

FOUNDATION for a HEALTHIER SENEGAL

Q3 2026

HEALTH IMPACT REPORT

PILLARS REMINDER

- Comprehensive Training — CHWs are trained using digitally-supported, offline-compatible programs delivered in local languages, designed to fit into the daily lives of health workers in even the most remote areas.
- Localized Recruitment — CHWs are recruited directly from the communities they serve, ensuring they are trusted, familiar faces who deeply understand local health challenges.
- Sustainable Support — CHWs receive continuous supervision, monthly stipends, and capacity-building resources to deliver quality care long-term.
- Accessible Services — CHWs provide door-to-door prenatal and postnatal care, child health follow-ups, and early risk identification for families far from facilities.

Q3 2026

HEALTH IMPACT REPORT

A MESSAGE FROM THE FOUNDER

Dear friends and partners,

This quarter showed what happens when we measure what matters and act on it. Our community health workers carried out nearly 2,900 home visits, and, most importantly, the rate of post-referral follow-up reached 49%, up from 16% at the start of the year. Behind this number is a simple conviction: a referral is only the first step, and caring for people means making sure they are doing better afterwards.

We also kept investing in the people who make this possible. New CHWs joined our teams, our supervisors and CHWs reviewed activity and performance together, and we began recognizing our best agents.

In Malika, the evaluation of our pilot with ECOSS confirmed a model that works and a strong demand from the community.

Beyond the field, we raised the voice of community health.

In August, we contributed to the national diagnostic for the reform of community health policy, and in September, the Francophone voice of community health was heard on the international stage during UNGA week in New York, where our Diaspora Circle also brought together partners and friends of Senegal.

The months ahead are about turning this momentum into lasting change: a legal status for community health workers, stronger data systems and a continued, closer follow-up of every patient. Thank you for walking with us.

Dr. Saloum Cisse
FOHSEN Founder



Dr. Saloum Cisse

2026 FOCUS

- Strengthen CHW coverage, supervision, and referral systems
- Next Phase: Expand to new regions and deepen impact through digital tools (SmartTrack)

IMPACT OVERVIEW

FROM REFERRAL TO FOLLOW-UP: 49% AND RISING

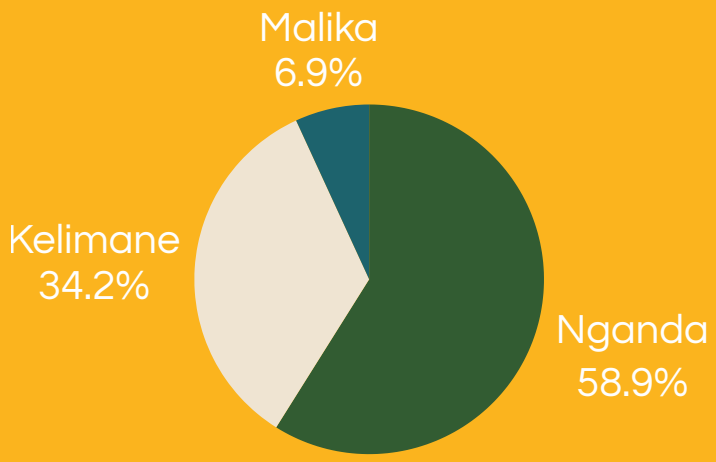
Following patients beyond the referral. A referral is only the first step. CHWs return between 24 hours and 5 days later to check on each patient's condition and see how we can help them get better, not just to hit a target. Our M&E team made this a point of honor, flagging follow-up as a priority and alerting the program team early. The result: the follow-up rate has tripled since Q1 (16%) and doubled since Q2, from 24% to 49% today.

