Marginalized populations

CROSS-CUTTING PROJECT EVALUATIONS

EXPERTISE FRANCE
GROUPE AFD

L'INITIATIVE
sida, tuberculose, paludisme

L’INITIATIVE

L’Initiative is a project implemented by Expertise France that complements the Global Fund’s work. It provides technical assistance and support for innovation to Global Fund recipient countries to improve the effectiveness of grants and strengthen the health impact of the programs funded. L’Initiative’s recent developments amplify its catalytic effect, through building the capacity of health and civil society actors, improving institutional, political and social frameworks, and supporting innovative approaches to respond to pandemics.

7

projects evaluated

16

countries reached by the projects

38

implementing partners

Contents

Cross-cutting evaluation of long-term projects

Nous avons repris le texte de la publication. Il y a quelques différences avec le Word de la 9 > OK ?

L'Initiative has three calls for proposals each year as part of its Projects Channel mechanism, from which around twenty projects are selected. All funded projects are required to have an external final evaluation.
In order to make the most of this comprehensive exercise, L'Initiative's has put in place a thematic cross-cutting evaluation mechanism for projects. This enables reporting on the use of Ministry of Europe and Foreign Affairs funds, to highlight L'Initiative's interventions, as well as drawing out learning to improve interventions to respond to the three pandemics and to inform future activities.

KEY DATA

from the "Marginalized populations" evaluation

Total project budget:

