal developed a series of tools for interpersonal and group communication, including flipcharts, posters, audio cassettes, flannel graphs, and a guide for using these materials. Both the communication tools and strategies are recognized nationally and have been reproduced by other donor programs in Senegal, including the World Bank, Senegal Red Cross, and German and Japanese Corporations.

In terms of activities targeting the general population, IMPACT/Senegal conducted two national (mobile) community mobilization campaigns using a combination of pop culture and targeted focus groups to engage debate around STIs, condoms, VCT/PMTCT, and stigma reduction. In 2005, IMPACT/Senegal participated in a West African initiative by AWARE to mobilize religious leaders in six countries around the issue of stigma and discrimination. AWARE brought together religious leaders and health communicators from eight different countries who caravanned from Mauritania to Nigeria. IMPACT/Senegal was responsible for the Senegal portion (see photo below) of this historic journey. The project capitalized on this opportunity by reproducing the religious leader caravan approach in two additional zones of the country to increase the exposure to such an innovative approach in communication.



### ***Counseling and Testing***

Starting in 2001, IMPACT/Senegal established the first VCT site in Dakar, which was located in a faith-based NGO health clinic. In the ensuing years, 15 more sites were established in various contexts and with various partners in the 6 USAID targeted regions. To ensure quality and standardized service delivery, IMPACT/Senegal and the MOH AIDS Division developed and disseminated the VCT national policy, protocol, training guides, supervision tools, and data collection forms for counseling and testing service delivery. After 2 years of implementation, IMPACT/Senegal conducted an evaluation of the existing sites; the sample included 10 public health centers to determine what additional resources would be needed to effectively integrate counseling and testing services within the public structures. Based on IMPACT/Senegal's comprehensive support for these initial C&T activities, in 2005 the MOH had the tools to integrate free counseling and testing in all health centers across the country with the support of additional funds available from World Bank and Global Fund.

### ***STI Management***

In a period when STI management had been dropped from the list of priority interventions, IMPACT/Senegal's tools and strategies to target MSM and FSW with STI treatment helped keep STI management on the national agenda and prevent an even greater spread of HIV/AIDS within these groups. IMPACT/Senegal's support started with a national evaluation of the quality of syndromic management of STI at health centers (known as PI6 and PI7). Based upon the results, IMPACT/Senegal and the MOH AIDS Division trained and equipped health centers across the country. To target high-risk behavior groups, IMPACT/Senegal developed national training guides for STI treatment specific to sex workers and MSM. These guides are used in trainings of service providers identified by the MOH and by partners at 30 sites frequented by registered sex workers and MSM. An additional activity was to introduce syphilis testing in ANC services at the health post level, where most people access ANC, as a critical step in increasing access to syphilis screening. From 2005–2006, a total of 45 health posts were equipped with the infrastructure and reagents for rapid syphilis testing.

### ***Care and Treatment***

IMPACT/Senegal supported care and treatment activities at two levels. At the national level, IMPACT/Senegal worked with the MOH AIDS Division to develop national protocols, training guides, and data collection tools. At the operational level, IMPACT/Senegal supported ambulatory care at three sites through equipment, training, and supervision to integrate psychosocial and nutritional care as a critical component of effective HIV/AIDS treatment.

### ***Strategic Information***

IMPACT/Senegal supported the national sentinel surveillance system that started in 1989 with WHO funding, and helped it expand from 4 to all 11 regions. Activities included laboratory training, analyses and supervision, and data analysis. The annual reports provided HIV prevalence estimates among pregnant women, STI patients, sex workers, and hospitalized patients. With support from CDC, IMPACT/Senegal supported a combined bio and behavioral surveillance survey in 2006 of groups that engage in high-risk behaviors. This survey provided national prevalence estimates by group for HIV, gonorrhea, herpes, and chlamydia. The population groups included registered and un-registered sex workers, truckers, and the army.

