

## ESTHER Switzerland Start-Up Fund Project

**Improving linkage to care of injection drug users in Senegal  
by establishing cost-efficient and tailored outreach programs  
with special consideration of women**

# OPERATIONAL REPORT



AT A GLANCE	
<b>Project Title</b>	Improving linkage to care of injection drug users in Senegal by establishing cost-efficient and tailored outreach programs with special consideration of women.
<b>Country</b>	Senegal
<b>Goal</b>	<i>Establishing a partnership for an effective and cost-efficient system of outreach interventions, peer work and triage targeting drug users in Senegal with special consideration of women. Key populations should be accessed through harm reduction interventions and triaged to the Department of Infectious Diseases for testing and treatment.</i>
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## 1. Context

As established in the start-up application:

The traffic of cocaine, heroin and amphetamine-type stimulants through West Africa is leading to increased use, especially among young people. The real extent of the problem – particularly of problematic drug use – is largely unknown. There are strong indications, however, that it is increasing and creating additional severe health problems whereby the spread of infectious diseases such as HIV/AIDS, Hepatitis C, TB and STD must be highlighted. Injection drug users have in general a much higher HIV infection rate (9.4%) in Senegal where in the general population it is at a relatively low 0.7 percent (see e.g 1 or 2). Also, HCV rates are at a high 38.9% (see 2). Research has consistently shown that investments in treatment and harm reduction services can lead to sanitary, economic and social benefits far in excess of the resources invested. But across West Africa, even the most basic drug-related health and treatment services are scarce. Available facilities are generally poorly funded, and few have adequate numbers of personnel with skills and experience in managing substance use disorders.<sup>1</sup>

(...)

A 2011 survey published in 2015<sup>2</sup> – with the participation of Dr. Idrissa Ba – showed that the HIV prevalence among women who injected drugs was significantly higher than among men (21.1 percent vs. 7.5 percent).

Recent observations from harm reduction projects in Dakar and West Africa also show that it is very difficult to reach especially injecting drug user IDU women. The mapping done as part of this Start-Up Grant shows that the strategies that are applied are not appropriate for this target group. Even more, they are not efficient and enough linked to the environment of these women and especially their children. And there is no family planning, no support during the pregnancy and during the childhood of the concerned mothers. The context of these women is very often linked to their sex work. To reach them, it became very clear during the workshop, that the project has to be focused on nightlife interventions. The following will describe the results of the discussions and the new strategies for this project.

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<sup>1</sup> United Nations Office on Drugs and Crime (2014). Not Just in Transit: Drugs, the State and Society in West Africa: An Independent Report of the West Africa Commission on Drugs. United Nations, 2014, Vienna.

<sup>2</sup> Leprêtre et al. (2015). Prevalence and behavioural risks for HIV and HCV infections in a population of drug users of Dakar, Senegal: the ANRS 12243 UDSen study. J Int AIDS Soc. 2015 May 22;18:19888

## 2. Objectives of the project and the workshop

**The general objective of the Start-Up Grant project was establishing a partnership for an effective and cost-efficient system of outreach interventions, peer work and triage targeting drug users in Senegal with special consideration of women. Key populations should be accessed through harm reduction interventions and triaged to the Department of Infectious Diseases for testing and treatment.**

The questions that guided the development of the Start-Up Grant Project were: What are attitudes of working in the field of outreach like human rights, network with NGOs, law enforcement, ministries, communities? On the other hand, what is concretely the method or the system of work on the practical level. That means, how much institutionalization is needed, how are the implications of the IDU women?

In order to answer these questions, a workshop was held on the 20 and 21 March 2019 in the meeting room of the “Conseil National de Lutte contre le Sida” (CNLS) in Senegal. The purpose of the workshop was to conceptualize the future ESTHER project (following the Start-Up Grant Project) and gauge the opinions of the important actors already involved in risk reduction. The specific objectives of the workshop were among others:

- Present the mapping on risk reduction in Dakar with the different organizations;
- Share project objectives and peer working models;
- Make a typology of the target groups;
- Develop an adapted approach to Outreach work;
- Discuss possible constraints related to women's access to health care.