7,416,282 Euros

PANDEMICS COVERED:
- HIV: **5** projects
- HIV / tuberculosis: **2** projects

7
projects evaluated

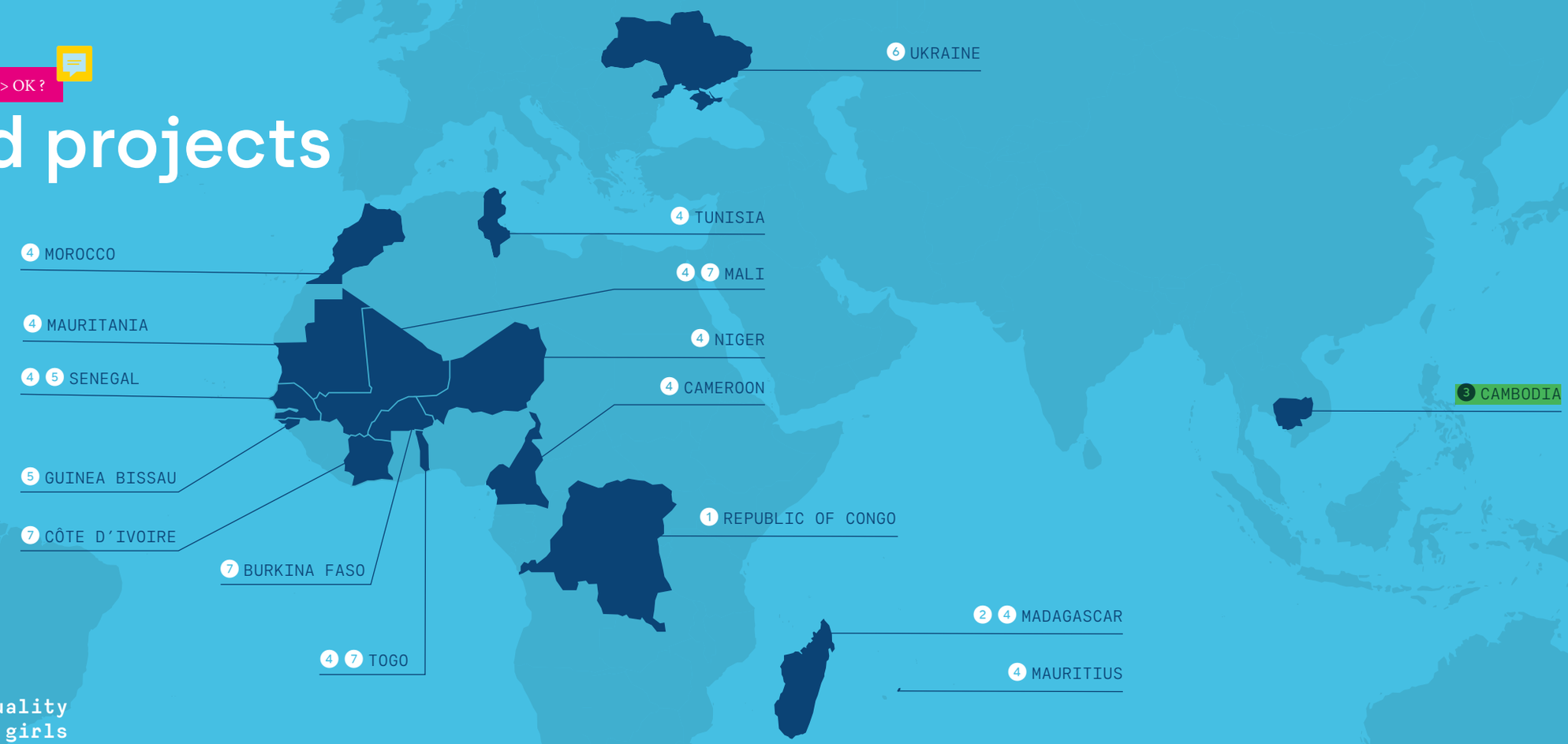
16
countries reached by the projects

38
implementing partners

Contents

Suppression de “The” comme la publication 8 ? > OK ?

Evaluated projects



1 REPUBLIC OF CONGO (2017-2020)

Strengthening access to quality health services for young girls in vulnerable situations and sex workers in Brazzaville and Pointe-Noire

LEAD
ACTIONS DE SOLIDARITÉ INTERNATIONALE (ASI)

PARTNER
ASSOCIATION CONGOLAISE POUR LE BIEN-ETRE FAMILIAL (ACBEF)

2 MADAGASCAR (2017-2019)

Contributing to strengthening HIV and AIDS and HIV/TB co-infection prevention, testing, management and monitoring approaches among key populations of sex workers, men who have sex with men and people who inject drugs, in particular young people, and people living with HIV (PLHIV)

LEAD
MÉDECINS DU MONDE FRANCE (MDM)

PARTNERS
AINGA/AIDES, MADAIDS, AFSA, SOLIDARITÉ DES MSM

3 CAMBODIA (2017-2020)

Mobile Link - “Can a theory-based SMS intervention improve the health of female entertainment workers in Cambodia and provide a reliable source of monitoring and evaluation data?”

LEAD
KHANA

PARTNER
TOURO UNIVERSITY CALIFORNIA

4 MOROCCO, TUNISIA, MAURITANIA, MALI, NIGER, SENEGAL, CAMEROON, TOGO, MAURITIUS, MADAGASCAR (2017-2021)

Access to quality health services for key populations

LEAD
COALITION PLUS (C+)

PARTNERS
ARCAD-SIDA, ALCS, PILS

5 SENEGAL, GUINEA BISSAU (2017-2020)

INCLUSIPH: “Inclusion of people living with disabilities in the response to HIV”

LEAD
HUMANITY AND INCLUSION (HI)

PARTNERS
NATIONAL AIDS COMMITEE (SENEGAL), AIDS CONTROL SECRETARIAT (GUINEA BISSAU); THE 6 MEDICAL REGIONS OF ZIGUINCHOR, SÉDHIOU, KOLDA, BISSAU, CACHEU AND OIO.

6 UKRAINE (2017-2021)

Underage, overlooked: Improving access to integrated HIV services for adolescents most at risk in Ukraine

LEAD
AIDS FOUNDATION EAST WEST (AFEW)

PARTNERS
ALLIANCE FOR PUBLIC HEALTH (APH), WAY HOME, CONVICTUS, NASHA DOPOMAGA, RETURN TO LIFE, PUBLIC HEALTH, NEW FAMILY, LIGHT OF HOPE, BLAGO, PARUS.

Nous avons rajouté le Togo comme la VF > OK ?