***Capacity Development***

IMPACT/Senegal's privileged partnership with the national institutions helped to identify key areas for capacity development and systems strengthening. Regarding logistics management, IMPACT/Senegal recruited a senior pharmacist to work with the MOH AIDS Division to strengthen their systems for managing test kits, ARVs, OI drugs, and condoms. In several technical areas, IMPACT/Senegal established task forces within the MOH to finalize technical protocols and training documents, including the Nutrition Task Force, and Data Management Technical Group.

Regarding program coordination, IMPACT/Senegal supported the Country Coordinating Mechanism (CCM) to establish its procedures manual to improve overall management of the Global Fund activities. IMPACT/Senegal also accompanied the National AIDS Committee in its paradigm shift to initiate regional integrated planning as the means to coordinate partners under the principles of "Three Ones," or improved coordination of national HIV programs around one national plan, one national coordinating body, and one M&E plan.

IMPACT/Senegal's technical support to the MOH significantly improved the overall management of the National AIDS Program. Most importantly, it ensured more efficient utilization of funds and resources from all partners. There are fewer stock-outs, improved relations with the Global Fund, and increased partner collaboration in planning and implementation of activities at regional levels.

## IMPACT/Senegal Project Implementation Timeline

This chart includes only those activities that are of national importance and recognized by all partners as key contributions of IMPACT/Senegal to the national program.

Activity	Year			
	2001	2004	2005	2006
<b>Communication</b>				
Produced communication tools for vulnerable groups and groups that engage in high-risk behaviors		X		
Conducted 2 national mobilization campaigns, general population			X	X
<b>Counseling &amp; Testing</b>				
Established first VCT center in Senegal, located at FBO site	X			
Produced National VCT Protocol and training module	X			
Established 8 additional VCT sites with FBO & NGO partners		X	X	
Conducted VCT evaluation			X	
Revised National VCT Policy, training tools, and guides			X	
Integrated VCT services into 8 youth centers nationwide			X	X
<b>PMTCT</b>				
Produced national reference guide and service delivery tools		X	X	
<b>STI Management</b>				
Conducted evaluation of STI syndromic management in 6 regions	X			
Produced national laboratory guide for STI diagnosis		X		
Revised national training guide for STI management of sex workers			X	
Produced national training guide for STI management of MSM				X
Established network of health providers for STI care among MSM			X	X
Introduced syphilis testing in ANC services in 45 health posts			X	X
<b>Care &amp; Treatment</b>				
Introduced nutritional care in ambulatory treatment center (CTA)	X			
Introduced AIDS hotline managed by PLHA in CTA		X		
Produced national guide for OI and AIDS treatment in health centers		X		
Established two ambulatory care sites in public health structures			X	X
Produced training guide and tools for nutrition and HIV				X
Established Nutrition and HIV Task Force in MOH				X
<b>Strategic Information</b>				
Produced 3 bulletins with annual HIV sentinel surveillance results		X	X	X
Conducted combined behavioral and biological surveillance				X
<b>Systems Strengthening</b>				
Supported MOH in human resources for logistics management		X		
Produced national training tools for HIV logistics management			X	
Reinforced CCM management and communication strategies		X	X	X
Supported National Vulnerability Assessment			X	
Developed tools and strategy for integrated regional planning			X	X

### Management

The activities in the table have been implemented through the IMPACT project in collaboration with 14 partners. Three of these partners are governmental institutions (two in the Ministry of Health and one in the Ministry of Youth) and the other 9 partners are local

NGOs. IMPACT's guiding principle is to select partners who already have the capacity and skills in a given area and help them to expand, improve, or adapt their activities in line with IMPACT's program orientation and the National HIV/AIDS Program priorities. Through ongoing collaboration, IMPACT has worked with each partner in the design, implementation, and reporting of their activities, with the view of improving their capacities in technical and program management

From the outset, IMPACT/Senegal instituted a coordination group with the Ministry of Health, the NAC and USAID to oversee and guide implementation. This mechanism served to ensure that all activities contributed to the national program and to avoid duplication with other partners. Regular meetings at the central level were followed by supervision and technical visits to the operational levels.