100 CHWS ENROLLED

GOAL: 300 BY 2027

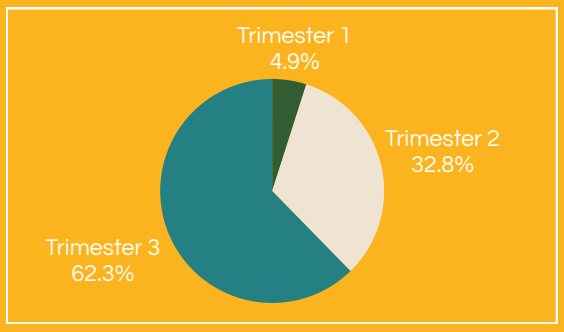
2885
HOME VISITS

- 6.6% vs Q2 due to seasonality
target: 3500



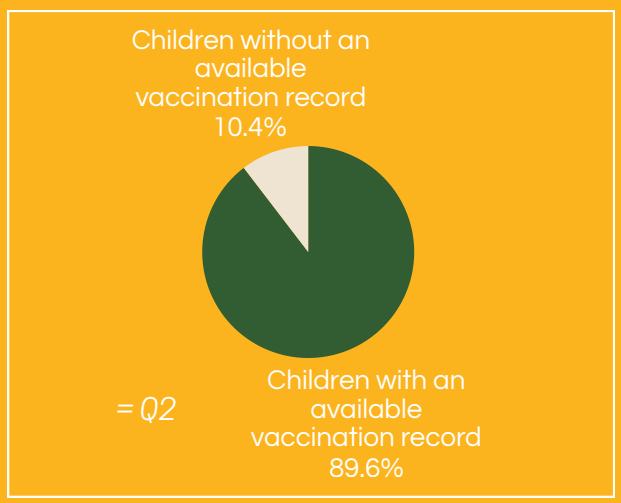
01 MATERNAL HEALTH

919 PREGNANT WOMEN FOLLOWED *+11.5 % vs Q2*
MEDIAN AGE 25 YEARS OLD



Percentage distribution of pregnant women by pregnancy trimester

02 CHILD HEALTH



% of children with an available vaccination record

COMMUNITY SPOTLIGHT

Learning and improving in small groups





Training is organized in five small supervised groups, three in Nganda and two in Kélimane, which meet every week to review each member's activity and performance. This format serves both training and supervision: CHWs learn from one another and receive feedback in real time, while supervisors spot difficulties early instead of waiting for the end of the quarter. It is an innovation in how we build the capacity of our CHWs.

Every month, supervisors and CHWs also come together for a coordination meeting where each CHW's activity and performance are reviewed individually. These moments help align CHWs with the FOHSEN service package and with district priorities, and allow us to adjust our work as it unfolds. Together with the weekly groups, they are part of a wider effort to professionalize the role of CHWs.



Recognizing our best

Good work should be seen. We are putting in place a recognition system for CHWs, including a “CHW of the month” badge and a recognition kit. Our top performer this quarter is Ramata Seck, a 34-year-old CHW with experience in community health delivery (Home-Based Care Provider), financial education, reading clubs and nutrition programs (PRN). She carried out 210 home visits against an objective of 180 and 38 follow-ups, with no data-quality issues.



RAMATA SECK

Connecting with the Diaspora



On 24 September, during UNGA week in New York, the FOHSEN Diaspora Circle hosted TERANGA – FOHSEN Diaspora Dialogues, Volume I. The evening brought together the Senegalese diaspora, allies and partners around two panels, “The Diaspora & Senegal” and “Health & Technology”, to explore how diaspora expertise, networks and resources can advance health in Senegal. Dr. Youssouph Tine, Director General at Senegal’s Ministry of Health, took part. The event was held with the support of the Segal Family Foundation and our partner Global African Impact.