7 BURKINA FASO, CÔTE D’IVOIRE, TOGO, MALI (2017-2021)

Access to HIV pre-exposure prophylaxis for men who have sex with men: acceptability and feasibility study in organization-run clinics in West Africa (CohMSM-PrEP)

LEAD
BOUISSON BERTRAND INSTITUTE

PARTNERS
FRANCE: UNITÉ TRANSVIHMI, IRD UMI 233, INSERM U 1175, UNIVERSITY OF MONTPELLIER. UNITÉ SESSTIM, UMR 912 INSERM, IRD, AIX-MARSEILLE UNIVERSITY. ASSOCIATION COALITION INTERNATIONALE SIDA; **BELGIUM:** INSTITUTE OF TROPICAL MEDICINE, ANTWERP; **BURKINA FASO:** ASSOCIATION AFRICAN SOLIDARITÉ, CENTRE MURAZ; **CÔTE D’IVOIRE:** ASSOCIATION ESPACE CONFIANCE, PAC-CI PROGRAM; **MALI:** ASSOCIATION ARCAD-SIDA; **TOGO:** ASSOCIATION ESPOIR VIE TOGO.BIOLIM/FSS, UNIVERSITY OF LOMÉ

Introduction

This overview document presents the results of the cross-cutting evaluation of seven projects funded by L'Initiative on the theme "marginalized populations", which was implemented in sixteen countries in Africa, Asia and Eastern Europe.

Given the importance of taking into account the specific needs of marginalized populations, their human rights, gender and community approaches to tackling barriers to accessing care that affect these populations, L'Initiative launched a 2016 call for projects aimed at "improving access of marginalized populations to quality health services through adapted and integrated community approaches"[1]. The main target populations were:

- → **Key populations, including people living with HIV, people who inject drugs, men who have sex with men, transgender people, sex workers and people in prisons.**
- → **Vulnerable populations, especially mobile and migrant populations, young girls and women, children and adolescents.**

Glossary

- → **Marginalized populations** are groups most impacted by an epidemic, who have less access to health services and / or who are victims of human rights abuses, and social and economic marginalization.

1. A call for projects relating to key populations was launched by L'Initiative in 2014. The resulting projects were included ina cross-cutting evaluation that can be found here: https://www.initiative5pour100.fr/index.php/notre-impact-0

METHODOLOGY

The evaluation was carried out by the consultancy firm, TeAM, between October 2019 and July 2021. The team was composed of three experts in public and community health.

The evaluation involved:

- → **An individual evaluation of each project in line with L'Initiative's accountability objectives.**
- → **A cross-cutting analysis of the results, making it possible to draw lessons from the combined experience and to promote the best practices in relation to marginalized populations, with the aim of learning and improving the quality of projects funded by L'Initiative.**

AREA 1

Participation of marginalized populations and elimination of barriers to service access

"You must keep listening to marginalized populations throughout the project to ensure quality involvement and ownership"

Progress in the involvement of marginalized populations to improve their access to quality health services

Marginalized populations (MP) played a crucial role in project implementation and largely contributed to the success of services put in place. Whether as community health workers (CHWs), peer educators, or peer investigators, **PMs have participated in the development of tailor-made and innovative services**, such as pre-exposure prophylaxis (PrEP) for MSM or community testing, developing tools and surveys, collecting data from PMs, referring PMs to care and support services, monitoring compliance and identifying people who were lost to follow up. Some projects have engaged PMs in project management through establishing formal partnerships with identity-based organizations of MPs. The AFEW project even integrated an empowerment and leadership development approach for adolescents who use drugs.

The evaluation shows a strong involvement of PMs, based on a partnership of equals, which enabled them **to go from having "beneficiary" status to being an actor of change** in their community, creating strong project ownership and increased empowerment. The AFEW and HI projects have managed to "give PMs back their dignity" and enabled them to stop being "invisible". This involvement was essential to test the feasibility of the innovative services developed and to strengthen their quality, accessibility, use and sustainability. Conversely, projects that had a low level of ownership among MPs had lower levels of efficiency and sustainability, and a particularly high rate of loss to follow-up.