IMPACT/Senegal used the subagreement process with each of the 14 partners to guide annual budget and workplan development and set targets for selected indicators. This process was greatly appreciated by partners for its transparency and practicality. Partners also gained significant capacities in mastering IMPACT budget and management tools; several partners have applied the IMPACT systems and tools in partnerships with other donors.

Each partner operated independently on specific activities, while as a whole, all partners worked to achieve the same goal. This structure did not represent an optimal model for maximizing the input of each partner, since they were not aware of all partner activities. Such "parallel" programming is also a reality on the national level and a major challenge for Senegal.

The FHI country office is located in Dakar, where 18 IMPACT staff members were based. The technical staff included three physicians (one of whom was regional and contributed one-third time to the Senegal program) and two communication specialists. The administrative and program staff was comprised of 13 members. In addition to the FHI office staff, the IMPACT/Senegal team was comprised of 90 technical staff supported by 45 administrative staff in the 14 partner organizations. These staff were funded for a given percentage of their time for the IMPACT/Senegal activities.

The level of effort of this expanded team reflects what is recommended for a country of low prevalence—the largest effort (45 percent) is directed toward prevention activities and 27 percent for care and treatment. A significant level of effort has been dedicated to system strengthening across all areas, including the national logistics system for all HIV/AIDS tests and drugs, and has received 17 percent of FHI/IMPACT resources.

## **Program Results**

### **Program Outputs**

This information is detailed in the tables below by intervention area. These results show that most of IMPACT/Senegal activities were either based upon a formative assessment to guide a new intervention, or upon an evaluation to determine if and how to scale up. In addition, these results have served the broader needs of all Senegal's partners in the design of other programs.

IMPACT/Senegal produced the following program outputs:

***Reports, Evaluations, Assessments and Studies***

- *Formative Assessment: Community Mobilization in Underprivileged Zones.* This assessment guided community mobilization techniques (2001)
- *Evaluation of Approach for Participatory Planning (APP).* This evaluation examined IMPACT/Senegal's partner, *Alliance National pour la lutte Contre le SIDA (ANCS)* design to mobilize communities for HIV/AIDS activities. The evaluation revealed its success and justified ANCS's application of this approach with other funders, namely Global Fund (2006).
- *Evaluation of Association of Polyvalent Community Agents.* Conducted in 123 communities across 15 health districts. In collaboration with MSH, BASICS, and ARD, IMPACT/Senegal supported polyvalent community agents for health communication including HIV/AIDS. This evaluation revealed that the integration of multiple themes does not necessarily lead to quality communication (2006).
- *VCT Evaluation* conducted in 20 sites, including public and private sites. Fifty percent of sites were FHI-trained and supported. Until 2004, FHI was the only partner supporting VCT service delivery independent of pure diagnostic testing. In view of the successes and demand for voluntary C&T, the MOH decided to integrate C&T in all health centers. This evaluation informed the MOH of dos and don'ts for successful C&T service delivery on a national scale (2004–2005).
- *Formative Assessment: Integration of VCT in Youth Centers.* This assessment focused on both center-based and community actors to identify challenges for youth to access quality VCT. In 2005, JICA and UNFPA approached FHI to provide technical support for the integration of VCT services in the RH program at 8 youth centers. This study was financed through a contract with JICA for which all FHI/HQ and indirect costs were funded by IMPACT (2005).
- *Syndromic Management Performance Evaluation:* standard evaluation of health provider ability to correctly diagnose and treat STIs based upon the WHO protocol for syndromic management. The results revealed significant gaps in performance and helped guide training curriculum development of MOH (2001).
- *Evaluation of syphilis testing at health post level.* Syphilis testing was started in 45 sites and evaluated in 15 sites. Starting in 2005, FHI supported MOH initiative to provide free syphilis testing in ANC services at the health post level as a means to diagnose and treat the most prevalent STI in Senegal (2006).
- *Assessment of ambulatory treatment service delivery.* Conducted by IMPACT and staff from three ambulatory service sites who visited all three sites. IMPACT and MOH conducted this participatory assessment to identify challenges and opportunities for extending the model to other sites (2005).
- *Evaluation of the continuum of care model by Synergy for Children.* This evaluation concentrated on the outskirts of Dakar where the VCT site had established strong links with the local hospital for C&T (2006).
- *Evaluation of the telephone hotline for HIV/AIDS counseling.* This hotline was managed by PLHA at one of IMPACT/Senegal's ambulatory treatment sites. The evaluation results revealed the need for highly specialized counselors and more efficient costing model to avoid expensive telephone bills (2006).
- *Vulnerability Assessment and Mapping.* This document revealed the sources of vulnerability for HIV/AIDS transmission based upon distribution of groups that engage in high-risk behaviors, existing services and targeted program/project activities. The study

