Network of AIDS Services Organizations
(NASO)

FEVE 3 GLOBAL REPORT FOR THE GAMBIA

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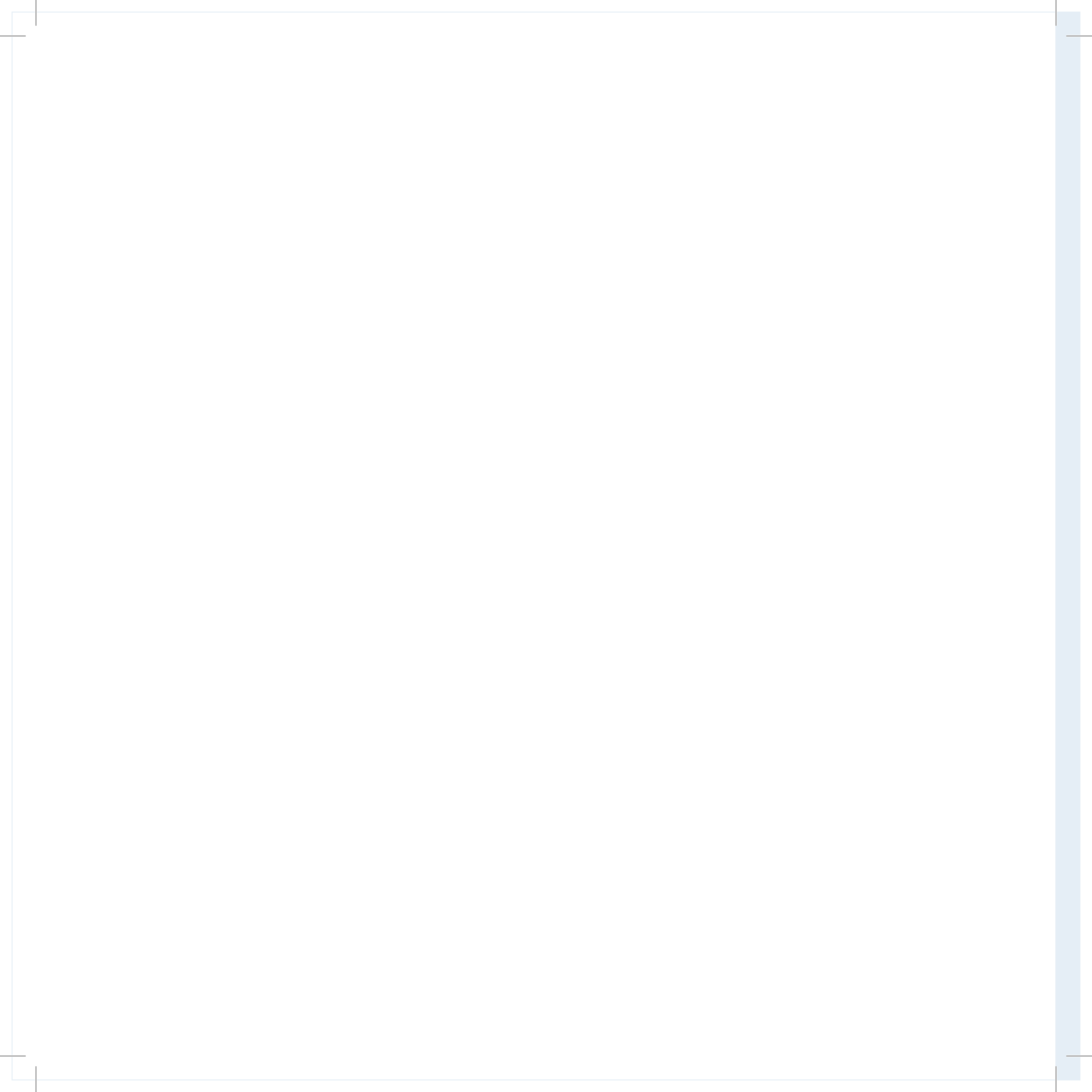

ACRONYMS

AAITG	Action Aid International The Gambia
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CGM	Core Group Male
CBOS	Community Based Organizations
CCM	Country Coordinating Mechanism
CRS	Control Redundancy System
FEVE	Cross Border Vulnerability to HIV in West Africa
FSWs	Female Sex Workers
GAMNASS	Gambia Network of AIDS Support Societies
GBA	Greater Banjul Area
HCP	Health Care Provider
HIV	Human Immune Deficiency Virus
HOC	Hands on Care
HPV	Human papillomavirus
IBBS	Integrated Biological Behavioural Surveillance Study
IDU/DU	Injectable Drug User/Drug User
KAPs	Key Affected Populations
LRR	Lower River Region
MMR	Maternal Mortality Ratio
NACP	National AIDS Control Programme
NAS	National AIDS Secretariat
NASO	Network of AIDS services Organizations
NBR	North Bank Region
NGOS	Non -Governmental Organizations
NSF	National Strategic Framework
OIS	Opportunistic Infections
OVC	Orphan and Vulnerable Children
PHE	Peer Health Educator
PLHIVs	People living with HIV
PR	Principal-recipient
RHTs	Regional Health Teams
RSC	Regional Steering Committee
SOC	Strategic Orientation Committee
SR	Sub-recipient

STIs	Sexually Transmitted Infections
TOR	Terms of Reference
UNAIDS	United Nation Joint Programme on AIDS
URR	Upper River Region
VCT	Voluntary Counselling & Testing
WCR	West Coast Region
WTG	Worldview – The Gambia

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SUMMARY

The implementation of FEVE 3 started in June 2016. However, the project is expected to end by December, 2020. FEVE 3 focused mainly on HIV on cross border and majority of the target groups are key populations to HIV. These past four years of implementation of the FEVE program in the Gambia were a turning point for the implementing organisation (NASO). The project started slowly and continues to grow towards the set targets.
With one year to go before the end of the program, both strategic and operational partners have mobilised efforts and more emphasis is on interventions around access to minimum prevention package for the main beneficiaries of the program.

The FEVE 3 project has greatly contributed to the objectives of the national response to HIV and AIDS in the Gambia as well as the UNAIDS 90-90-90 especially with regard to key populations. The project has also innovated important strategies, beneficiaries, and tools that has been adopted at national level.
Thus, from 2016-2019, NASO-FEVE and partners have mobilized efforts in:

- Strengthening the capacity of 35 health care providers on HIV, SRH and community-based care for key populations, in order to improve the quality of services for key vulnerable population to HIV infection.
- Strengthening the capacities of 60 PHE (20 FSW, 20 CGM, 20I IDU/DU) on HIV, SR, STI, leadership, Human rights
- Sensitizing 1128 beneficiaries (498 FSW, 321CGM, and 309 IDU/DU) on HIV and STI.
- Enabling 1052 people (292 FSW, 159 CGM, 123 IDU/DU and 478 Cross Border Populations) to know their HIV status and to benefit from counselling on how to adopt behaviours that are less likely to transmit HIV.
- Providing medical care for 515 primary beneficiaries (245 FSW, 163 CGM, and 107 IDU/DU)
- Enabling 460 beneficiaries to have access to the package of services offered under the program (awareness, testing, condoms, STI consultation and treatment)

Even though remarkable success have been registered in the implementation of the program, the absence of medical budget line for medical care in the allocation of the FEVE3 project was a key issue in meeting the minimum prevention package.

This document is a summary report of FEVE3 activity report and annual report in the Gambia from June 2016 to December 2019.

RESUME

Afin de consolider les acquis obtenus lors de la mise en oeuvre de la phase précédente, une troisième phase du projet FEVE en Gambie a été débuté en juillet 2016 et devrait prendre fin en décembre 2020. FEVE 3 Gambie a axé durant cette phase ses interventions sur une réponse focalisée sur les populations clés et géolocalisée vers les sites de hautes vulnérabilités et la zone transfrontalière Gambie Sénégal Guinée Bissau. Le projet a démarré lentement et continue à se développer pour atteindre les objectifs fixés.

À un an de la fin du programme, les partenaires stratégiques et opérationnels ont mobilisé leurs efforts pour offrir aux bénéficiaires principaux du programme un accès au paquet minimum de prévention et de prise en charge du VIH.
Le projet FEVE 3 a grandement contribué aux objectifs de la riposte nationale au VIH et au sida en Gambie ainsi qu'aux objectifs 3-90 de l'ONUSIDA, en particulier en ce qui concerne les populations clés. Le projet a également innové en matière de stratégies, de bénéficiaires et d'outils importants qui ont été adoptés au niveau national.

Ainsi, de 2016 à 2019, NASO-FEVE et ses partenaires ont mobilisé leurs efforts pour :

- Renforcer les capacités de 35 professionnels de santé en matière de VIH, de SSR et de soins communautaires pour les populations clés, afin d'améliorer la qualité des services offerts aux populations vulnérables au VIH.
- Renforcer les capacités de 60 pairs-éducateurs (20 TS, 20 HSH, 20UD) sur le VIH, les IST, la SSR, le leadership et les droits de l'homme
- Sensibiliser 1128 bénéficiaires (498 TS, 321 HSH et 309UD/UDI) sur le VIH et les IST.
- Permettre à 1052 personnes (292 TS, 159 HSH, 123 UDI/UD et 478 populations transfrontalières) de connaître leur statut VIH et de bénéficier de conseils sur la façon d'adopter des comportements moins susceptibles de transmettre le VIH.
- Fournir des soins médicaux à 515 bénéficiaires primaires (245 TS, 163 HSH et 107 UDI/UD)
- Permettre à 460 bénéficiaires d'avoir accès à l'ensemble des services offerts dans le cadre du programme (sensibilisation, dépistage, préservatifs, consultation et traitement des IST)

Même si des succès remarquables ont été enregistrés dans la mise en œuvre du programme, l'absence de ligne budgétaire pour les soins médicaux dans l'allocation du projet FEVE3 a été un problème clé pour atteindre le paquet minimum de prévention.