Room for improvement

Given the significant contribution of the target populations to projects, **the status of community expertise** is a crucial issue. Although contracting CHWs within projects is important for them to be recognized, remuneration is often too low compared to the high level of workload, which contributes to professional burnout and rapid turnover among CHWs. This resulting loss of community expertise poses a threat to the quality and sustainability of services. In addition, the recognition of this expertise within the projects evaluated remains fragile and limited because it is highly dependent on national contexts and often international funding.

The evaluation highlighted that projects were generally not very innovative in terms of **human rights** and **advocacy**. Only three of the seven key programs recommended by UNAIDS[2] to overcome human rights-related barriers to accessing services have been used: training health professionals on human rights and HIV-related medical ethics, legal literacy and law enforcement awareness. Although access to services can be an excellent way of tackling human rights barriers, the projects have not gone beyond this to promote an environment that protects the rights of MPs. Despite significant discrimination and punitive laws against target populations, only two projects, AFEW and HI, included an advocacy objective around overcoming structural barriers to accessing care. In five of the projects evaluated, the impact was therefore limited to project level and did not involve developing MP leadership.

2. Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses, UNAIDS, 2012: https://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf

GOOD PRACTICE

THE ROLE OF COMMUNITY OUTREACH WORKERS IN THE COVID-19 RESPONSE

In the Coalition PLUS project, the **role of MPs as community outreach workers was crucial, especially during the COVID-19 epidemic**. Community outreach workers enabled PMs to continue accessing services by facilitating access to ARVs, hygiene and food kits and methadone for people living with HIV (PLHIV) or people who inject drugs, who could no longer travel due to restrictions, through an adapted and confidential home service. Their status has been valued and recognized by many actors, health professionals in particular.

With the exception of the AFEW project, **gender mainstreaming** has remained theoretical. Initial analyzes of gender barriers were seen to be lacking and the gender-specific data collected has remained untapped. The projects did not develop effective approaches to reduce gender inequalities and barriers, in particular sexual violence and the economic vulnerability of women. Overall, they have not contributed to changing societal gender norms. Only the AFEW project took a transformative approach to reducing harmful gender norms affecting adolescents who use drugs.

Recommendations

- → Ensure that quality partnerships are developed with community implementing actors, to ensure that MP needs are expressed in reliable and ongoing manner.
- → Stimulate reflection on the status of CHWs at national policy level.
- → Ensure that advocacy addresses structural barriers to accessing care and the MP environment as a whole.
- → Facilitate the integration of gender and human rights by developing local partnerships with both organizations of women / MPs and with organizations focusing on defending human rights. These organizations can provide good insight into the context and can provide lasting solutions rooted in reality.

AREA 2

Strengthening the skills of marginalized populations

"The greatest advantage in terms of capacity strengthening is the contribution to project sustainability"

Capacity strengthening that goes beyond knowledge transfer

Capacity strengthening for PMs is across all projects, either at project start-up to equip actors, or over time to improve impact. Although some capacity strengthening approaches are fairly standard, for example around testing or comprehensive HIV management, most of the topics are **innovative** in their context, including PM training in survey techniques and analysis, community testing, sexual health of sexual minorities, PrEP, palliative care and the use of sign language. Human rights have not been a major focus of capacity strengthening, and neither has gender, which in some cases was not addressed at all.

GOOD PRACTICE

TRAINING IN SIGN LANGUAGE

As part of the HI project, healthcare providers and community actors received training in sign language. This enabled them to communicate directly with hearing impaired people for the first time, without needing an interpreter, and was particularly favorable for sharing intimate information they had never mentioned before.

The impact of capacity strengthening varies depending on the project. In terms of quality and access to care, the impact is clear through improved access for people living with disabilities (HI project), MSM (CohMSM), sex workers (KHANA), adolescents who use drugs (AFEW) and key HIV populations (C+). The impact has been less noticeable in terms of MP participation in decisions that affect them. However, capacity strengthening enabled better access or positioning within Country Coordinating Mechanisms (CCMs) for MPs and / or strengthened structures (MdM, C+), recognition by public authorities of the needs of people living with disabilities, which were not previously taken into account. (HI), and the important influence that young leaders had on the project (AFEW). In these projects, capacity strengthening is a key component that contributes to impact.