was conducted by the National AIDS Committee with FHI support and helped guide World Bank, Global Fund, and USAID programming. It also provided the impetus for integrated regional planning after the program realized that the geographic variation across the country required more local planning and data management efforts (2005–2006).

### ***Behavior Change Materials***

- Wall posters—23 different models with various themes (VCT, PMTCT, stigma, condom, abstinence, etc.) were presented in an art-show setting presided by the National AIDS Committee and resulted in numerous requests by other partners to reproduce them. One thousand five hundred sets of the posters were produced and distributed in various public structures/settings.
- Counseling cards—plastic folders with 21 cards for easy transportation and long-term use. Each card has an image on one side and the text to guide the counseling on the other side for easy use. One thousand five hundred folders were distributed to peer educators and counselors.
- Audio cassettes—including skits, songs, poems, and announcements. These tools were produced in the local language and have been used widely in schools, buses, and youth centers. One thousand five hundred sets of four cassettes were given to counselors and local radio stations.
- *Training Guide for HIV/AIDS Counseling*—this guide is used for all HIV testing, including PMTCT and diagnostic settings. Four thousand copies were produced and distributed to trainers.
- Reference cards—peer educators used these cards as a reference tool to facilitate referrals to VCT sites. Eight thousand of these cards were distributed.

### ***Technical Documents***

- VCT Norms & Protocols
- HIV/AIDS Counseling Guide
- STI treatment in sex workers
- STI treatment in MSM
- National Policy for Care & Treatment
- Reference manual for HIV/AIDS treatment
- Participant manual for nutrition & HIV
- Standard Operating Procedures (job aides for PMTCT, drug management in pharmacy settings, clinical care for OIs)

### ***Capacity Development***

IMPACT/Senegal capacity development results represent both direct and indirect efforts over time with a variety of partners and institutions. The following is a synthesis of the key results of capacity development efforts by IMPACT/Senegal at both the national level and with specific partners.

- **Regional planning and management of Senegal’s multisectoral AIDS program:** Senegal’s 2005 mid-term review of the National AIDS Program recommended decentralization of the multisectoral response to the regional level. This shift from central to regional levels constituted a major paradigm change and required significant advocacy and technical support. FHI IMPACT/Senegal and Africa Consultants International (ACI) were the key partners accompanying the National AIDS Program through this transition, through tools development, trainings, and regional workshops.

All HIV partners in Senegal now recognize this regional focus as a means to apply the concept of “Three-Ones” and promote coordination at the operational levels.

- **National vulnerability study:** Another recommendation from Senegal’s 2005 mid-term review was to identify sources of vulnerability within Senegal’s population to guide prevention efforts. IMPACT/Senegal joined the NAC team, and through additional consultants, provided qualified human resources in mapping and geography of health to effectively illustrate sources and concentration of vulnerabilities across the country.
- **Partner strengthening in technical, program, and financial management:** IMPACT/Senegal partnered with many of the best local NGOs in Senegal. This partnership helped many of them improve their program management by using IMPACT/Senegal’s financial and technical tools in order to expand their portfolio and obtain additional funding. For example, IMPACT/Senegal supported ANCS in the design and development of their first Global Fund proposal as primary recipient for the NGO component of the Global Fund Grant. Another example is *SIDA Service*, a partner with whom IMPACT/Senegal established the first VCT site in Senegal; they have obtained additional funding to expand VCT services into other regions based on the strategies and tools that they developed with IMPACT. Finally, IMPACT/Senegal supported *Synergy*, a very small local NGO, to start VCT in a youth center. Due to this partnership, *Synergy* was able to attract other partners and integrate additional activities for OVC in addition to VCT services with funding from OSIWA and HACL.