Ce document est un rapport de synthèse du rapport d'activité et du rapport annuel du projet FEVE 3 en Gambie de juin 2016 à décembre 2019.

RESUMO

A implementação da terceira fase do projeto «Fronteiras e Vulnerabilidades ao VIH» teve início em Junho de 2016. No entanto, espera-se que o projeto termine em Dezembro de 2020. De 2016 a 2019, FEVE 3 centrará as suas intervenções na resposta transfronteiriça ao VIH e numa abordagem centrada nas populações-chave, prevendo-se que termine em 2020. Os últimos quatro anos de implementação do programa FEVE na Gâmbia têm sido um ponto de viragem para a organização implementadora (NASO). O projeto começou lentamente e continua a crescer em direcção aos seus objectivos.

A um ano do fim do programa, os parceiros estratégicos e operacionais mobilizaram esforços para proporcionar aos beneficiários principais do programa o acesso ao pacote mínimo de prevenção e cuidados do VIH.

O projecto FEVE 3 contribuiu significativamente para os objectivos da resposta nacional ao VIH e à SIDA na Gâmbia e para os objectivos 3-90 da ONUSIDA, particularmente no que diz respeito às populações-chave. O projecto inovou também em termos de estratégias, beneficiários e instrumentos importantes que foram adoptados a nível nacional. FEVE3, que se centrou principalmente no VIH a nível transfronteiriço, e a maioria do grupo alvo são populações chave da infecção pelo VIH.

Assim, de 2016 a 2019, a NASO-FEVE e os seus parceiros mobilizaram os seus esforços para:

- Reforçar a capacidade de 35 profissionais de saúde em VIH, SSR e cuidados comunitários para populações-chave, a fim de melhorar a qualidade dos serviços para populações vulneráveis ao VIH.
- Reforçar a capacidade de 60 pares educadores (20 TS, 20 MSM, 20UD) sobre VIH, ISTs, SSR, liderança e direitos humanos.
- Sensibilizar 1128 beneficiários (498 TS, 321 HSH e 309UD/UDI) para o VIH e as ISTs.
- Permitir que 1052 pessoas (292 TS, 159 HSH, 123UD/UDI e 478 populações transfronteiriças) conheçam o seu estado em relação ao VIH e recebam aconselhamento sobre como adoptar comportamentos menos susceptíveis de transmitir o VIH.
- Prestar cuidados médicos a 515 beneficiários primários (245 TS, 163 HSH e 107 IDU/UD)
- Permitir que 460 beneficiários tenham acesso a todos os serviços oferecidos pelo programa (sensibilização, rastreio, preservativos, aconselhamento e tratamento de ISTs).

Embora tenha havido êxitos notáveis na implementação do programa, a falta de uma rubrica orçamental para cuidados médicos na alocação do projecto FEVE3 tem sido um problema fundamental para alcançar o pacote mínimo de prevenção.

Este documento é um relatório de síntese do relatório de atividades e do relatório anual do projeto FEVE 3 na Gâmbia a partir de Junho 2016 até Dezembro de 2019.

BACKGROUND AND INTRODUCTION FEVE IN THE GAMBIA

Network of AIDS Services Organizations herein referred to as NASO, is a Civil Society Organisation that had registered with the Ministry of Justice in 2005. NASO's intervention area mainly focused on HIV and AIDS particularly on advocacy, research, prevention, treatment, care and support. NASO's secretariat is headed by the president from where the day to day activities of the organisation are conducted and supported with a team composed of the Program Officer, Finance and Admin Officer, M&E Assistant, Intern, and field workers.

The programme «Frontiers and Vulnerabilities to HIV in West Africa » (FEVE) aims to strengthen the capacities of project partners, HIV prevention and testing particularly vulnerable groups, as well as medical and psychosocial care for key populations and strengthening cross-border cooperation in health. The programme, which is in its third phase of implementation (2016-2020), is mainly active in major cities and border areas in 9 West African countries: Burkina Faso, Cape Verde, Côte d'Ivoire, The Gambia, Guinea Bissau, Guinea, Mali, Niger and Senegal. FEVE 3, supported by the Ministry of Foreign and European Affairs of the Grand Duchy of Luxembourg (MAEE), is coordinated at regional level by ENDA Santé and SANACCESS. For its implementation, the programme relies on NGOs and local health structures based in each of the 9 participating countries.

The project covers countries that share borders and have high vulnerability of HIV. In the African region, it has been established that cross border areas has a high prevalence of HIV/STIs due to its porous borders and high traffic of its peoples.

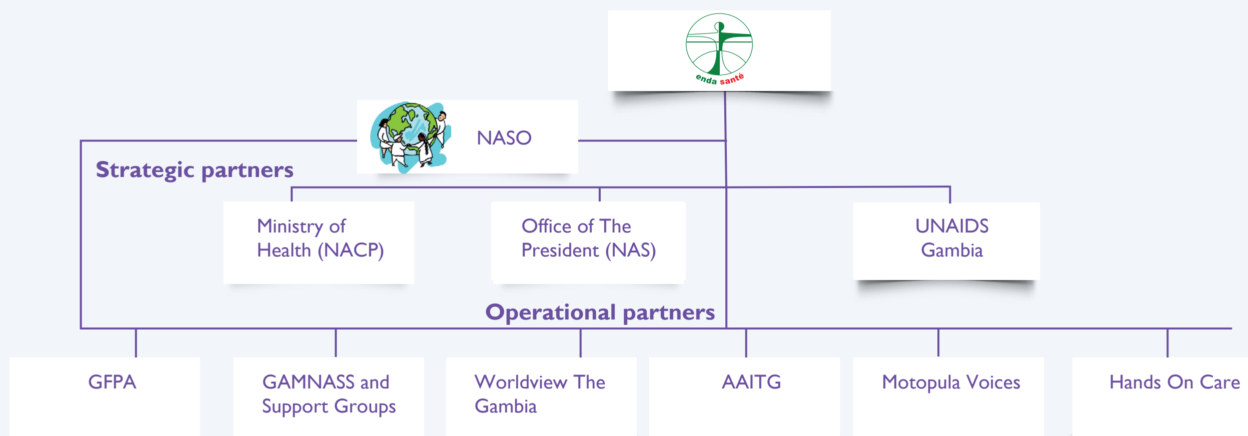
NASO has been the implementing organisation of both FEVE 2 and FEVE 3 in the Gambia. The project has primary beneficiaries such as FSW, CGM, IDU/DU, PLHIV and secondary beneficiaries such as Clients of FSW, Cross border population, OVC, mobile populations etc.

Some of the intervention strategies are capacity building, prevention, cross border, psychosocial, medical, and monitoring and evaluation, research and capitalisation, Diversity and Participation, Complimentary, continuum of services, adaptation facing changes and crises, sharing good practices/communication, transparency, equity, local Knowledge and link with Global are the values and principles of NASO.

The intervention principles of NASO are focused on populations left behind (individual centred approach, efficiency, human rights, gender equity, confidentiality, use and optimization of ICT, result based management, integrated approach,) and harmonization by the top.

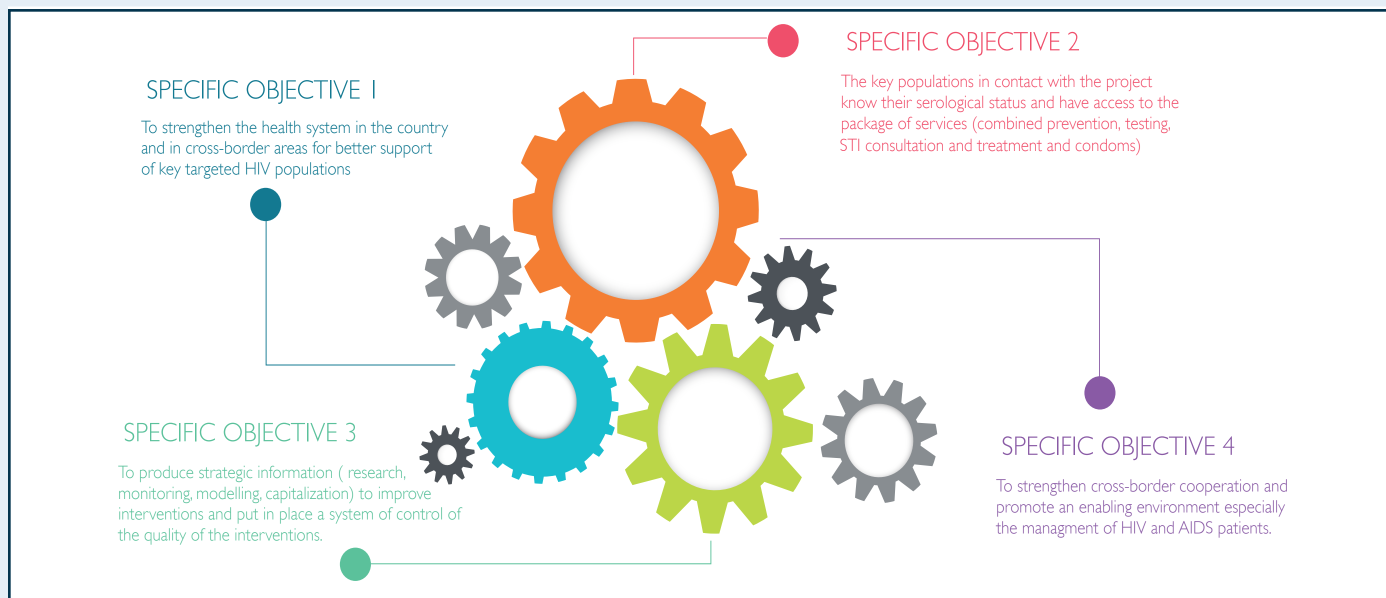
1.1. FEVE GAMBIA AND PARTNERS

NASO is working with both strategic and operational partners to achieved its goals and objectives.



