Policy context
Voluntary counseling and testing (VCT) is an important component of the fight against HIV/AIDS. VCT constitutes an entry point for various interventions, from the treatment of other sexually transmitted diseases and tuberculosis to psycho-social assistance for sero-positive individuals.

Similarly to other African countries, HIV/AIDS efforts in Senegal have focused on increasing voluntary counseling and testing. From the supply side, VCT services are freely available and VCT sites increased from 5 in 2002 to 281 in 2008. From the demand side, government and donors have drawn on the existing network of NGOs to provide HIV/AIDS sensitization programs. Most NGOs use social mobilization techniques to encourage HIV testing. Despite the considerable efforts deployed, voluntary testing in Senegal remains extremely low, with only 1.1% of the total population having been tested.

In 2008, Senegal’s national HIV/AIDS agency planned to replace social mobilization with peer education strategies, having shown the latter to be more effective in some contexts. In the peer-mentoring approach, the information would be transmitted to only a third of beneficiaries and request them to mentor at least two other individuals in the community. It is hoped that transmitting the information to two-thirds of the target individuals through the mentors will allow the mentors to be trained in a more intensive manner, and ensure that the recipients absorb the material in a more user-friendly manner.

Impact evaluation
During an impact evaluation workshop organized by DIME, the HIV/AIDS agency laid out its plan for rolling out the new peer-counseling strategy. During the workshop, the government modified its plans and in order to evaluate the impact of both strategies, decided to randomly phase-in the new strategy. As a result, the government randomly assigned one-third of the health districts to one of the following categories: (i) health districts that continued using traditional social mobilization methods; (ii) health districts that introduced peer mentoring; and (iii) districts without intervention.

Using a simple experimental design, Poisson regression techniques and routinely collected administrative data from health districts, the impact evaluation not only assessed whether funding to NGO sensitization campaigns can significantly affect testing rates and counseling, but also whether peer mentoring was more effective than social mobilization methods in conveying the message.

Impact evaluation results
The results of the impact evaluation are surprising. Contrary to expectations peer-mentoring is not more effective than social mobilization across the board but rather each approach is greatly more effective than the other on different target groups and objectives.
Peer mentoring doubles the number of individuals who get tested, who follow pre-test counseling and who pick up their test results, especially among women. Traditional social mobilization appears to be ineffective in all three. Neither method increased the number of individuals who tested positive and who picked up their results.

Social mobilization is greatly more effective, however, in increasing the number of male partners of HIV-positive women who get tested.

Finally, both methods significantly increase the number of HIV-positive individuals who follow post-test counseling. Peer-mentoring is more effective among men and traditional social mobilization more effective for women.

Policy recommendations

The evaluation shows that it is possible to rigorously evaluate alternative interventions using routinely collected data if the alternative interventions are randomly introduced. Governments often forgo this learning opportunity when introducing new programs.

The evaluation also shows that replacing policy interventions would have been a mistake: the two interventions are not substitutes but rather complement each other in reaching out to different populations at risk.

By doubling the number of people who get tested and pick up their results, peer mentoring proved to be more effective for HIV-positive individuals, while social mobilization proved to be more effective in increasing the number of partners of HIV-positive individuals who come and get tested.

The value of these findings is of interest to both Senegal’s and global HIV prevention efforts.


The Africa HIV/AIDS Impact Evaluation Program (AIM-AIDS)

AIM-AIDS was launched in February 2008 as a regional initiative to generate and support country specific IE of HIV/AIDS prevention and build country capacity for evidence-based policy making in national HIV agencies in Africa. AIM-AIDS uses impact evaluation to build “management for results” into HIV/AIDS programs. More specifically, the program:

i) Builds organizational capacity for rigorous impact evaluation through a learn-by-doing approach;

ii) Works to embed impact evaluation into national HIV/AIDS programs;

iii) Supports countries through technical assistance in designing and conducting rigorous impact evaluation of HIV/AIDS interventions;

iv) Coordinates and harmonizes evaluation methods across countries; and

v) Provides cross-country venues for dialogue, networking, and information sharing.

AIM-AIDS focuses on testing prevention policies like peer-mentoring, social mobilization, behavioral change campaigns, conditional cash transfers, and school-based education.