CROSS-CUTTING PROJECT EVALUATIONS

Key populations

EXPERTISE FRANCE

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.

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projects evaluated

12

countries reached by the projects

32

implementing partners

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Cross-cutting evaluations of long-term projects

L'Initiative has three calls for proposals a 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 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 and as well as drawing out learning to improve interventions to respond to the three pandemics and to inform future activities.

KEY INFORMATION

about the "Key populations" evaluation

Total budget of the projects:

6,186,631 Euros

PANDEMICS COVERED:

- HIV and AIDS: **6** projects
- Tuberculosis: **1** project
- Cross-cutting: **1** project

POPULATIONS REACHED:

- MSM: **2** projects
- People who use drugs: **2** projects
- Sex workers:**1** projet
- Transport workers: 1 project
- Cross-cutting: 2 projects

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The projects evaluated

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6 HAITI

1 SENEGAL

1 2 CÔTE D'IVOIRE

8 BURKINA FASO

8 BENIN

1 TOGO

1 5 8 CAMEROON

8 CENTRAL AFRICAN REPUBLIC

1 BURUNDI

7 MYANMAR

3 THAILAND

1 BURUNDI, CAMEROON, CÔTE D'IVOIRE, TOGO, SENEGAL 2014-2017

Generation MSM without AIDS

PROJECT LEAD
AFRICAN COUNCIL OF AIDS SERVICE ORGANIZATIONS (AFRICASO)

PARTNERS
AFRICAN MEN FOR SEXUAL HEALTH AND RIGHTS FRANCOPHONE PROGRAM (AMSHER)

2 CÔTE D'IVOIRE 2015-2017

Accessing vulnerable drug users in Abidjan: towards a national needs-based policy

PROJECT LEAD
MÉDECINS DU MONDE - FRANCE

PARTNERS
LA CROIX BLEUE, L'ESPACE CONFIANCE, ASAPSU

3 THAILAND 2015-2019

Expanding access to HIV counseling and testing for Thai and non-Thai high-risk populations in the Public Health System

PROJECT LEAD
FACULTY OF ASSOCIATED MEDICAL SCIENCES, CHIANG MAI UNIVERSITY (PHPT INTERNATIONAL JOINT RESEARCH UNIT)

PARTNERS
GFATM PRINCIPAL RECIPIENT ADMINISTRATIVE OFFICE, DPT OF DISEASE CONTROL (NONTHABURI), PROVINCIAL PUBLIC HEALTH (CHIANG MAI), CAREMAT ORGANIZATION (CHIANG MAI), NORWEGIAN CHURCH AID ORGANIZATION, COMMUNITY ADVISORY BOARD (CHIANG MAI)

4 UKRAINE 2015-2018

Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions

PROJECT LEAD
INTERNATIONAL CHARITABLE FOUNDATION "INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE"

PARTNERS
REGIONAL INFORMATION AND RESOURCE CENTRES HOSTED BY: COMMUNITY HEALTH (POLTAVA), AMICUS (MAKIYIVKA), SALUS (LVIV), FUTURE WITHOUT AIDS (RIVNE), INSIGHT (CHERKASY), DNIEPER HUMANITARIAN INITIATIVES (DNIPROPETROVSK), SOCIUM-XXI (KYIV), AND THE WAY HOME (ODESA); ALL-UKRAINIAN PUBLIC HEALTH ASSOCIATION; ASSOCIATION OF SUBSTITUTION TREATMENT ADVOCATES OF UKRAINE; INSTITUTE OF SOCIAL WORK AND MANAGEMENT OF THE DRAGOMANOV NATIONAL PEDAGOGIC UNIVERSITY

5 CAMEROON 2015-2018

Support to professionalize community-based organizations providing HIV and AIDS prevention to transport-related vulnerable populations

PROJECT LEAD
MOTO ACTION FRANCE

PARTNERS
MOTO ACTION CAMEROON, IRD

6 HAITI 2015-2018

Improving HIV testing performance by setting up a community testing mechanism for men who have sex with men and sex workers

PROJECT LEAD
VOLONTARIAT POUR LE DÉVELOPPEMENT D'HAÏTI (VDH)