The implementation of the workshop objectives was measured by the following indicators:

- The mapping is shared and validated by the participants;
- The working models in Senegal and Switzerland are shared with all the lessons learned;
- Target groups are identified;
- an Outreach approach is decided on;
- An adapted methodology is discussed, taking into account the barriers related to women's access to health care.

### 3. Results

The main objective of the project was to carry out a workshop with the key network of organizations in Dakar already working in risk reduction. The highlights and most important results of the workshop will be briefly presented below. The detailed description of the workshop will be an annex of the report.



#### First day

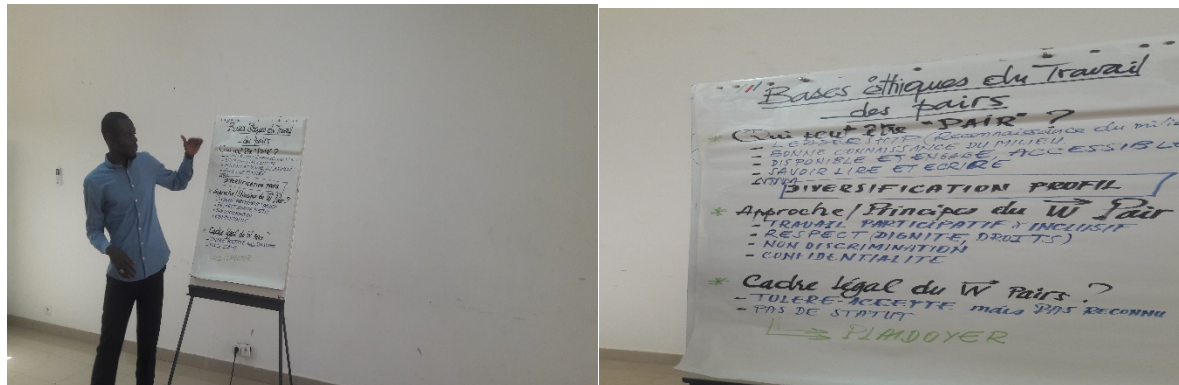
The goals of the first days were: Getting to know the network of participants present; presenting and discussing the mapping to clarify the question if the mapping was sufficient and if there should be further amendments. One of the main goals was to prioritize the target group and to know the realities of working with peers in Senegal and Switzerland. The inputs and discussions were made throughout the day with strong participation in the plenum.



#### Second day

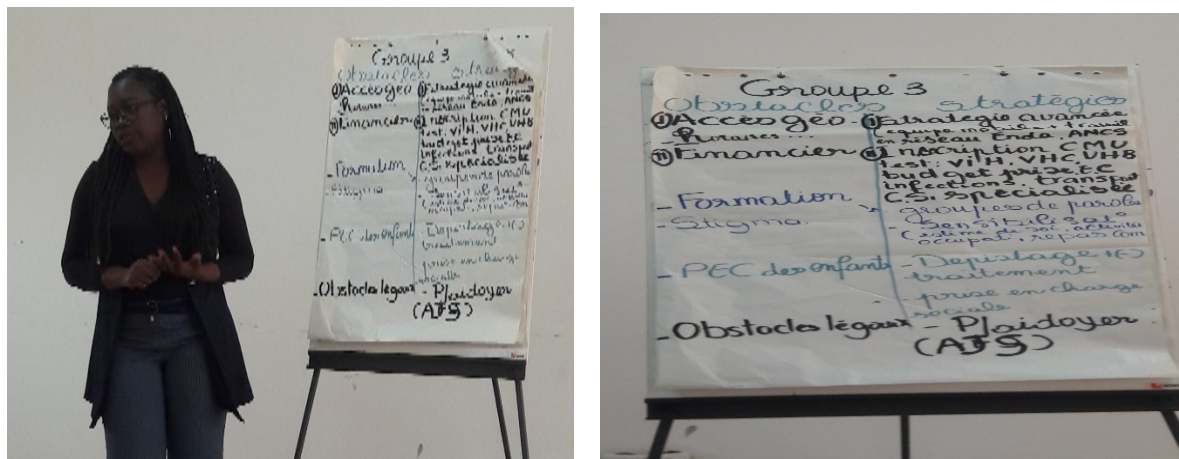
The second day started with workshops. Participants were divided into three groups to reflect on the identification of ethical, legal barriers and access to testing and treatment for women who use drugs.