1.2. OBJECTIVES OF FEVE

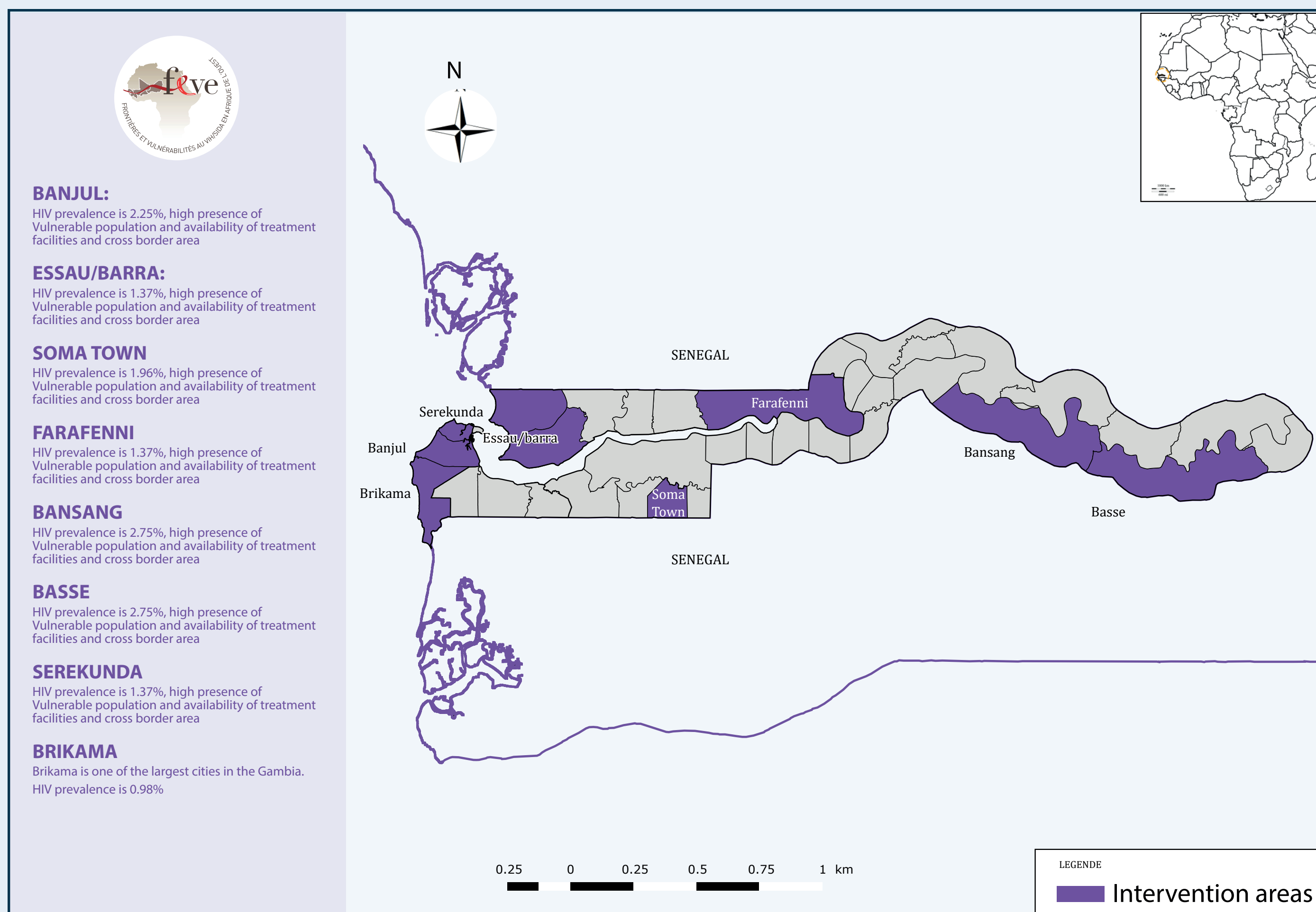
By 2020, harmonized responses among countries in the subregion will, among other things, enable key populations to have better access to health and resilience to HIV risk and contribute to increasing the number of people who know their HIV status towards the first 90 target and indirectly contribute to the 2nd and 3rd 90 targets for treatment and viral load suppression



1.3. INTERVENTION AREAS AND JUSTIFICATIONS

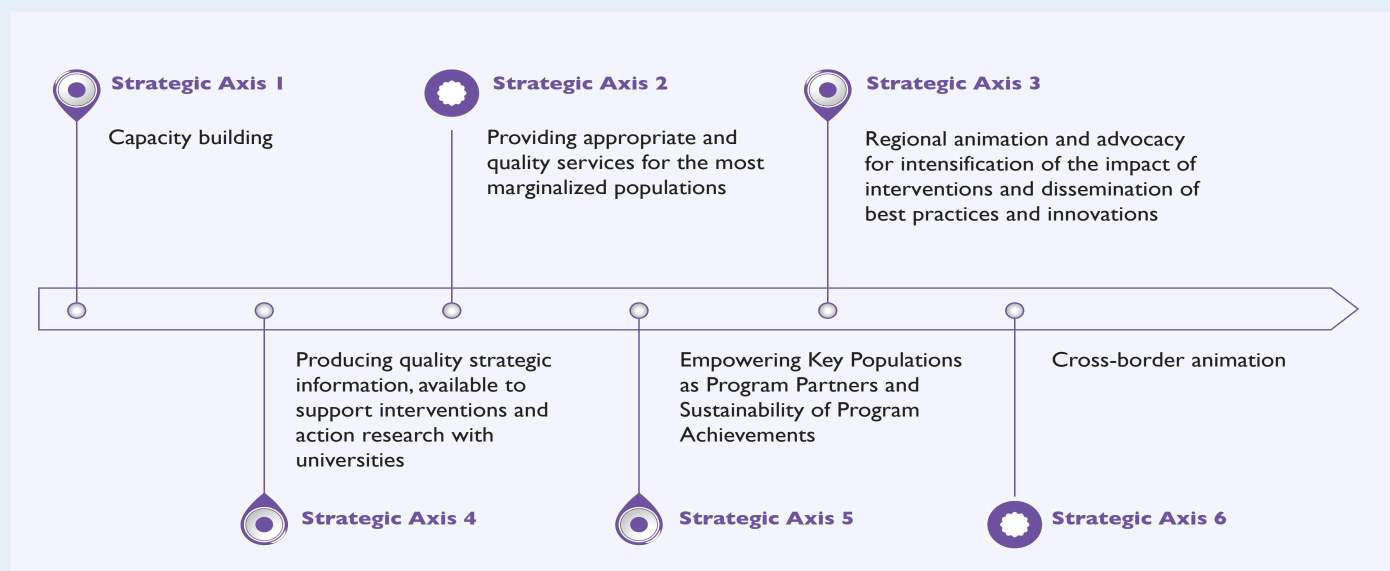
The intervention areas take in to account the contextual aspect of the target group and are normally located at areas where HIV prevalence is high and also concentration of high number of vulnerable populations. The intervention areas of FEVE were selected using the National Strategic Plan as well as the 2012 IBBSS study.

Map 1 : Mapping of intervention areas



1.4 INTERVENTION STRATEGIES

In order to achieve the objectives set, the following global strategies were implemented.



1.5 BENEFICIAIRES

Recipients are presented as primary and secondary beneficiaries.

Primary beneficiaries:

The Primary beneficiaries are given priority. They are divided into key populations and other main beneficiaries. Key populations include priority populations defined by national or international strategic plans, and other main beneficiaries are highly vulnerable populations for whom the project focuses its efforts. These includes sex workers, KAPS, Drug users, and PLHIV.

Secondary beneficiaries:

Secondary beneficiary populations are the populations that benefit from the project's interventions on an ad hoc basis. In terms of finances and inputs, the majority of resources cannot go to these groups. However, it is important to take care of them and provide them with services because they are in contact with the main beneficiaries and sometimes at the limit of entering this group of the main beneficiaries.

Table 1 : Summary of objectives by beneficiaries to be reached (2016-2020)

Recipients	Targets[1]
Primary beneficiaries	
Key Affected Populations	385
Female Sex Workers	656
Drug User	353
People living with HIV	1300
Secondary beneficiary populations	
Clients of sex workers	140
Mobile or migrating population	120
Cross-border population	502
Orphan and Vulnerable Children	120

[1]Targets revised in January 2020

CONTEXT OF OUR INTERVENTIONS

2.1 SOCIAL-POLITICAL CONTEXT

On the political level, since its independence in 1965, the country has had 3 presidents in a very unstable political climate. The country has experienced a difficult regime for more than two decades, marked by the arrests of opponents, opinion leaders and many other people. In December 2016, president Jammeh, who ruled Gambia for 22 years was succeeded by Adama Barrow, member of the opposition and current president of Gambia. The incumbent initially rejected the results leading to post-electoral crisis in December 2016 to early 2017 which led to increased population movements within and outside the country. Many were displaced within that short period of time which could put them at risk of HIV, TB, STIs, and other infections. Following the intervention from ECOWAS leaders, Jammeh left the country and Adama Barrow was sworn in as the 3rd President of Gambia. Currently President Barrow has reactivated diplomatic relations with many countries as well as the Commonwealth and the International Criminal Court.

Since 2017, the political climate is more favourable to sustainable development implantation projects.

ELECTIONS From Africa Renewal: May - July 2017 | By: **Pavithra Rao**

Gambia's democracy survives political turbulence

Peaceful transfer of power trending on the continent

As the results of The Gambia's presidential election trickled in last December, incumbent President Yahya Jammeh realised his power was slipping away. Indeed, final results showed that a newcomer, 51-year-old businessman Adama Barrow, had garnered 45.5% of total votes, while Mr. Jammeh received 36.6%.

Mr. Jammeh unexpectedly conceded defeat and informed Mr. Barrow in a congratulatory telephone call that "the Gambian people have spoken and I have no reason to contest the will of the mighty Allah." He promised "guidance on your transition and when selecting a government," and signalled the beginning of the end of his 22-year rule.

