



## FINAL EVALUATION

# COMMUNITY HEALTH

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**START DATE:**

05/2023

**END DATE:**

10/2024

## BACKGROUND

Community health is an area of public health that involves meaningful participation of community members to improve their health at individual and collective levels. Effective community participation is desired at all levels of intervention: 1) assessing the health situation/needs of the community; 2) identifying problems, selecting priorities; 3) setting objectives and activities, mobilizing resources to improve the situation; 4) planning, organizing, carrying out and evaluating interventions. Eight projects funded by L'Initiative were part of this cross-cutting evaluation to identify learning around community health.

## PROJECTS EVALUATED

Titre	Porteur	Pays
Strengthening accessibility of prevention and awareness-raising services for fishermen and fish sellers around Lake Tanganyika	ESSENTIEL	Burundi
Access to SRH / HIV-TB information and services program for adolescents and young people in Kinshasa	RACQJ	Democratic Republic of Congo
Training and empowerment project to strengthen support for adolescents and young girls living with HIV - Phase 2	SIDACTION	Burkina Faso, Burundi, Congo, Côte d'Ivoire, Mali, Togo
Integrated community prevention and innovation for populations exposed to HIV	AIDES	Haiti
Young lookouts. From social auditing to health rights for all: adolescent girls and young women in action!	EQUIPOP	Burkina Faso, Senegal
Improving health care for prisoners and former prisoners in Mauritius living with or affected by HIV, HCV and TB	PILS	Mauritius
Strengthening decentralized care for children living with HIV	CRCF	Senegal
Access to PrEP for women: developing and implementing an intervention	ALCS	Mali, Morocco, Mauritius

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## LESSON LEARNED

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### Community participation and related issues

Beneficiary communities of projects did not play a leading role other than supporting implementation. Community participation has essentially focused on peer education, which remains the key approach of community health projects. In addition to peer education, various community approaches have been implemented (advocacy activities, outreach approaches / mobile services, etc.). However, all of these approaches, despite producing significant results, do not bring about particularly strong community participation. Recognition (expertise, status) of peer educators was a central question within projects, but it was a question that remained unanswered in practice. In addition, the majority of the projects evaluated provided training for PEs. However, it was often not sufficient for the tasks they were then asked to carry out and was either not backed up, or at just a low level, by further complementary information or knowledge refreshers.

### Specific impact of the community approach

There are varied outcomes and impacts related to the community approach, which reflect the role of community actors as agents of change within communities and the national system. Some projects have raised awareness, mobilized or strengthened communities, contributing for example to the reduction of HIV-related discrimination and breaking down social norms that are damaging to women and girls. Projects have demonstrated outcomes in terms of improving access to health services for target populations (providing new services, adapting services to the needs of target populations, etc.). The majority of projects have made efforts to document community needs and access to health services or to develop population-specific databases. In general, the documentation and production of evidence has improved the visibility and understanding of the specific needs of communities. However, not many projects had a robust database and/or a strong M&E system.

### The positioning of community health projects in relation to the national health system

Only half of the projects had formal collaborations in place with the national AIDS program and none of the projects were collaborating with the authorities in charge of community health.

Only 3 projects demonstrated meaningful national ownership. For example, a flagship intervention of the CRCF project was making a financial contribution to children's transport costs, which appears to be a very high-impact measure at a low cost. This measure has been continued through the support of the Senegalese NACP. However, sustainability was an issue for all projects: none of the projects evaluated had an exit strategy, other than identifying new funding.



## Conclusions and recommendations

All too often, target communities are seen as passive beneficiaries of prevention, care and treatment services (the “reason” for interventions) rather than active participants who work in partnership with health professionals to improve their health (the “subjects” of interventions). The role and duties of care providers (such as community health nurses) and community health workers seem to be more focused on involving community members in care than on empowering them to take action to ensure their well-being in line with their own choices. It is recommended to:

- ▶ Promote better inclusion of communities in setting priorities as well as in project management, monitoring and evaluation (in particular change-oriented evaluation).
- ▶ Foster innovative approaches that prioritize community empowerment (e.g. citizen control/community-led monitoring projects).
- ▶ Support capacity strengthening of community actors and provide dedicated resources and approaches, as well as a robust strengthening strategy (support organizational assessments and the development of capacity strengthening plans for partner community organizations).
- ▶ Develop more targeted learning tools tailored to the recipients, in order to be able to share the lessons learned from projects and feed into advocacy efforts for project scale-up at the national level.
- ▶ Establish a framework for periodic exchange between community actors and community health care providers at the Ministry of Health level, with the aim of facilitating joint decision-making. Issues relating to the status, role and remuneration of community actors, as well as the role and remuneration of the state actors involved, could also be formalized through this type of framework.

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