### Third day

Finally, a meeting was organised on the third day with the people in charge of the future project with the purpose of debriefing. The agenda revolved around the various recommendations from the workshop and the working framework chosen to identify the different activities and stakeholders involved (see diagram in annex). The snowball method was finally chosen because it was considered more flexible, adapted and dynamic for the female IDU target group. Answers were provided to the various questions asked during the group work, such as peer compensation in cash, given the target's poverty context.



### Overall results

It was decided to set up a project to improve HIV prevention in salon, club and street environments during the night and women's access to care with their children. This is a gap that needs to be filled in risk reduction programs. The challenge remains to conceptualize an appropriate model for an effective and efficient program based on the "snowball" model with the cooperation of existing services, with the cooperation of club owners ("safer clubbing") and in agreement with the security forces.

## Summary of important results:

### 1. Target Group

- The plenum agreed that the target group of this project is IDU women with their children
- This target group works mainly as sex workers on the streets, night clubs and lounges at night and are in the majority of sex workers IDU
- For this purpose, the intervention area will be in the hot spots of the public space, private apartments, lounges, night clubs during the night.

### 2. « Peer Work »

- The pairs will explicitly be women who live and work in these neighbourhoods, institutions and environments.
- A difference in validation will be made between even mediators and the pairs themselves. Only the even mediators will be paid and hired with an employment contract.
- The pairs will work on a voluntary and solidarity basis with their IDU colleagues. For interventions in their environments they will be supported with land products such as medicines in case of illness, support for their children with food, etc.
- Development and implementation of sanctions for non-compliance with commitments.

### 3. Main Elements

- The family, support during pregnancy and children are part of the project.
- HIV prevention and improving the health of night life IDUs
- Safer clubbing to develop in a less risky environment for sex workers

### 4. Validation, Autorisation & Cooperation

- Validation of the project by an ethics committee and respect for IDU rights.
- The authorization of the Personal Data Commission for the protection of information collected in the field.
- Establishment of a code of conduct and task sheets to monitor activities at all levels.
- Cooperation and synergies with institutions already working in the MDR and support between these institutions will be organized.
- The support of licit and Inselspital with its experiences in this field will be very important for the realization of this innovative project.
- Structured cooperation with the police.
- The Ministries of Health and Justice will be involved in the project, if possible also with material support.

### 5. Publication & Dissemination

- The publication of the results will be organised on two levels: with articles in scientific or practical journals and, if possible, with testimonies from the pairs, a book by a writer from Senegal.
- At the end of the project an atelier is planned in Dakar about different methods and systems of peer work in Western Afrika, including the Swiss experience.

## 4. Partnership

The cooperation between the participants was very friendly. There was no competition between the present representatives of the organization that already are working in the field of RdR. More, there was a big interest on the Swiss experience in this field and on helping each other with information and cooperation.

The partnership and on-site connections also allowed us to use the conference room free of charge.

The present network on organizations are working in the field of RdR and IDU feel the necessity of this project and communicated the interest of working together, supporting the project, learning from each other and use synergies.