Capacity strengthening for community-based organizations (CBOs) who are project partners was less prevalent than beneficiary capacity strengthening. The focus was on standard structuring capacity strengthening, such as administrative and financial management (IH), monitoring and evaluation (C+) and advocacy around mobilizing local resources (AFEW).

Beyond the transfer of knowledge, **the greatest benefit of capacity strengthening has been the contribution to project sustainability**. Capacity strengthening creates team spirit and links between the various key actors - between international researchers and peer educators, between CBOs who were previously competing and now collaborate on a common goal, between health professionals and patients and their families. However, the evaluation found that projects did not employ capacity strengthening sufficiently in this sense, as there was a lack of collective capacity strengthening, either inter-country for multi-country projects, or inter-team for decentralized projects. However, most of the projects made good use of multidisciplinary training.

A training approach that needs modernizing

The evaluation found that the training approach in most projects was not very innovative and capacity strengthening could have been a more significant priority area to achieve the overall objective, in the form of **one-off training but also mentoring, ongoing training and inter-team exchanges**. Project supervision was used cleverly, however, as a key point to provide capacity strengthening in several projects. MdM was the only project that took a new approach through direct implementation of theoretical learning linked to immediate assessment of each learner in a real-life situation.

It would have been valuable **to document** and **learn** from capacity strengthening approaches, particularly around innovative subjects, which did not happen in any of the projects. In the same way, **assessing** capacity strengthening needs must happen at the start of the project. An end-of-project evaluation of capacity strengthening was lacking in four projects, and skills transfer to ensure the sustainability of the services was not planned for or strategically implemented in any of the projects.

Recommendations

- → Systematically plan an initial capacity strengthening needs study and a final evaluation to measure the impact of it.
- → At the start of the project, carry out an organizational needs assessment of partner CBOs to integrate their needs into the project
- → Anticipate and integrate from the project design phase the transfer of skills at the end of the project to partners
- → Document the capacity strengthening approach throughout the project in order to share knowledge and extract lessons learned.

AREA 3

Positioning projects in national health systems

"It is necessary to set up a systemic partnership between projects and public actors to enable a greater influence of project results on health policies"

Different forms of positioning

The health system was the main end beneficiary for certain projects (MdM, HI, KHANA, ASI). The AFEW project adopted a multisectoral approach and collaborated with several government departments. The C+ and CohMSM projects were positioned at the periphery of the health system and therefore had more autonomy. Only the HI project established a formal institutional partnership with the central level of the Ministry of Health and included them in the project steering committee, as did ASI. The other projects favored collaboration with local or decentralized health facilities.

Positive influence of projects on health systems but scale-up requires improvement

Interaction between health professionals and the projects was good or very good, and they facilitated the implementation of all projects. Most projects have also demonstrated their ability to **generate new models or approaches** that are integrated into country policy and planning documents. For example, thanks to the evidence produced on the vulnerability of people living with disabilities to HIV, the HI project enabled their inclusion as a priority target group in National Strategic Plans on AIDS and funding requests to the Global Fund.

Overall, project **contribution to national health systems was substantial:**

→ Overall, the project outputs have enabled countries to align themselves more quickly with international priorities, such as the UNAIDS 90-90-90 targets or the WHO "test and treat" strategy. Ownership by the health systems of these approaches has been comprehensive and spontaneous.

→ The projects brought a decisive added value around the recognition of community expertise by the health system. For example, the C+ project made it possible to improve the institutional positioning of certain local NGOs within CCMs.

→ Cross-cutting initiatives to integrate diseases other than HIV, which was observed in almost all the projects, have given rise to a real dynamic of decompartmentalization, despite being at a low level.

→ Projects systematically put in place a referral mechanism to ensure a continuum of care for MPs between prevention and access to treatment, which is a major step forward for countries and has produced good results. However, the effectiveness of this continuum remains strongly dependent on the availability of testing inputs and drugs, which has not always been the reality for some projects.

→ The two operational research projects (KHANA and CohMSM) were perfectly aligned with country priorities and were able to generate useful evidence for health systems, although there are still challenges for research results to be harnessed and scaled up by countries.

