



## FINAL EVALUATION

# STRENGTHENING DECENTRALIZED CARE FOR CHILDREN LIVING WITH HIV IN SENEGAL (ENPRISE 3)

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EVALUATION DATES: JUNE - DECEMBER 2023



**COUNTRY:**  
SENEGAL



**BUDGET :**  
€638,107



**LEAD  
ORGANIZATIONS:**

Centre Régional de  
Recherche et de  
Formation à la Prise en  
Charge Clinique (CRCF)

**PARTNERS:**

Rnp +, CNHEAR,  
AIDS CONTROL  
DIVISION (DLSI),  
NATIONAL AIDS  
COMMITTEE (NAC)



**START DATE:**  
07/01/2020

**END DATE:**  
30/06/2023

## THE PROJECT

### Background

CRCF has implemented many projects responding to the pediatric HIV emergency in Senegal. The EnPRISE 1 epidemiological survey was one of these projects. Conducted in 2015, the survey showed that 64% of children being monitored outside of the capital, Dakar, were experiencing treatment failure. Through the EnPRISE 2 project, the following was introduced in five regions in the south of the country: (i) strengthened regional viral load platforms and structured sustainable early diagnosis channels and (ii) training of professionals at each care provision site. The Enprise 3 project continued this work through facilitating medical and psychosocial care for children and adolescents living with HIV, in a decentralized way, in 9 regions of Senegal, with the aim of doubling the treatment success rate among children in 2023.

### Project operating model

For this evaluation, the consultants used experimental and non-experimental approaches, conducted site visits, and then triangulated the data gathered. The sites visited were not selected at random or based on local health indicators, but instead based on logistical constraints related to the time available and travelling distance. This is why consultants visited only two sites in peri-urban areas outside of Dakar - Thiès and Diourbel - which was a key limitation of this evaluation.

## OBJECTIVES

### Overall objective

Contribute to improving the provision and quality of care and support for children and adolescents living with HIV in Senegal.

### Specific objectives

- ▶ Strengthen the capacity of health personnel around care and support provision for children and adolescents living with HIV.
- ▶ Strengthen the involvement of community actors in care and support provision for children and adolescents living with HIV.
- ▶ Facilitate access to care for children and adolescents living with HIV and their families by providing support adapted to vulnerability factors.

## EVALUATION RESULTS

### Relevance

National health indicators show low antiretroviral treatment coverage for children and adolescents outside of Dakar, with high rates of treatment failure. Through the creation of regional referral centers, contributing to transport costs, strengthening the viral load testing technical platform coupled with strengthening transportation of biological samples, the project response is relevant to challenges encountered across the country, and is aligned with the National Strategic Plan to combat AIDS.

### Effectiveness

CRCF has been highly effective in achieving the targets set out in the project's logical framework. This high level of effectiveness is partly due to task sharing, based on the complementarities and added value of each implementing partner: CRCF overseeing coordination, CHNEAR developing training modules, DLSI organizing training and establishing regional hubs, RNP+ monitoring the community components and reimbursing children's transport costs, etc. In addition, CRCF set up a steering committee for this project, which involves key actors such, as the NAC executive secretariat.

### Efficiency

Although the evaluators could not measure efficiency in terms of cost-effectiveness, it is clear that the budget spend rate (97%) is excellent and expenditure was in line with forecasts. Nearly all of the budget was spent and almost 100% of the activities were implemented.

### Impact

The project provided care to 1,862 children and adolescents living with HIV. The quality of care provided has improved in a variable way depending on the site, through putting in place «queue jumping», HIV status disclosure, access to SRH consultations and psychological care. The creation of regional referral hubs appeared to a key impact area for the project in terms of decentralization. Although it has not been evidenced through a financial evaluation, telephone appointment reminders coupled with financial contribution to cover children's transport costs were interventions that had a significant impact, at a very low cost.

### Sustainability

Before the funding came to an end, CRCF took the necessary measures to ensure the sustainability of certain interventions. For example, the organization For Hope and the NAC took on funding of contributions to transport costs for children in collaboration with RNP+. The EVA network mobilized funding from the Principality of Monaco to support the Dakar regional referral hub and two other hubs inland. The Global Fund Country Coordinating Mechanism has integrated the budget required for the regional referral hubs in the GC7 funding request. The French Research Institute for Development (IRD) will ensure the continuity of scientific research in this field with financial support from the French National Agency for AIDS and Emerging Infectious Diseases Research (ANRS-MIE).



## Conclusions and recommendations

Through their contribution over time, starting with the EnPrise 1 epidemiological survey, then the EnPRISE 2 and 3 projects, CRCF and their implementing partners have obtained substantive results in Senegal. CRCF has been able to (i) develop a project that responds to national priorities, (ii) work with the authorities (NAC and DLSI) to promote national ownership and (iii) build the necessary partnerships and collaborations to produce results beyond the project target groups, while ensuring continuity of services after the end of L'Initiative funding.

The evaluators made a number of recommendations:

#### To CRCF and their implementing partners:

- Maintain the same model of strategic partnerships and strengthening the DLSI when implementing future projects, and focus more on the involvement of community actors.
- Conduct an in-depth analysis of their database by age and gender according to the following age groups: <10 years, 10-12 years, 13-15 years, 16-19 years and >20 years. This would have the two-folder advantage of focusing on the HIV status disclosure period and fitting into the NAC's national data for 0 to 15 year olds.

#### To the DLSI:

- When implementing the GF GC7 grant, set up dedicated spaces for children and adolescents in regional referral centers, including the provision of a computer and a dedicated corner for doing schoolwork. This would provide a social space and place for discussion for people who don't have access to discussion groups, don't have a smartphone to share information on social networks, etc., in a context where there are few youth-focused organizations.

#### To L'Initiative:

- Consider the determinants of treatment success outlined by Bernard Taverne and his co-authors (i) when appraising new projects, because the response to pediatric and adolescent HIV is not limited to clinical and medical factors. Holistic care and support integrating psychological and socio-professional factors must be made widespread; (ii) and during the project negotiation phase, so that key, inexpensive activities are not left out.

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