The main partners Hospital Fann, CEPIAD, Inselelspital and licit where very much estimated to lead this project with their expertise in this field. This was realized and expressed especially also through the method of work that was used during the workshop. All results are based on consensus of discussions in the plenary of the workshop.

## 5. Challenges & unexpected findings – The implementation of the Snowball System

The discussions in the plenary showed that for many participants the snowball system as a model of work with peers was new. After the experienced and detailed explanations from the Swiss side the plenary realized the advantages of this model.

**Principals of the Snowball System that where discussed and accepted by the participants.**

- The snowball system is based on a very flexible and nonbureaucratic integration of IDU and their environment
- The snowball system is based on solidarity of the IDU, their families, friends and community.

**Peers within the Snowball System**

- The peers have to be from and are living in the community or the milieu where they work.
- Peers in the Snowball System are not employed with contracts and salaries



- The role of the leading NGO will be to educate, supervise, support and monitor the snowball system with the peers and to create a motivational project environment for the peers.
- Another challenge will be to reach the IDU sex workers within their milieu. For this it is very important to have IUD women as peers that are living and working in the different milieus and places. Until now, there is no peer work project in this sector. One very important reason why IDU women could not be reached and treated.

## 6. Lessons learned

The cooperation with the leading personalities from the responsible institutions like CEPIAD, Fann, Inselspital und licit was very fruitful and guaranteed a workshop with a clear red string, leaving an open space for discussions in the plenary and smaller groups.

Consensus orientated work was very much appreciated from the participant. In this context the Swiss experience on peer work could be discussed deeply. The result was, that the culture gaps and barriers could be tide over. The workshop showed clearly, that such a sensitive project cannot be designed and implemented without the strengths and structures of the local stakeholders. The only way of having committed collaboration is including them in the decision process. This gives the local collaborators ownership to the project. Several participants where very satisfied about the participative method of work in the workshop. They appreciated that very much and mentioned it in their feedback at the end of the workshop. For many it was “a new and rewarding way of working on a project.

The motivation to cooperate and benefit from possible synergies were given at the end of the workshop. It will be important to keep this process alive. For this, it should not take too much time until the project starts.

The change of thinking and seeing realities differently is in all contexts difficult and is only possible to bridge through working together on a burning problem.

## 7. Conclusion

The workshop in Dakar was a success seeing the results. The idea and the first step of a possible innovative project for the neglected target group of IDU women and their children are put in place. The objectives of the project ones realized, will have a big impact for the work with IDU women that are working as sex worker for further harm reduction outreach work all over, especially in Africa. The cooperation between the actors in this field in Dakar and the experience from Swiss side are a challenge and a big chance going new ways in a very difficult field. The method of work with the snowball system guaranties to reach the IDU sex worker and it guaranties the development of a cost effective medical and social model of work with peers. This project would strengthen the self-confidence of IDU sex worker and integrate in a new way their children care. And last-but not least the project could show the professional, administrative and political field to work with vulnerable groups and how to reach them involving their competences and engagement.

So to summarize, the most important results and learnings of the Start-Up Grant Project were:

- **Bottom-Up Approach** – allowing for democratic project development and inclusion of all important actors.
- **Swoball System** – new, innovative approach based on strong inclusion of those concerned and their environment; based on solidarity; anti-bureaucratic; flexible.
- **From, with and for women** – the goal of the future project is to reach a target group that is difficult to reach (women & their children); the project should be a women's project on all levels.
- **“Safer Clubbing”** – the project aims to include and optimize the environment of the women concerned, because of strong ties between drug consumption, sex work and night life, a focus should be on “safer clubbing”.



## Annexe

1. Mapping
2. Workshop Program
3. Workshop Participant List
4. Workshop Report
5. Snowball System

The ESTHER Switzerland programme (<https://www.esther-switzerland.ch>) is implemented by the Institute of Social and Preventive Medicine (ISPM) of the University of Bern, on behalf of the Swiss Agency for Development and Cooperation SDC).