IMPACT/Senegal placed and supported two key personnel in the AIDS Division of the MOH: an STI specialist and a pharmacist/logistician. Both staff contributed significantly to reinforcing STI and logistics activities, thereby ensuring ongoing capacity of MOH to manage all HIV/AIDS funds and programs. For example, the MOH now manages the logistics for procurement and distribution of HIV test kits and ARV for all partners nationwide. The result has been reduced rates and duration of stock-outs at the site level.

IMPACT/Senegal collaborated with UNFPA and JICA to integrate VCT services in youth centers. Over an 18-month period, FHI staff worked with both the Ministry of Youth and Ministry of Health to establish technical partnerships so that the activities at both the central and operational levels were fully adopted by the public sector and, therefore, sustainable after donor funding ended.

## Service Outputs

### *Behavior Change Communication*

All communication activities sought to increase knowledge of STI/HIV/AIDS, appreciation of personal risk, and access to services (including condoms, HIV testing, and STI treatment). The table below indicates the numbers of people reached by these activities.

Target Group	Year		
	2004	2005	2006*
<b>Groups at High Risk</b>			
Mobile	5,467	21,939	14,489
MSM	177	404	301
Sex workers	20,912	31,708	13,212
<b>Subtotal (1)</b>	<b>26,556</b>	<b>54,051</b>	<b>28,002</b>
<b>Vulnerable Groups</b>			
Women	51,326	457	5,064
Young people	28,140	15,551	44,941
<b>Subtotal (2)</b>	<b>79,466</b>	<b>16,008</b>	<b>50,005</b>
<b>General Population</b>			
Community groups	20,793	174,758	222,812
Social mobilization			67,984
VCT promotion	57,573	78,706	29,552
Religious leaders		34	40
Telephone hotline		3,828	2,066
<b>Subtotal (3)</b>	<b>78,366</b>	<b>257,326</b>	<b>322,454</b>
<b>TOTAL</b>	<b>184,388</b>	<b>327,385</b>	<b>400,461</b>

\* 2006 included 9 months of activity since closeout of the bilateral program started in June 2006.

### *Voluntary Counseling and Testing*

Another successful component of IMPACT/Senegal's contribution to HIV/AIDS service delivery was VCT for HIV. In 2001, IMPACT/Senegal established the first VCT site in Senegal, based in an FBO health center. In the following years, IMPACT supported other sites as indicated in the table below. All sites were located in NGO and FBO structures and conducted outreach and basic psychosocial care for PLHA. In 2005, two other international development partners initiated support to VCT within MOH health centers. To help guide the MOH decision to integrate VCT in all health centers, IMPACT/Senegal conducted a comprehensive review and evaluation of existing VCT services. Based upon this review, IMPACT/Senegal supported the MOH to revise the national protocol for VCT, establish national guidelines for quality assurance for HIV testing, and update the training tools for counseling in the pre- and post-test settings. These efforts permitted the MOH to extend VCT services throughout the whole country using MAP and Global Fund resources; there were 75 VCT sites in Senegal by the end of 2006.

*Number of people receiving C&T services at IMPACT-supported sites*

Number of people tested	Year					
	2001	2002	2003	2004	2005	2006*
<b>Men</b>	n/a	n/a	n/a	2,430	3,631	7,428
<b>Women</b>	n/a	n/a	n/a	4,480	6,729	13,776
<b>Total</b>	1,736	2,477	4,025	6,910	10,360	21,224
<b>Number of sites</b>	1	3	5	9	9	16

n/a = not available.