To the surprise of many, a president who once boasted he would rule "for a billion years if Allah decrees it" was presiding over a peaceful election and transition.

The Gambia's election indicated that African democracy and obedience to the law was coming of age, analysts said. Regional bodies, the Africa Union (AU) and the Economic Community of West African States (ECOWAS) jointly congratulated the people of The Gambia "for peaceful, free, fair and transparent presidential elections."

In a joint statement, ECOWAS, AU and the UN also commended President Jammeh for gracefully conceding defeat, and also congratulated Mr. Barrow for winning the presidential election.

source : https://www.un.org/africarenewal

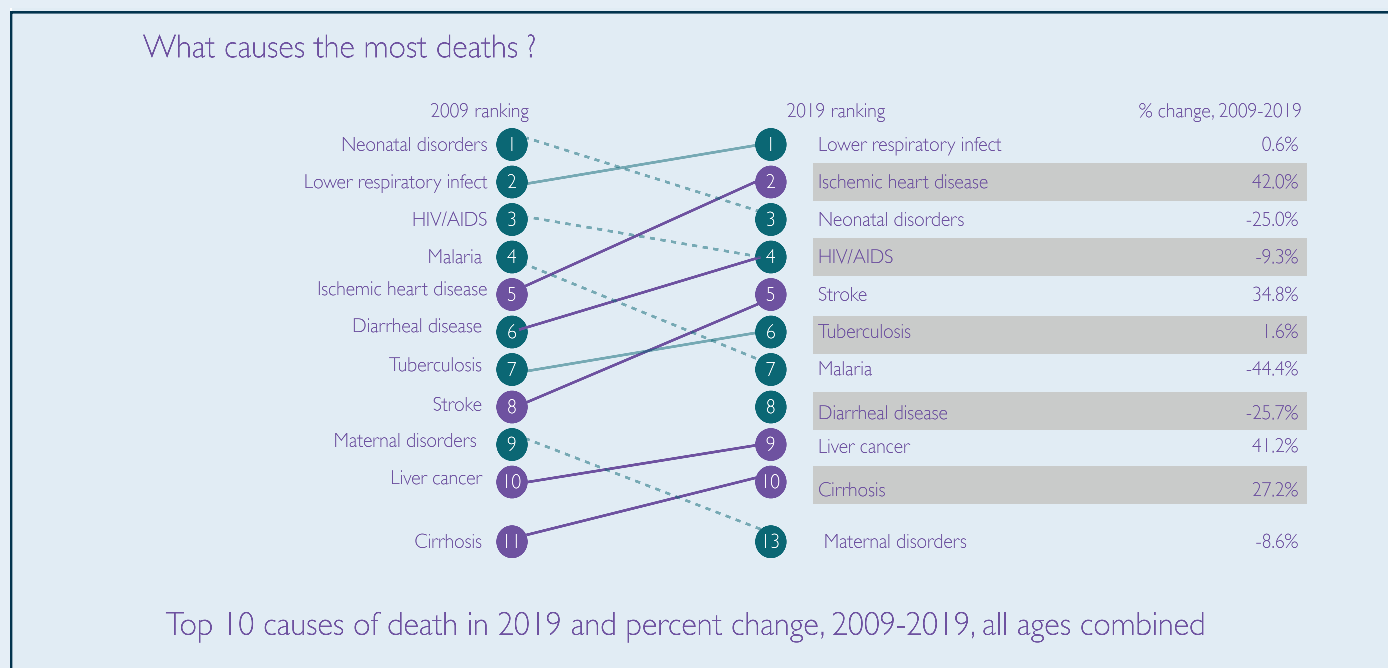
2.2 GAMBIA'S HEALTH CONTEXT

The Gambia's health sector is guided by the Gambia National Health Sector Strategic Plan 2014-2020 and more than 20 other health policy documents. According to the NHSSP, the long-term health sector objective is "the provision of adequate, effective and affordable health care for all Gambians." The overall objective for 2014-20 is "to reduce inequalities in health care services and reverse the downward trend in health-related outcome indicators." An immediate objective is also articulated: "to improve the administration and management of health services, provide better infrastructure for Referral Hospitals and health facilities and the revitalization and extension of Primary Health Care services to all communities and having a well-motivated and trained staff and establishment of efficient procurement arrangements in order to ensure effective and efficient health services for all."

2.3 EPIDEMIOLOGICAL CONTEXT

- Epidemiology of The Gambia's Disease Burden

As many other countries in the region, The Gambia's epidemiological profile is in transition. Communicable diseases are still the most common cause of death, though noncommunicable diseases are thought to be under-diagnosed and underreported as a cause of illness and death. Ischemic Heart disease, HIV/AIDS and lower respiratory infections are both the top cause of death in Gambia.



Top 10 causes of death in 2019 and percent change, 2009-2019, all ages combined

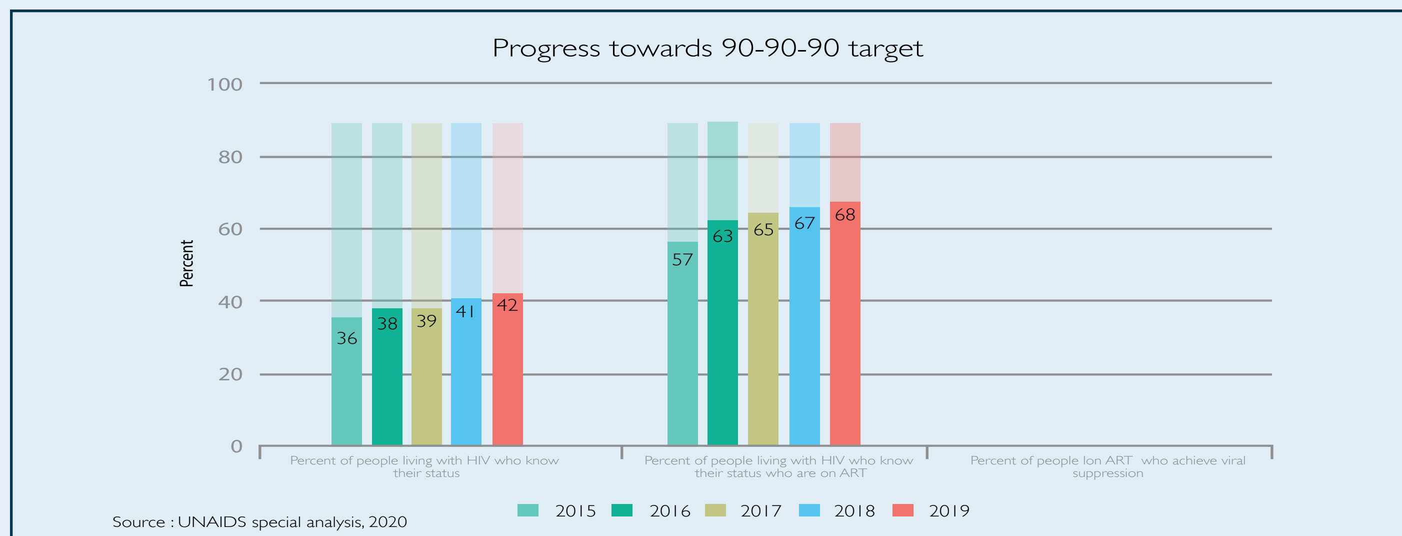
source: healthdata.org

Among official data, communicable diseases have in the aggregate declined by 8.3 percent, now comprising 55 percent of all deaths (compared to 60 percent in 2010). Tuberculosis incidence is notably declining. The proportion of all deaths caused by noncommunicable diseases remained constant at 34 percent from 2010 to 2016. Confirmed Covid19 cases in The Gambia remained relatively low from February to May but it has started rising from June 5th and The Gambia registered 277 confirmed Covid 19 cases with 6 deaths as of 26th July, 2020. However, government's has put in lot of restriction regulations on the movement both within and out of the country. As a result, many businesses have been closed and many jobs have been lost especially in the tourism sector which contributes 20% of GDP in The Gambia.

- Epidemiology of HIV and AIDS in the Gambia

The Gambia, as with other West African countries, is characterized as a low HIV epidemic (less than 3%) with a high prevalence of HIV concentrated amongst the key affected population groups. HIV prevalence in the general population is between 1.4% - 1.82%. Significant variations in HIV prevalence exist among regions. Prevalence is highest in Basse and Bansang with 2.75% in both town followed by Sibanor, 2.62%; and Banjul, 2.25%. Brikama has the lowest HIV prevalence at 0.98%. The most recent (2018) Integrated Biological Behavioural Surveillance Study (IBBS) among female sex workers and Core Group Male in the Greater Banjul and neighbouring areas estimates HIV prevalence among female sex workers at 11% and Core Group Male 35.5%. The HIV prevalence among female sex workers has decreased by 4.9% between 2011 and 2018; however, it increased more than three-fold among CGM from 9.8% in 2011 to 35.5% in 2018.

UNAIDS treatment targets are lagging behind, leaving Gambia off-track to achieving the 90-90-90 targets by 2020. Gambia's achievement against these targets, reported in the latest Global AIDS Monitoring Report shows that 42% of all PLHIV (9500 people living with HIV) in the Gambia know their HIV status, that 68% of PLHIV (7500) who know their status are on ART, and out of the 701 PLHIV who had viral load tests done in 2018, only 39% has achieved viral suppression during this period. As a reminder, the estimated number of people living with HIV in Gambia is 25, 900.