PARTNERS
AIDES, KOURAJ POU PWOTEJE DWA MOUN; PROMOTEURS DE L'OBJECTIF ZÉROSIDA; PLATEFORME HAÏTIENNE POUR L'ÉGALITÉ DE TRAITEMENTS ENTRE LES PERSONNES

7 MYANMAR 2015-2018

Creation of a conducive environment for enhanced engagement of the key population to the HIV program supported by the Global Fund

PROJECT LEAD
PREMIÈRE URGENCE - AIDE MÉDICALE INTERNATIONALE (PU-AMI)

PARTNERS
MYANMAR POSITIVE GROUP ENTREPRENEURS DU MONDE

8 BENIN, BURKINA FASO, CAMEROON, CAR 2015-2019

Investigating transmission of tuberculosis in infants (TITI)

PROJECT LEAD
THE UNION (INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE)

PARTNERS
NATIONAL TUBERCULOSIS CONTROL PROGRAMS IN THE FOUR COUNTRIES

Introduction

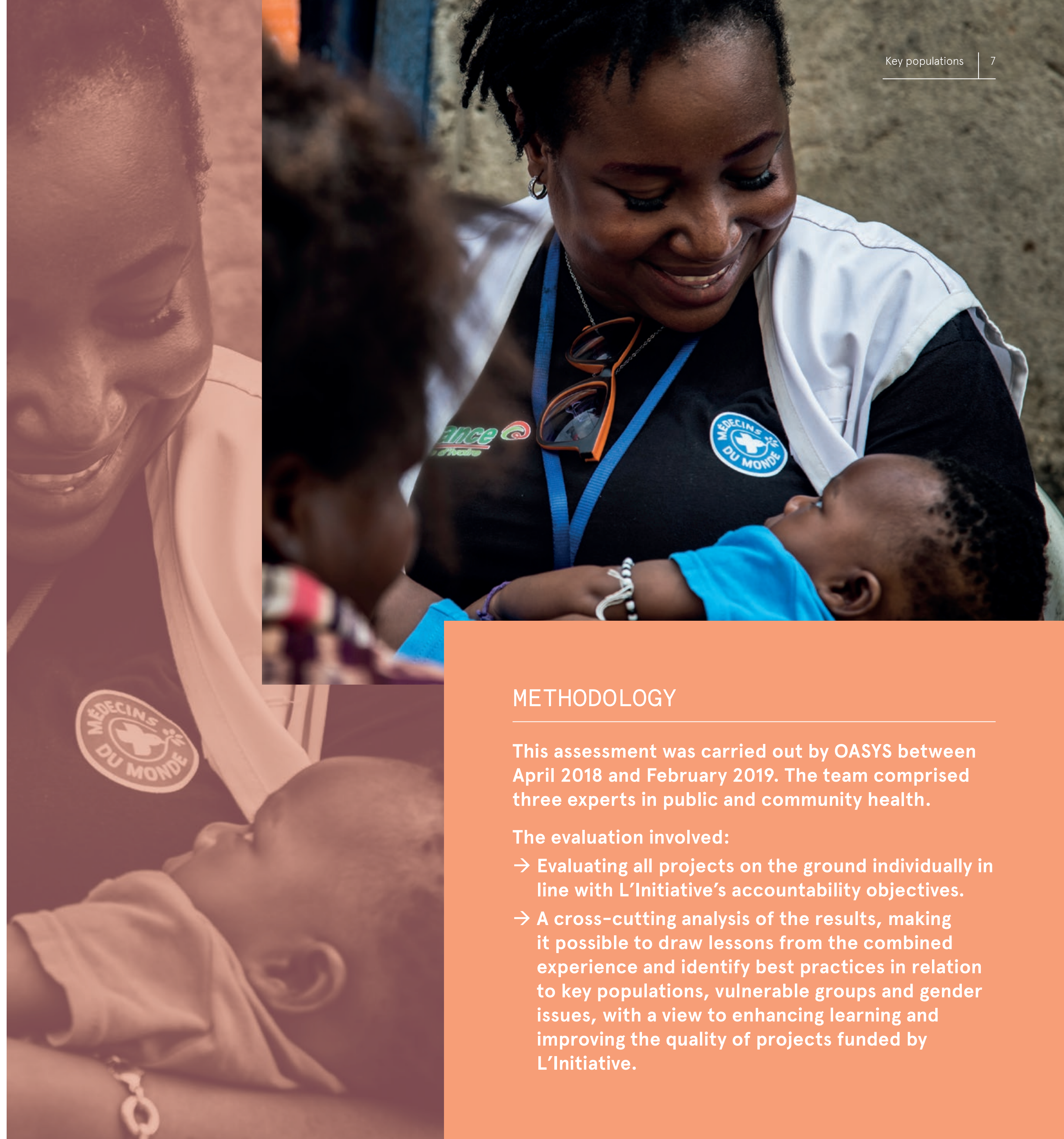
This section gives an overview of results from the cross-cutting evaluation of eight projects funded by L'Initiative focusing on key populations, implemented in twelve countries in Africa, Asia, the Caribbean and Eastern Europe.