\* Data were collected for only 6 months of the year.

In line with Senegal's multisectoral approach to fight HIV, IMPACT/Senegal supported the Ministry of Youth in the integration of VCT in eight youth centers offering reproductive health (RH) services with support from UNFPA. The result has been a tremendous uptake in VCT by the youth and a revitalization of the youth sites. The MOH and MOY continue to cover the fixed costs of these services, thus rendering these activities truly sustainable.

The table above presents the number of people who received HIV counseling and testing at IMPACT/Senegal-supported sites over a six year period. The youth sites were included in 2006 and are responsible for doubling the number of people in comparison to 2005 in a six-month period. Although the data were not disaggregated by gender for the first three years, 2001–2003, the data since 2004 clearly shows that women are more likely to seek information and counseling regarding their HIV status. This is true for all age groups and highlights the need for targeted service promotion among men, young and old.

### ***Care and Support***

Regarding service delivery of AIDS care and support activities, Senegal started decentralization of medical care, including free ART, to selected regional hospitals in 2002 and reached all 11 regions by the end of 2005. IMPACT/Senegal accompanied this process at three different levels. First, in the development of national guidelines and training tools as previously indicated. Second, the training of care providers in USAID target regions. Third, in support for service delivery activities such as procurement of CD4 testing equipment and laboratory supplies, nutritional support, and psychosocial care.

While the estimated number of PLHA in Senegal in 2004 was 55,000<sup>2</sup> (including children), only a limited proportion actually know their HIV status. In 2004, approximately 3,000 PLHA were receiving ART; that number increased to 5,000 at the end of 2006. IMPACT/Senegal's contribution to this national effort is noted in the table below. In 2004, IMPACT/Senegal supported one ambulatory care site in Dakar that provided comprehensive care, including ART. This site continues to serve the greatest number of patients in the country because of its quality of care. Starting in 2005, IMPACT/Senegal replicated this model in two other regions in public sector health facilities.

<sup>2</sup> 2004-2005 Sentinel Surveillance Report, Dantec National Reference Laboratory.

*Number of PLHA benefiting from care and support services at IMPACT-supported sites*

Type of services	2004	2005	2006
Nutrition training and support	1,870	3,111	3,180
Ambulatory medical care	1,780	2,596	2,781
ARV treatment	546	953	1,004

All of the above activities and services were supported by IMPACT/Senegal in six of Senegal's 11 regions that were targeted by USAID's overall health program. Based on the type of activity or service, IMPACT/Senegal concentrated efforts in each region where the need was strongest and the potential for impact was the greatest. The table below provides an overview of the number of sites where IMPACT/Senegal and its partners implemented activities during the three-year period.

*Number of prevention and care activities and services*

TARGET GROUP	Number of service/activity sites covered		
	2004	2005	2006
Sex workers	24	45	45
Mobile workers	39	57	57
Community groups	182	178	178
MSM	3	7	7
Youth groups	10	35	35
PLHA—nutrition	1	9	11
PLHA—psychosocial	1	2	6

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## Lessons Learned and Recommendations

### Lessons Learned

**Prevention activities should not overlook the general population.** Senegal's success can be explained in large part by its early reaction and implication of various sectors to reach a significant portion of the general population. One result of this success is that the epidemic is concentrated in a few population subgroups with high-risk behaviors; and consequently most international partners (including USAID) have orientated their support almost exclusively toward these high-risk population groups. While it is important to target these groups, it is also important to maintain prevention activities targeting the general population to accommodate changes in conditions of vulnerability within society as well as the renewal of generations.

**Partnerships with health structures contribute to better accessibility and acceptability of HIV testing nationwide.** Senegal's civil society became greatly involved in HIV testing and community care. It is critical at this stage to maintain regular quality improvement of services both inside and outside the health structures to maintain high demand and use of these services.