MEASURING CHANGE

Accessible services

01 — Evidence

Learning from the field and shaping national priorities

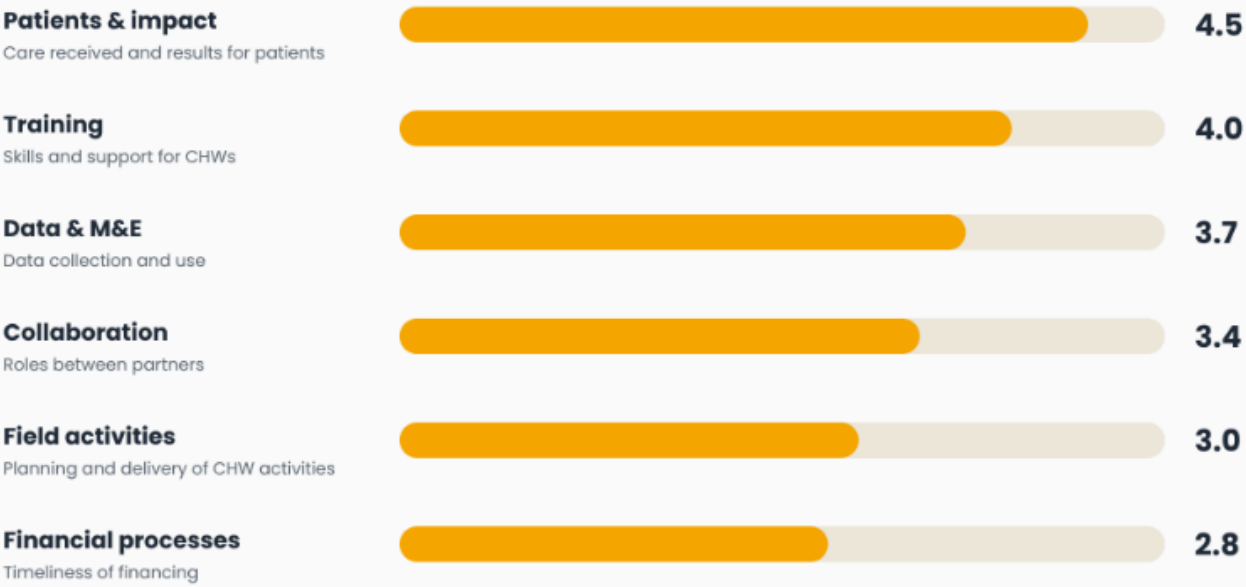
From 18 to 21 August in Mbour, FOHSEN took part in the Ministry of Health's technical working group (GTT) workshop to consolidate the strategic diagnosis of community health, alongside government, the WHO, UNICEF and other partners. The resulting report will serve as the basis for reforming Senegal's national community health policy. Recommendations include a clear status and professionalization for CHWs, interoperable digital systems with systematic reporting of community activities, and a service package that reflects real needs. These match the priorities we defend.

Malika pilot evaluation

Following the pilot at the Malika health post (May–August), FOHSEN and ECOSS carried out a participatory evaluation across six areas: data and M&E, field activities, collaboration, training, patients and impact, and financial processes. Every stakeholder, including the CHWs, completed an evaluation grid, cross-checked with field data and discussed at a collaborative session on 16 September. The evaluation confirmed that the model is viable and that demand is strong: monthly activity targets were met in August, and patients and CHWs gave the highest ratings. It also pointed to clear conditions for a next phase: clearer roles between partners, timely financing, lighter data collection forms and stronger involvement of the district. Results were shared with partners in October.

Malika pilot evaluation

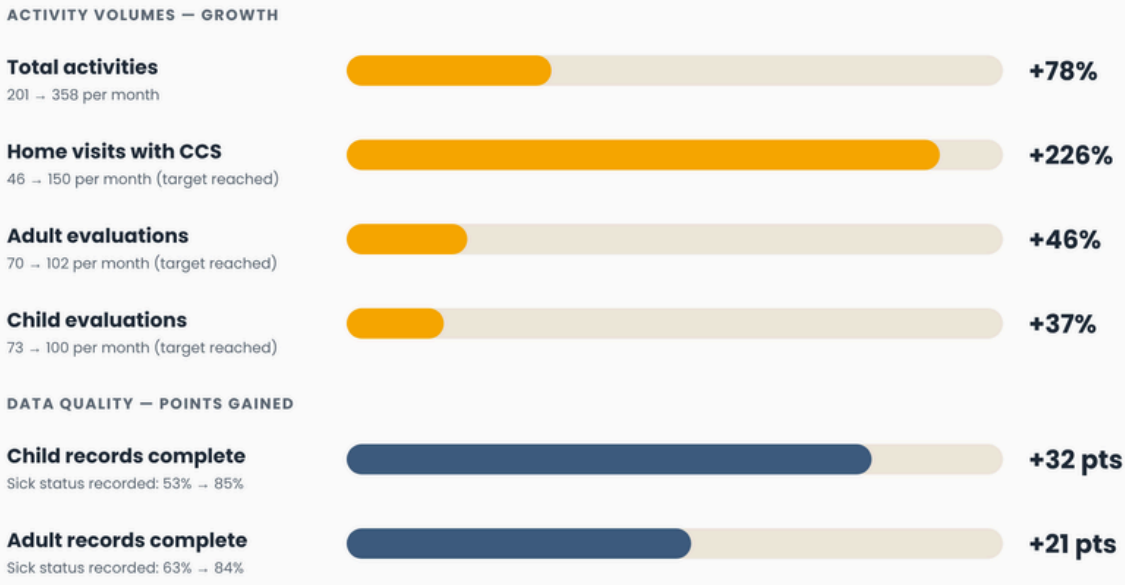
Scores out of 5, by area, from the participatory evaluation (May–August pilot)