Most of the projects therefore enabled efficient implementation, thanks in particular to being integrated at the local level, and the catalytic nature of projects was generally highly appreciated by stakeholders in the health system. However, this was not enough to support national Ministries of Health **to scale up** approaches or continue interventions after the projects ended. Scale up has only been initiated in three projects (HI, C+ and CohMSM). For example, the CohMSM project has enabled an increase in the use of PrEP in Côte d'Ivoire.

GOOD PRACTICE

EFFECTIVE DECOMPARTMENTALIZATION APPROACH THAT IS USEFUL FOR THE HEALTH SYSTEM

When developing information, education and communication (IEC) messages for sex workers in Cambodia, the KHANA project included messages on HIV prevention into cervical cancer, drug use and forced alcohol consumption messaging. This comprehensive IEC package was delivered in its entirety to female project beneficiaries, who greatly appreciated this combined and integrated approach. This has also made it possible to broaden prevention provision on topics that were previously not always addressed at the same time by healthcare providers.

Despite these important contributions, transferal to national actors of project potential and emerging good practices in relation to other diseases or fields did not take place for the following reasons: a lack of planned knowledge sharing, the use of dissemination channels that are often not appropriate for the health system (especially scientific publications for operational research projects), the lack of interest and commitment of the Ministries of Health in certain projects.

Recommendations

→ Establish a systemic partnership between projects and the public health system, to allow an increased influence of project results on health policies and their scale up.

→ Carry out advocacy work combined with a robust knowledge sharing and learning exercise that includes modeling, throughout the project to enable optimal use of good practices and improve transfer of learning at the end of the project.

→ Promote research results in an accessible way to enable their fluid translation into health policies, and clearly outline the conditions for implementing these results in the health system.

Conclusion

Marginalized populations were key actors in the implementation of projects evaluated. Their involvement has created a demand for health services, which is a key milestone for project sustainability. Their contribution as real agents of change in most projects justifies the urgency of ensuring they have a clear and rewarding status within care teams.

This cross-cutting evaluation concludes that the catalytic nature of projects funded by L'Initiative are what makes this mechanismdistinctive. Innovative topics were addressed in the projects evaluated, such as PrEP, sexual health of sexual minorities, disability management, palliative care. In addition, MPs have fully responded to skills strengthening in these new areas.

The projects evaluated, although lacking in some areas, have nevertheless provided a wealth of local lessons, which require high-quality knowledge sharing to be disseminated and used. The evaluation team believes that L'Initiative must make the most of this to advance the response to the three pandemics, by creating models of care for marginalized populations which can then be taken to scale.

REFLECTIONS

Based on lessons learned from this cross-cutting evaluation, for the first time L'Initiative organized a workshop to co-create recommendations with leads from the projects evaluated, members of L'Initiative's steering committee and members of L'Initiative's team. This workshop enabled strategic and operational directions to improve access to health services for marginalized populations to be drawn out together, which will enable better ownership by the various stakeholders. These recommendations have already fed into L'Initiative's 2022 call for projects focused on vulnerable populations. They are also captured in a policy brief.

ACRONYMS AND ABBREVIATIONS

Il y en a moins que la VF

CHW	Community Health Worker
CCM	Country Coordinating Mechanism
MSM	Men who have sex with men
IEC	Information, education and communication
CBO	Community-based organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
PE	Peer educator
PrEP	Pre-exposure prophylaxis
SW	Sex worker
PLHIV	Person living with HIV
ART	Antiretroviral therapy
HIV	Human Immunodeficiency Virus

Nous avons repris le texte de la publication 8.
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This publication is part of a collection presenting the results from cross-cutting evaluations produced by L'Initiative. The following issues have already appeared and are available on our website, in the "documentary resources" section, in both French and English:

This cross-cutting evaluation was carried out by Juliette Papy, Hélène Rossert and Abdoulaye Sidibé Wade, from the consultancy firm, TeAM, between October 2019 and July 2021.

It was coordinated at Expertise France by Elsa Goujon, Monitoring and Evaluation Officer in the Health Department.

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design **LUCIOLE** • march 2022

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