### Recommendations

**Local government and private financing should be assessed for a sustainable national response to HIV.** Senegal's HIV program includes many services and products that are free to everyone in need, including condoms, HIV testing, PMTCT, and ART. A significant portion of these were supported either in part or in full by international partners, making them unsustainable. Although the NAC succeeded in securing a line item for ARV in the national budget, there is significant potential for funding from local (at the regional level) government and private sector actors that needs to be taken advantage of for a truly sustainable national response.

**Comprehensive care needs to be defined as a continuum model.** Senegal has succeeded in defining models of comprehensive care in an ambulatory setting, which bridge both the health and community sectors. In order to become sustainable models and to respond to the multiple needs of PLHA, the comprehensive care models need to be defined within the construct of a continuum model, starting with HIV testing and continuing through end-of-life care. The model also needs to build upon existing local resources.

**PLHA should be integrated into the national response to HIV/AIDS.** Senegal's PLHA are very slowly defining their role and contribution to the national program. Although the number of PLHA associations has increased dramatically over the past three years, and they directly manage funds and activities, there is still a significant need for skills reinforcement combined with an anti-stigma campaign to truly integrate PLHA as more than token actors in the national response.

**The NAC should be supported to develop a long-term financial plan.** During the past six years, USAID has been virtually the only partner to support surveillance activities, both sentinel and behavioral surveillance surveys. The important role of surveillance within the broad spectrum of strategic information requires a more sustainable approach that is not

dependant on one single partner. Although the NAC has a national M&E plan, its design did not include a financial plan for integrating all partners at all levels. As key partners, IMPACT/Senegal and USAID should support the NAC to develop a long-term financial plan alongside the technical elements of a comprehensive strategic information plan.

## ATTACHMENTS

Since 2001, USAID has committed US\$2,908,000 to IMPACT/Senegal. The IMPACT/Senegal program closed on August 31, 2007.

### IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

<b>PARTNER</b>	<b>DATES</b>	<b>ACTIVITIES</b>	<b>TARGET GROUPS</b>
<b>ACI</b> (Africa Consultants International)	Jan. 2001–Sept. 2003 Jan. 2005–June 2006	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Strengthening PLHA Associations</li> </ul>	<ul style="list-style-type: none"> <li>• Media</li> <li>• Parliamentarians</li> <li>• PLHA leaders</li> <li>• Private sector</li> </ul>
<b>Alliance International (avec ANCS)</b>	Sept. 2000–March 2005 March 2005–June 2006	<ul style="list-style-type: none"> <li>• IEC/BCC</li> <li>• Participative planning</li> <li>• Community mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• General population</li> <li>• CBOs and associations</li> <li>• PLHA</li> </ul>
<b>ASBEF</b> (Association Pour le Bien Etre Familial)	Feb. 2004–June 2006	<ul style="list-style-type: none"> <li>• VCT (1 site, Louga)</li> <li>• Psychosocial care</li> </ul>	<ul style="list-style-type: none"> <li>• General population</li> </ul>
<b>ASVIE</b> (Association pour la Solidarité et la Vie)	Nov 2002–June 2006	<ul style="list-style-type: none"> <li>• VCT (1 site, Ziguinchor)</li> <li>• Psychosocial care</li> </ul>	<ul style="list-style-type: none"> <li>• General population</li> </ul>
<b>AWA</b>	Mar 2001–June 2006	<ul style="list-style-type: none"> <li>• IEC/BCC</li> </ul>	<ul style="list-style-type: none"> <li>• Commercial sex workers</li> </ul>
<b>CE</b> (Centre Emmanuel)	Jan 2005–June 2006	<ul style="list-style-type: none"> <li>• IEC/BCC</li> </ul>	<ul style="list-style-type: none"> <li>• Young maids</li> <li>• Handicapped persons</li> </ul>
<b>CTA /OPALS</b> (Center for Ambulatory Treatment)	June 2002–June 2006	<ul style="list-style-type: none"> <li>• Medical care</li> <li>• Psychosocial care</li> <li>• Nutritional care</li> </ul>	<ul style="list-style-type: none"> <li>• PLHA</li> </ul>
<b>LBV DANTEC</b>	Feb. 2001–June 2006	<ul style="list-style-type: none"> <li>• Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Tuberculosis patients</li> <li>• Commercial sex workers</li> <li>• Hospitalized patients</li> </ul>
<b>DLSI</b> (Division de Lutte contre le SIDA/IST)	Feb. 2001–June 2006	<ul style="list-style-type: none"> <li>• VCT</li> <li>• STI care</li> <li>• HIV care</li> <li>• Logistics</li> <li>• PMTCT</li> </ul>	<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• VCT sites</li> <li>• MSM</li> <li>• Health facility personnel</li> </ul>
<b>ENDA/GRAF</b>	Apr 2001–June 2006	<ul style="list-style-type: none"> <li>• IEC/BCC</li> </ul>	<ul style="list-style-type: none"> <li>• Truckers</li> <li>• Fishermen</li> </ul>
<b>SNEIPS</b>	Apr 2001–Dec. 2004	<ul style="list-style-type: none"> <li>• Media</li> </ul>	<ul style="list-style-type: none"> <li>• General population</li> </ul>