Grids completed by all stakeholders, including CHWs, cross-checked with field data and discussed on 16 September 2026.

Malika pilot: progress from May to August

First month of activity compared with August (July was a pause)



Source: PROCCM Malika pilot evaluation, September 2026. 8 CHWs, paper forms.

02- Policy

From field data to policy change

Strong data is what turns field work into a case for policy change. This quarter, our M&E team closely tracked results, analyzed the links between indicators and, together with the program team, introduced new field methods, such as supervised small groups, to improve them. The post-referral follow-up rate, for example, rose from 16% to 49% since Q1. These facts give us a solid basis to bring to the Ministry of Health and our partners. In September, at a CHIC side event during the UN General Assembly week in New York, FOHSEN worked with the Ministry so that Senegal could present its advances in community health on a global panel. Dr. Youssouph Tine, Director General of Health, shared the situation of Senegal's health system and the work of CHWs, bringing a Francophone voice to discussions where it is too often missing.



A coalition for community health

The Coalition of Senegalese NGOs for Community Health is being formalized, bringing together AMREF, CRS, Financing Alliance for Health, Santé Intégrée, RACS, CHIC, DIMAGI and FOHSEN as secretariat. Its strategic note is finalized and an annual roadmap produced. Aligned with the GTT, FOHSEN positions itself as a partner and facilitator of national reform around two priorities: the legal status of CHWs and their professionalization.

ON THE HORIZON

Shaping the national advocacy strategy

On 12 October, took part in the workshop to draft the national advocacy strategy for community health (CSSP), alongside the Coalition of NGOs. The goal is a shared roadmap, grounded in field evidence, to advance the legal status and professionalization of CHWs.

Growing our partnership with DKT International

We are finalizing a memorandum of understanding with DKT and adapt training modules, including sessions with health technicians.

Nganda's maternity construction

Women in Nganda currently travel at least 65 KMs to give birth. To close this gap, FOHSEN is building a maternity unit in the village, with the support of Partners for Equity.

In July, FOHSEN obtained a detailed quote from SEVEN BTP, a Dakar-based construction firm, for the superstructure and finishes: 63,975,641 F CFA (about $112,000), covering site set-up, the ground floor and the roof terrace. The Works began on October 11th .

Next steps: We will begin raising the resources needed for equipping the unit, and agreeing with the district health team on staffing and handover. The septic tank and finishing items. are not yet funded.

THANK YOU


Segal
Family Foundation


vitamin
angels


HARVARD
UNIVERSITY


CRIF...
Children's Rights
Innovation Fund


Ambasáid na hÉireann | An tSeineagáil
Embassy of Ireland | Senegal
Ambassade d'Irlande | Sénégal


MINISTÈRE DE LA SANTÉ
ET DE L'ACTION SOCIALE


muso


DOVETAIL
IMPACT FOUNDATION


THE PATCHWORK
COLLECTIVE


COMMUNITY
HEALTH
IMPACT
COALITION


ripple
FOUNDATION


PFE
PARTNERS
FOR EQUITY
AUSTRALIA



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