Source : UNAIDS special analysis, 2020

In the Gambia HIV and AIDS is highly stigmatised due to perceptions linked to behaviour associated with promiscuity and homosexuality among others. Key populations perceive high levels of stigma and discrimination, including finger-pointing, social shunning and divorce and, the perceived ans enacted stigma lead to a pervasive fear among key populations that their status will be disclosed and, as a result, they refuse to use health care services. . In 2016, 67.2% of the general public who has heard of HIV showed discriminatory attitudes towards PLHIV. Younger respondents seem to have more discriminatory attitudes than older adults, particularly younger females and males in the 15-19 age cohorts, 90.9% and 82.8% respectively held discriminatory attitudes towards PLHIV. More females than males among the 20-24 years-old age group had discriminatory attitudes towards PLHIV 67.9% and 66.9 % respectively. Among key populations, experiences of stigma, discrimination and violence remain alarmingly high. Of the 147 CGM respondents in the IBBS, 42% had forced sex/rape; 24% had been blackmailed for having sex with men; 17% are afraid to seek healthcare; and 12% avoided accessing healthcare completely. Despite data suggesting that experiences of stigma have decreased among sex workers since the 2012 IBBS, 33.9% reported having been arrested because of sex work and 14.3% had forced sex/rape. Stigma from uniform officers including confiscation of condoms (3.6%) and refusal from police to protect sex workers because they were sex workers (2.3%) remain some of the biggest challenges faced by this community.

Evidence suggests that the human rights and gender situation in Gambia has not improved in the past five years. There remain lots to be done on promoting human rights. Since inception of the HIV programme in The Gambia, a syndromic approach to diagnosis and treatment of STIs among PLHIV was adopted. Over the period 1994-2007, the prevalence of serological syphilis dropped from 11.2% in 1994 to 1.5% in 2007. Significant risk factors for serological syphilis in women were found to include commercial sex work and HIV infection. Among PLHIV, a significant role is played by STI in transmission, morbidity and mortality, as indicated in their contribution to OI cases recorded from ART sites in 2019. Clinical expert opinion has been expressed regarding emerging resistance to antibiotics used in the syndromic management of major STIs in the Gambia (Gonorrhoea, trichomonas, genital ulceration, syphilis and warts).

- The context of intervention with key populations

Intervention with key populations in the Gambia from 2016-2019 has not been easy even though there are some improvements after the change of government in 2016.

In 2015 towards the end of 2016, the context of working with key populations was really not favourable at all because there were frequent arrests of some key populations. Most of our activities were implemented undercover and it was even difficult to have a suitable venue because the authorities were always searching. In fact, secret agents of the government (NIA) have repeatedly come to our office in order to get information about some key populations to get them arrested. During this period, the identity of certain target groups were not share with health providers when they are referred to health facilities for VCT or medical consultation because of stigma and discrimination and also you never know who you are dealing with. Laws enacted banning gay rights are still in place and gays still hide their identities and this is why some of them do not want to participate in project and program activities.
After the changed of Government in 2016, there have not been changes in the laws that violate the rights of key populations however most often these laws are not enforce. However, stigma and discrimination of key populations still exist at the communities.

From 2018 towards the end of 2019, some media house posted images of some individuals accusing them of being gays and it was viral on social media. There were also radio program campaigning against the rights of some key populations. Worst of all, the comments made by the EU ambassador to the Gambia on the legalisation of gay rights in the Gambia has raised public outcry against the gay movement. However, Gambia government did not act upon the public request of arrest and detention of gays in the Gambia.

ACTIVITIES AND RESULTS OF FEVE 3 (2016-2019)

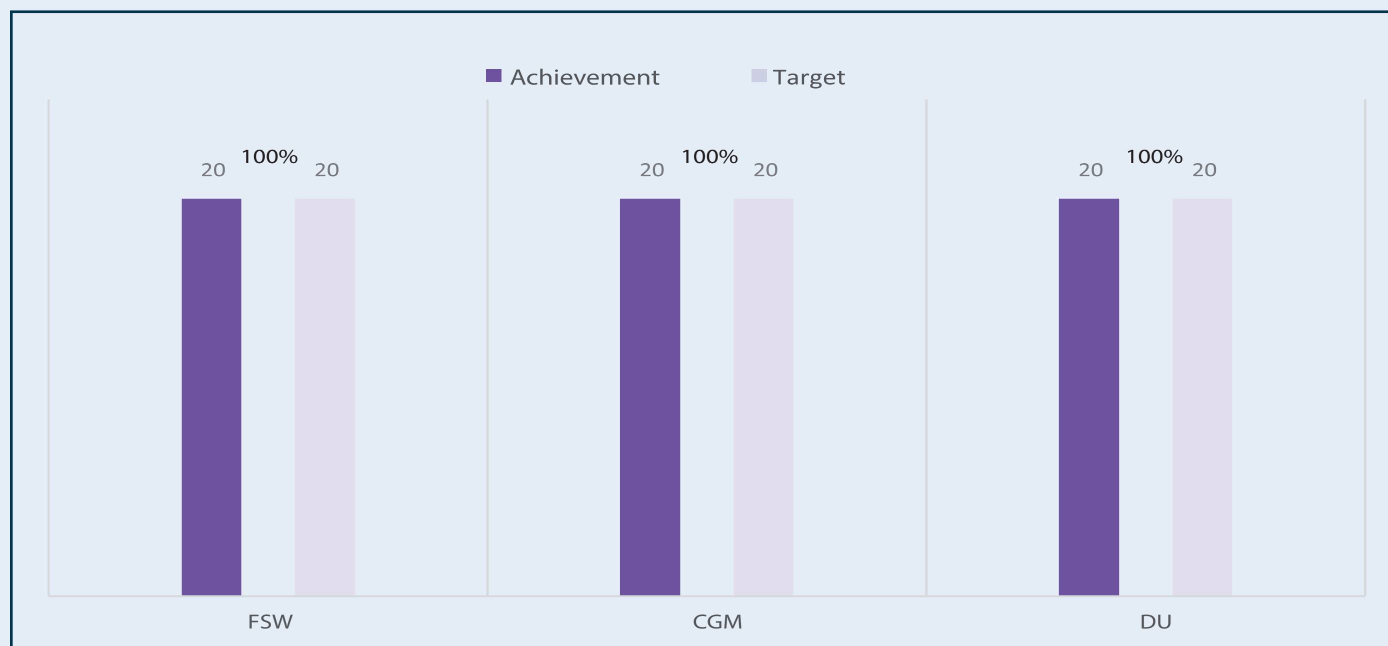
3.1. STRENGTHENING THE CAPACITIES OF PARTNERS:

a) Capacity Building for Peer Health Educators

In an effort to strengthen the approach strategy at the key populations level, capacity-building activities in the form of trainings were organised for Peer Health Educators among FSW, CGM, and IDU/DU from 2016 to 2019. The objective is to strengthen their capacities in order to mobilise their peers for, sensitisation, VCT and other medical services and also efficiently and effectively implement activities such as Causeries (peer educative discussion) and spot counselling so as to reduce risk practices and vulnerability.

- In 2016, 20 FSWs were trained on HIV/AIDS and STIs versus a target of 20.
- In 2017, 20 CGM were trained on HIV/AIDS and STIs versus a target of 20.
- In 2018, 20 UDs were trained as well on HIV/AIDS and STIs versus a target of 20.

Figure 1 : Peer educator trainings



Similarly, as the project progresses over the years, there was a capacity assessment conducted among the peer health educators to identity some of the gaps in their implementation of activities. The findings showed that there is a need for refresher training. Consequently, three refresher trainings were organized for 30 peer health educators (10CGM, 10FSW, 10DU) in 2019 on HIV and AIDS, STIs, leadership, and human rights (health related).

b) Capacity building for health care Providers in the provision of friendly and quality health services for key populations

Stigma and discrimination are very common among health care providers in the provision of friendly health services to the population, particularly the key populations. As a result, strengthening the capacity of health workers in the provision of friendly and quality health services is fundamental to ensure that stigma and discrimination is reduced. The training was conducted in the National Nutrition Agency conference room from 3rd to 6th April, 2018. Thirty-five (35) health care providers were trained on the provision of friendly and quality health services for key populations.

Among other things, there was a presentation on the HIV/AIDS Prevention and Control Act, which was enacted in 2015, emphasizing the important issues of confidentiality, consent and non-disclosure of HIV test results to another person, different from the person being screened.

It is expected that this training will help address one of the greatest challenges (stigma & discrimination) in providing health services in a friendly and conducive environment most especially to key populations who frequent medical care facilities.

Training of Health Care Providers, June, 2018.

c) Capacity Building for Health Structures for better Management of HIV Patients across Borders

The Gambia is in close geographical proximity with Senegal, Guinea Bissau, and there are many common socio-cultural and religious ties, through intermarriages and transport and trade links between citizens of these countries; weekly markets, commonly known as Lumos, consolidate these ties. Consequently, these ties and the porous nature of the borders between these countries require much stronger cross-border cooperation to address the scourge of HIV and AIDS.

Additionally, Gambia and Senegal are essential transit routes and entry points to other neighbouring countries such as Guinea Bissau, Guinea Conakry, Mali and the larger West and Central African Region, which makes regional cooperation to tackle HIV and AIDS epidemic an urgent imperative.

With a view to reduce the number of defaulter rate among mobile PLHIVs on treatment, health care materials (3 scanners, and 3 data cards and quarterly credit cost) were provided to health facilities (Bwiam General Hopital, Serrekunda General Hospital, and Hands on Care) around cross border areas in 2017. This was to ease the referral of mobile HIV patients within The Gambia, Senegal, Guinea Bissau and Guinea Conakry.

In 2017, a cross border platform was created through the F2I project to make health services more accessible for mobile patients across borders. Before the introduction of the platform, there were many issues associated with the management of HIV in cross-border areas ranging from high mobility of patients, lack of harmonized framework to monitor patients' movement and imbalances of services between the capital and the cross border areas. As a result, this project, a computerized (multimedia) cross-border HIV management platform has been implemented in its pilot phase at some health facilities to facilitate exchanges among health providers in the three countries(Southern Senegal, The Gambia and Guinea Bissau) and among associations of people living with HIV/AIDS.

Multimedia platform for cross border management of HIV/AIDS launched

By Mam Ndegene Secka

An innovation fund for multimedia platform cross-border management of HIV/AIDS between The Gambia, Senegal and Guinea Bissau has been launched recently at the Paradise Suites Hotel in Kololi.