<b>PARTNER</b>	<b>DATES</b>	<b>ACTIVITIES</b>	<b>TARGET GROUPS</b>
(Nation Education & Info Service )		<ul style="list-style-type: none"> <li>• Community Mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Medias</li> </ul>
<b>MIDA</b> (International Movement for African Development)	Apr. 2001– Apr. 2003	<ul style="list-style-type: none"> <li>• IEC/BCC</li> </ul>	<ul style="list-style-type: none"> <li>• Youth in the informal sector</li> </ul>
<b>PPJ</b> (Project for youth promotion)	Apr. 2005– Sept. 2006	<ul style="list-style-type: none"> <li>• VCT (8 sites)<sup>3</sup></li> <li>• Psychosocial care</li> </ul>	<ul style="list-style-type: none"> <li>• Youth</li> </ul>
<b>SIDA SERVICE</b>	May 2001– June 2006	<ul style="list-style-type: none"> <li>• VCT (6 sites)<sup>4</sup></li> <li>• Advocacy</li> <li>• IEC/BCC</li> </ul>	<ul style="list-style-type: none"> <li>• General population</li> <li>• Religious leaders</li> <li>• Christian groups</li> <li>• In-school youth</li> </ul>
<b>SWAA</b> (Society For Women Against AIDS in Africa)	Mar. 2001– June 2006	<ul style="list-style-type: none"> <li>• IEC/BCC</li> </ul>	<ul style="list-style-type: none"> <li>• Women</li> <li>• Youth</li> </ul>
<b>Synergy for Children</b>	Jan. 2003–June 2006	<ul style="list-style-type: none"> <li>• VCT (1 site, Guédiawaye)</li> <li>• Medical care</li> <li>• Psychosocial care</li> </ul>	<ul style="list-style-type: none"> <li>• Youth</li> <li>• General population</li> <li>• PLHA</li> </ul>
<b>Subcontracts with the Regional medical Offices, Ziguinchor, Kaolack, Louga, and Fatick</b>	Jan. 2004–June 2006	<ul style="list-style-type: none"> <li>• Ambulatory care sites</li> <li>• STI</li> <li>• Medical care</li> <li>• PMTCT</li> </ul>	<ul style="list-style-type: none"> <li>• PLHA</li> <li>• Health facilities</li> <li>• Health facility personnel</li> </ul>

<sup>3</sup> The 8 VCT sites with the PPJ are integrated in Youth Counseling Centers (CCA) in Rufisque, Parcelles Assainies, Louga, Mbacké, Kaolack, Bakel, Kédougou, and Tambacounda.

<sup>4</sup> The 6 VCT sites with AIDS services are located within private Catholic-run dispensaries: Dakar, Thiaroye, Thiadiaye, Kaolack, Sokonne, and Thiès.