It aims at improving HIV communication and care in the border areas.

In his launching remark, the director of Health Services, Mamady Cham said the initiative attests to the excellent relations between the three countries and fraternal and friendly relations of its people.

According to him, the populations of the three countries, like the whole of ECOWAS, are characterised by active mobility for cultural, family, economic as well as tourism reasons. He said effective prevention and control of HIV and AIDS and other health problems in such a context must be based on concerted and innovative strategies. He further stated that the risk of transmission is higher in the cross-border area due to the different infection rates between the countries, the anonymous movement of people, and less attention in the part of the administrative services delivered by each country.

Mamady went to note that the establishment of the multimedia platform will contribute to strengthening cross-border health cooperation and strengthening the health system of our countries.

He therefore encouraged and count on health care workers and social workers, the administration of pilot sites, partners and health authorities at the central level of the three countries to be at the forefront.

The deputy director of the National AIDS Secretariat, Alpha Khan urged participants to ensure the fight against AIDS and other diseases is won adding that they should be in the forefront in the fight.

Ahmed Jegan Loum, president of the National AIDS Service Organisations (NASO) said the project will strengthening HIV projects, build institution and human resource capacities.

Nguissali Turpi, the coordination team representative from Enda Sante said the innovation and in pulsion fund also known as F21, was designed under Phase III of thethe FEVE regional project, to strengthen support unprecedented and groundbreaking initiatives that will have a positive impact on health and development in West Africa.

She said the platform is the result of a collaboration between three countries, Gambia, Guinea Bissau and Senegal which decided to address a common issue.

According to her, a high number of lost to follow-up patients What a formidable way to corroborate one of the guiding principles of the FEVE project "Unite our efforts with others for greater impact". Because a substantial number of patients lost to follow-up seek care elsewhere, she said, finding a way to provide referrals and clinical records is crucial.

It aims to strengthen cross-border health cooperation by setting up a multimedia platform common to the three countries beyond language barriers. In order to strengthen involvement, membership and appropriation, a launch at the sub-regional level was conducted on the 4th July, 2018 at Paradise Suites Hotel. Through the F2I project, 3 desktop computers, 3 internet routers were provided, and a monthly payment of internet bills is being paid for Hands on Care, Sibanor District Hospital, and Bwiam General Hospital.

3.2. ACCESS TO PREVENTION PACKAGE FOR KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS

a) Sensitisations of key populations and other vulnerable populations

Sensitisation activities entail spot counselling, causerie, and mass mobilisation. From June 2016 to December 2019, there were several spot counselling activities on FSWs, CGM, UDs, Clients of FSW, General and Mobile Population. Similarly, causerie activities were mainly for FSWs, CGM and IDU/DU. However, mass mobilisation was done on the Cross Border Population only.

The charts (figure 2 and 3) below show the number of sensitisation activities (spot counselling, causerie, and mass mobilisation) and the number of beneficiaries sensitised on HIV and AIDS, STIs, and Sexual & Reproductive Health from 2016 to 2019.

Figure 2 : Number of prevention activities implemented from 2016 to 2019

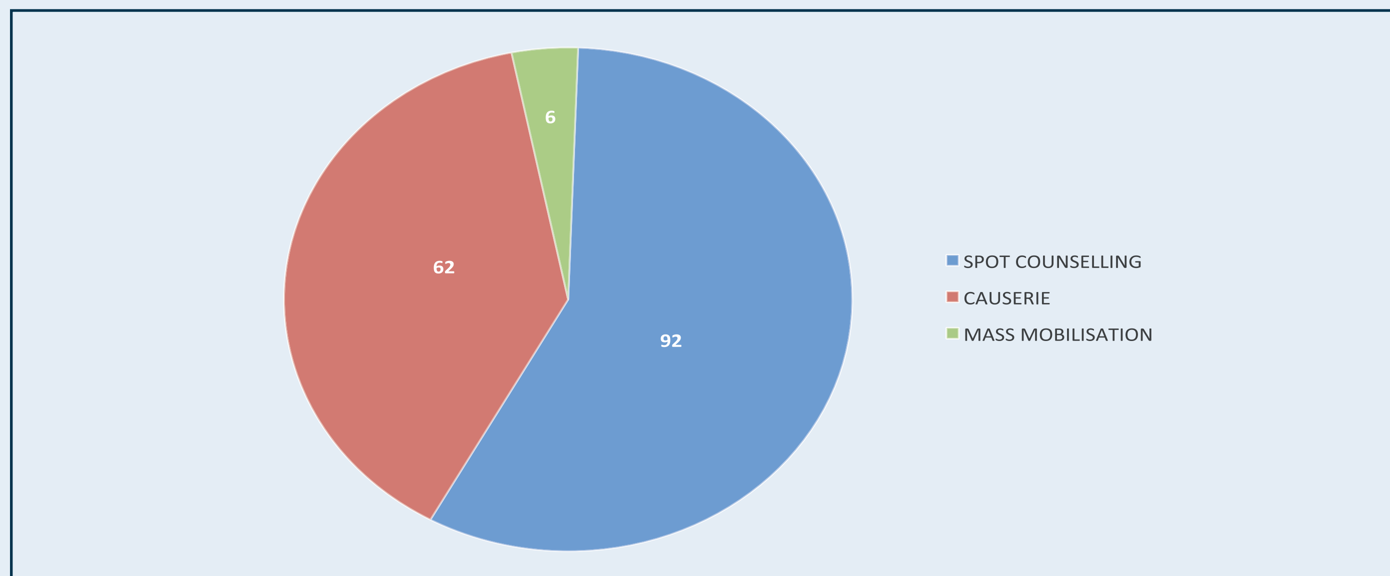
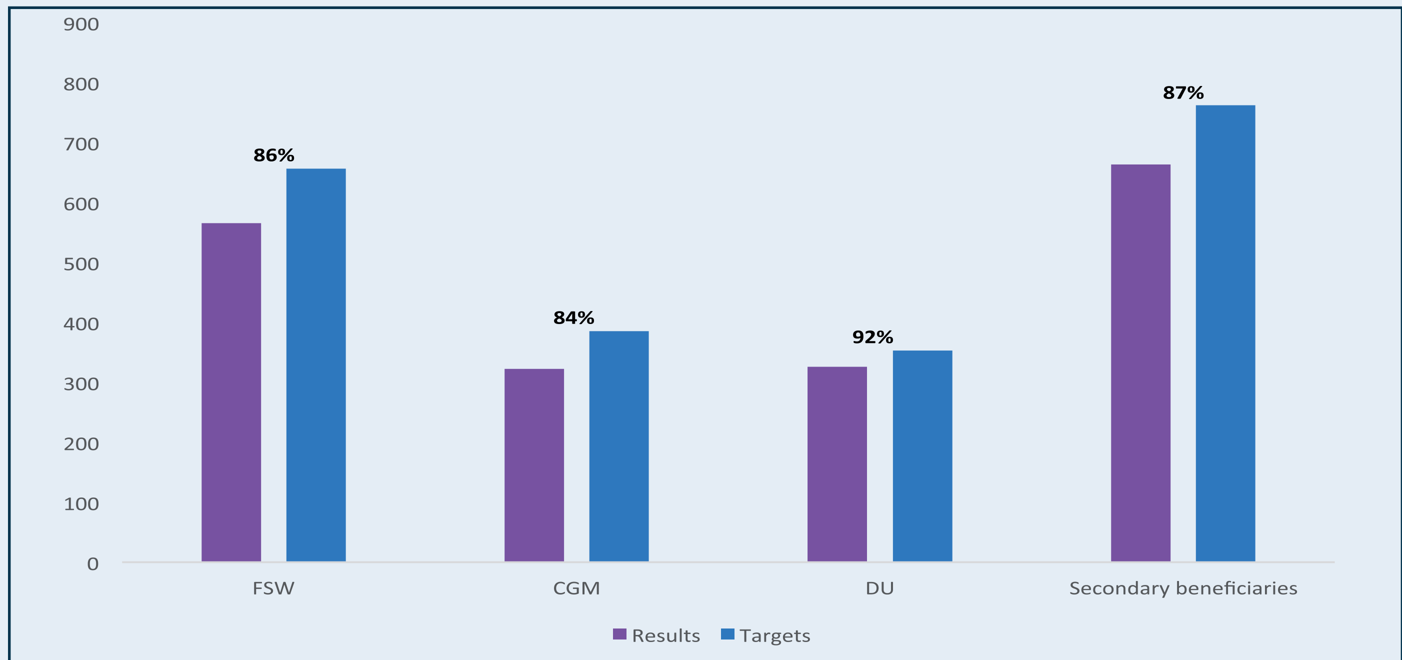


Figure 3: Number of beneficiaries sensitised 2016 – 2019



It should be noted that a beneficiary may have access to several activities but is only counted once as being sensitized all activities included. From 2016 to 2019, all activities combined, 1876 people were sensitized (565 FSW, 322 HSH, 326 Drug users and 663 secondary beneficiaries).

b) Voluntary Counselling and Testing (VCT) for key Populations

The figure below shows the total number of beneficiaries who participated in VCT activities from June 2016 to December 2019. In total, 1052 beneficiaries have been tested for HIV within this said period.

Figure 4 : VCT for key populations (2016 – 2019) against the target of FEVE 3

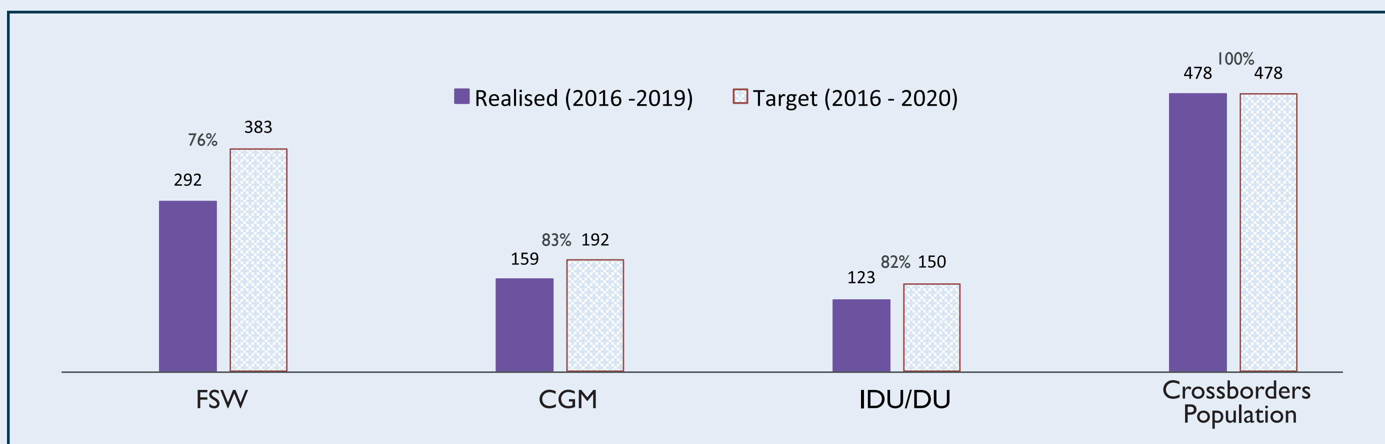


Figure 5 : VCT results from 2016 to 2019

1052	66	62
Beneficiaries tested	of 1052 beneficiaries	of 66 beneficiaries
	were tested positive and know their HIV status	were tested positive and receive antiretroviral therapy

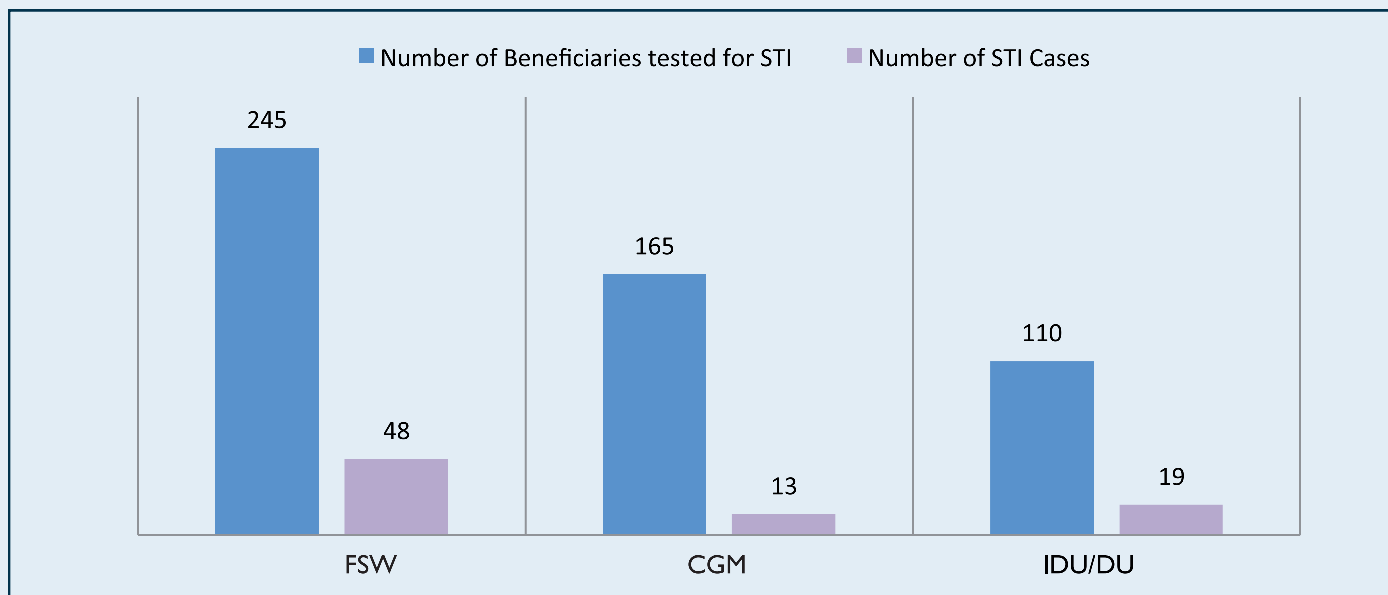
c) Condom and Lubricant distribution among key Populations

Condoms and lubricants are usually distributed during sensitisation and VCT activities. From 2016 to 2019 a total of 139,186 pieces of condom and 7080 Sachets of lubricant were distributed among key populations and general populations. All the condoms and lubricant provided to the project beneficiaries are directly or indirectly supported by GFPA, Worldview and UNFPA

3.3. ACCESS TO MEDICAL SERVICES FOR KEY POPULATIONS

The figure below is showing the total number of beneficiaries tested for STI between 2017 and 2019. It indicates the total number tested for STI and the number of STI cases.

Figure 6 : STI consultation and management from 2017 to 2019



3.4. PSYCHOSOCIAL SUPPORT FOR KEY POPULATIONS

The FEVE project has come up with different strategies to reduce the vulnerability of PLHIVs and enhance their mitigation capacities for positive living with HIV. These strategies are prevention of co-infections; "groupe de parole", Recreational Activities for Orphan and Vulnerable Children OVCs, Emergency Envelope for the most vulnerable populations and nutritional support for PLHIV.

From 2016 to 2019 :

- Two hundred and fifty (250) PLHIVs have been sensitised on treatment adherence and prevention of co-infections (TB)
- Thirty-six (36) activities have been implemented on sensitization of positive living and adherence to treatment
- Eight hundred and forty (840) PLHIVs have been sensitized on treatment adherence and positive living
- 75 OVCs participated in three activities which were done in Friendship Hotel (Bakau), Sahel Village (Bijilo), and Qcity (Bijilo),

- Eighty-eight (88) vulnerable individuals benefited from nine (9) indirect psychosocial support for vulnerable population . This support was in the form of house rent, house maintenance materials, nutrition, or medication.
- 388 PLHIVS benefited from community lunch (repas communautaire) through sensitisation activities

3.5. MONITORING, EVALUATION, RESEARCH AND DOCUMENTATION

3.5.1. Research

In 2019, one knowledge based assessment of key populations on HIV and STIs has been conducted in Gambia and in all countries of FEVE interventions. The main objective of this study was to collect baseline indicators that can be used to track changes in the level of knowledge of beneficiaries (FSW, CGM, DU) with a view to measure impact of FEVE3 project interventions by 2020. The study took place in some areas of intervention of the FEVE 3 project in the Gambia, namely: Greater Bandjul Area (Serekunda, Banjul, Sénégambia/Kololi, Fajara, Abouko) and West Coast Region (Brikama) and Kaninfing Municipal Council.

The results show that 82.3 % of all the key populations who participated in the study had strong knowledge of STIs and HIV. As the analysis of the showed, there is quite number 85.1% of the respondents among the FSW who reported to have always used condom when having sexual intercourse with occasional partners while 8.5% stated they use it sometimes and not always.
In concern of stigmatisation and discrimination; when asked about experiencing perceived, anticipated, and enacted stigma and discrimination by friends, 32.8% of FSW, 14.6% of CGM and 25% of DU have reported some form of stigma and at discrimination by their friends.
In the area of access to recipient services, the majority of targets report having very easy access to condoms and lubricants. In addition, good proportion of the respondents has access to at least three services and a smaller proportion received at least 2 medical consultations from 2017 to June 2018.
In addition of this assessment, one cartography of drug users will be conducted.

3.5.2. Monitoring and Evaluation

From 2016 to 2019, fourteen (14) Monitoring and supervision activities have been conducted for the intervention areas of FEVE in The Gambia. The objectives of these missions were to analyse the state of project implementation and the difficulties encountered with a view to finding solutions and reviewing the planning of activities.
The monitoring and supervision activities were also an opportunity to follow up for referred VCT positive participants to ART Sites (09 missions on ART sites have been also conducted).
Four (4) monitoring and supervision missions have been conducted by the regional coordination to assess/supervise the implementation of the project. These missions normally help in creating and adopting feasible and sustainable strategies for the attainment of the set objectives as well as ensure standard and quality controls are maintained.

At mid- term of the implementations, an external evaluation, as peer review evaluation, has been implemented. The results of this evaluation showed that "Overall FEVE 3 in The Gambia programme is consistent with the National programme and the response. The project is aligned with the several national and regional plans regarding the response. The cross-border cooperation remains relevant and functional according the country context. In general, there is a good level ownership from the beneficiaries; however there is less ownership at the level of partners in the National response.

Treatment and care in general for all beneficiaries are efficient and reaching those who are in need across the 6 regions. A minimum care package is offered to all primary beneficiaries, which includes testing, counselling and treatment for HIV and STIs. There are issues with follow-up for those on ARVs as well as treatment of opportunistic infection for PLHIVs.
In terms of quality and efficiency of coverage the review confirms that the primary and secondary beneficiaries in the FEVE project are covered. Beneficiaries have reported improved care. The project has taken a multi-stakeholder, multi-actor approach which is a major asset of the FEVE project in The Gambia. There are multiple partnership agreements.

3.5.3. Communication and documentation of FEVE 3 Gambia activities

Two (2) strategic orientation committee meetings were held with key partners to validate the strategic orientation of the project by ensuring their adequacy and integration with the national strategic plan for the fight against HIV/AIDS and the national health and social development plan, review annual operational programming to ensure that planned activities met specific needs identified in the field, provide advisory support to the project implementation team to ensure smooth running of activities and ensuring the integration of the project in to the national and sub-regional dynamics while ensuring the coherence of the programme objectives and activities.

The meetings of the Strategic Steering Committee also provided an opportunity to present the results of the FEVE project in The Gambia and to share good practice with partners in the response to HIV. Also, in 2019, FEVE Gambia and key partners have participated in one (1) PR and SR meeting.

3.6. STRENGTHENING REGIONAL DYNAMICS AND SHARING OF EXPERIENCES

For efficient and effective monitoring of HIV beyond borders four (4) cross border task force consultation meetings on reference and counter reference of HIV patients were conducted. This task force is composed of health authorities, health care providers, representatives of HIV network, key populations, and representatives of implementing organisations from The Gambia, Southern Senegal (Casamance region) and Guinea Bissau. Consultation is organised on rotational basis among the three countries and discussion during this consultations mainly focused on how many HIV patients have been referred, counter referred, lost and some of the way forward for effective management of HIV services among this three countries.

There were also some experience sharing mission for health care providers, health authorities and two visits have been organised for PLHIVs, health care provider to Ziguinchor and Guinea Bissau, and two (2) missions from Ziguinchor and Guinea Bissau have visited The Gambia. Six health care providers from the pilot site of the cross border platform and one PLHIV representative were trained on the application of the platform

During the 6 Cross Border VCT organised at Farafenni, Soma, Bureng and mIssira, four hundred and sixty-eight (478) people have been tested for HIV during these activities and 10 people have been tested positive.

3.7. FEVE GAMBIA'S CONTRIBUTION TO THE NATIONAL RESPONSE TO HIV

In Gambia, FEVE contributes to the HIV national response by increasing the number of people who know their serological status towards the objective of the first 90 and contributes also to the second 90. From 2016 to 2019, 1052 beneficiaries were tested to HIV and, 66 were tested positive thus now, and know their HIV status and were referred to ART sites. 84.8% (56/66) of people who were tested positive are key populations.
Peer education and training of groups of peers with leaders or peer educators strategy has greatly contributed to the HIV response in Gambia. In fact, peer educators strategy has contributed significantly to the attainment of the project results because each trained leader, there are dozens peers affec¬ted by the project.

The strengthening of health system in the targeted countries especially at cross border areas by the FEVE project in The Gambia is a clear testimony that the project is indeed initiated and implemented to response to the needs of the population. The FEVE project in The Gambia was one of the first projects that started to work with key populations. Due to the important services the project offers to key populations and taking into account the outcome of the 2017 IBBS, FEVE Gambia could help the country by targeting and reaching many key and vulnerable populations. It is also the single project that offers services to DU/IDU in The Gambia as far as HIV is concerned. The work that has been carried out with DU/IDU, was spearheaded by the FEVE project and no other organization has worked with IDU/DU in the HIV response and also the expertise of working with key populations.

For the production of quality scientific information to guide the interventions, FEVE has been implemented or contributed to the achievement of decades of research projects in order to have information on the sizes of the key populations and their characteristics. The assessment of the knowledge of key populations on HIV was carried out early in 2019 and the result of this study is used to improve intervention.
The mobilization of FEVE Gambia, Senegal and Guinée Bissau contribute to networking, sharing of experiences and best practices, delivery of quality health services and management of HIV patients through the cross border strategy of the project.

INNOVATIONS AND GOOD PRACTICES

4.1. INNOVATIONS STRATEGIES

From 2016 to 2019, innovative approaches have been tested to achieve good results. Innovative processes include:

- **The implementation of Causerie d'education (peer educative discussions) among key populations.** This is unique to FEVE project and there is no other organisation or project that has done the same or similar activity in the Gambia. It allows practical sharing of information with quality and at a short period of time. It is highly confidential, beneficial and appreciated by the beneficiaries. This has not only improved the knowledge base of the beneficiaries but also facilitated and motivated key populations to participate in activities such as sensitisations, VCT and STI consultations because of its practical nature of implementation.
- **Standardisation of the modalities of activities.** Spot counselling was previously done in the Gambia that focused mainly on sensitizing beneficiaries. However, others organizations of implementation of FEVE project have standardized the activity modalities like the number of participants themes to be discuss and it practicalities(use of flyers, poster, and other demonstration material.) and distribution of condoms and lubricants during activities. For example, with FEVE, if you sensitize a beneficiary how to use a condom, you also give him/her the material at the spot.
- **The introduction of the e-cross border platform is another major innovation of the FEVE project in The Gambia.** This platform has enabled mobile HIV patients to continue to receive their health services beyond borders with minimal challenge. It has also facilitated the networking of the health care providers among the pilot sites of the three countries (The Gambia, Southern Senegal and Guinea Bissau). In a nutshell, the platform has greatly improved the management of HIV patients among these countries. As a result, a total of 35 references / counter- references and 5 auto references have been realised among these three countries through the help of this e-cross border platform

- It is in this spirit that PR was conducted in The Gambia. This participatory and innovative approach for civil society aims to maintain a high level of participation and exchange of experiences so that stakeholders can learn and share lessons from the first years of implementation of the FEVE 3 project. PR is based on techniques and tools co-developed with regional and national FEVE programme actors, namely an evaluation framework, a self-assessment questionnaire and a set of interview guides. The approach and tools have been validated for use in the three PR pilot countries. While PR in each of the three pilot countries was conducted on a common basis, each review had its own particularities, successes, challenges and good practices
- **The Control Redundancy System (CR System)** is also key innovation of the FEVE project in the Gambia. This secure database system plays a critical role in the monitoring and management of key populations data in the Gambia. It has enabled us to have record of all relevant data of key populations from 2016 to date and can be analyse at any point in time for decision making and programing of key populations within seconds.
- **The implementation of projects and programs that target key populations like IDU/DU** in the attainment of the objectives of the national response cannot be overemphasised and The Gambia is not an exception. The FEVE3 project in the Gambia is the first and only project working with IDU/DUs in HIV prevention, care and Support. In fact, when NASO started working with them in 2016, they were not incorporated in the national Strategic plan and the national response have realised that there is need to incorporate them in National Strategic Plan and they have been captured in the recent National Strategic Plan document 2021-2025.IDU/DU in the Gambia, the project has managed to work with more than 350 IDU/DU from 2016 to 2019.

4.2. GOOD PRACTICES

A **"good practice"** can be defined as follows:

> A good practice is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.

In Gambia, FEVE tested and validated the following approaches as success factors in achieving good performance. These practices can be easily replicated. These include:

- **Supermarket approach' of sensitization, VCT, STI consultation, and distribution of beneficiaries (all in one day).** Key populations are very mobile and there is high tendency that if you do one activity with some you will not get them again within two or many years. So once you get them you must capitalise and ensure that the services of the minimum prevention package have delivered in one activity and in one day. That is why we planned and organised in that nature so that any beneficiaries that participate have all the required services
- **Analysis of the package and Distribution of activities among PE in the beginning of the year after the validation of the work plan.** It is very important to know from the beginning of each year how many beneficiaries have not got the minimum prevention package and plan your activities so that you will be able to capture some

who did not. On that note, we make an analysis of our database to identify such and then share the total target of year among the peer educators for mobilisation because it is sometimes difficult to get the required the target number at short period of time.

- **Check-list approach of VCT and medical consultation (PE to submit the list of beneficiaries prior to the activity date).** Before any peer educator has to conduct any activity, he or she must bring in advance the list of participant he or she want to involve in that activity so that we will not only know the type beneficiaries you are bringing(new or old) but also enable us to know the services those beneficiaries received before.

LESSONS LEARNED FROM 2016-2019 AND CONSTRAINTS OF INTERVENTIONS

5.1. LESSONS LEARNED FROM 2016 – 2019

Major lessons were learned during the implementation of FEVE 3 in The Gambia especially in working with key populations. Among these, we can note:

- Key populations are very mobile. Therefore, doing Sensitization, VCT, STI Consultation and treatment on different days or time may limit the beneficiaries from having access to the complete package.
- Key populations issues evolve on a daily basis and one has to be proactive in programing programs and activities for them otherwise the chance of success will be very minimal.
- Involvement of the key populations in every bit of the planning is very key for successful implementation and attainment of good results
- Validation of the beneficiaries list before the activity to priorities and ensure that Peer Health Educators mobilized more new and old beneficiaries for the activity.

5.2. CONSTRAINTS

- The inadequacy of the project staff (almost all the work relies on the program assistant). This also does not allow for the search for additional funding (project writing, etc.)
- Difficulties related to staff mobility to conduct activities within and outside Greater Banjul Area
- Failure to comply with antiretroviral treatment for positive recipients because they find the treatments heavy enough and some do not have a good diet to be able to withstand the effects of treatment
- Inadequate financial resources in the medical care line to ensure follow-up (second contact) of the beneficiaries consulted. It should be noted that a line has not been allocated for support and it is only in 2017 that a small amount has been provided for this line and the money available is not sufficient to ensure a second contact for all the beneficiaries consulted.

CONCLUSION AND PERSPECTIVES

Even though the budget for FEVE 3 in the Gambia is small compared to other countries implementing the program and the staff of the organisation (NASO) is limited, the result and impact of the project in the lives of key populations and the national response to HIV and AIDS is really great. The results of the project from 2016-2019 have shown that objectives of the project will surely be met. One of the greatest achievements of the FEVE project in The Gambia is that it has ensured that 82% of the beneficiaries of the project have access to the minimum prevention package (Sensitisation, VCT, STI consultation and condom) from 2016 to 2019.

Consequently, NASO will continue to collaborate with the major partners to ensure that 2020 set target will not only be reached but also the outcome will be improved and sustained.

On the other hand, the next phase of the project in the Gambia will be oriented towards strengthening the achievements as well as innovating new strategies for efficient and effectives services for vulnerable populations in the Gambia. The intervention strategies will not only focus on HIV but also on co-infection and new vulnerable population that are marginalised and discriminated against.

The next phase will also work to ensure that all vulnerable population have access to health friendly services without stigma and discrimination. Vulnerable populations will also be empowered to make them autonomy and independent. New ICT technologies will also be introduced to solve pressing needs of the Gambian population especially key populations.

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