With the importance of key and vulnerable populations and gender issues in the response to pandemics in mind, L'Initiative launched a call for projects focused on these areas in 2014, in order to select projects based on the following themes:

- **→ Strengthening national responses relating to key populations and / or vulnerable groups.**
- **→ Strengthening gender mainstreaming in the design, implementation, monitoring and governance of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).**

Glossary

- → **"Key populations"** refers to population groups most likely to be exposed to or transmit HIV, tuberculosis or malaria, and whose involvement in the response to the three diseases is critical.
- → **"Vulnerable populations"**: Vulnerability is a phenomenon that encompasses inequality of opportunity, social exclusion, unemployment or instability and other social, cultural, political and economic factors that make a person more likely to be infected with the three diseases.
- → **A "gender-sensitive"** approach stems from the observation that inequalities between women and men are constructed by societies and result from male and female roles assigned on the basis of biological differences. The ultimate goal is to achieve equal rights and an equitable division of resources and responsibilities between women and men.



METHODOLOGY

This assessment was carried out by OASYS between April 2018 and February 2019. The team comprised three experts in public and community health.

The evaluation involved:

- **→ Evaluating all projects on the ground individually 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 identify best practices in relation to key populations, vulnerable groups and gender issues, with a view to enhancing learning and improving the quality of projects funded by L'Initiative.**

AREA 1

Building the skills of key populations

"Using these illustrative tools made truckers forget their lack of time, they stayed focused throughout the awareness session. At the end, they all wanted a referral slip to go and get tested"

Peer educators from the Moto Action project

Skills building[1] of key populations appeared as a central intervention in six of the eight projects evaluated.

Needs of key populations and skills building

The common feature of the various approaches to recruit, engage and support key populations is the involvement of community-based organizations (CBOs) and community leaders, as well as the development of innovative awareness-raising tools. These tools are adapted to target populations to encourage them to get involved in projects. They aim to strengthen access to health services and / or improve self-esteem among these key populations, and there was high demand from beneficiaries. The Moto Action project has used various games to get transport workers to feel that sexual health affects them. In the Alliance Ukraine project, the legacy card game "New me" has encouraged the involvement of women and couples who use drugs by enabling them to have better control of their lives. The adaptability of stakeholders in the field, their ability to listen to key populations and the highly flexible nature of projects have been a guarantee of success in terms of increasing beneficiary participation.

Capacity building also supported **strengthening of organizational structure and consolidation**. The following components are essential to ensure the efficiency and quality of organizational structure, however, they were not sufficiently taken into account: initial assessment of organizational structure needs, involvement of beneficiaries in this exercise and transfer of skills from project leads to implementing partners.

It is essential that capacity **building needs and methods** are compatible. The evaluation highlighted that the methodologies used to strengthen the organizational structure of CBOs were different depending on where the project lead originated: organizations in the north mainly use face-to-face training on topics such as governance, administrative and financial management, often combined with mentoring to back-up theoretical training in a practical way. Organizations in the south focused on a more collegial approach, via meetings and sessions that promote learning. Organizational consolidation can also be carried out indirectly by building the capacity of teams around technical subjects, such as gender, testing, etc. Where CBOs are more competent and reliable on technical matters, they gain credibility.

1. Building the skills of an individual aims to improve their ability to mobilize procedures, knowledge and know-how to deal with a situation.
Capacity building in an organization aims to improve its potential performance.

Although it is difficult to make a direct link between capacity building and improved access to care on short-term projects, the evaluation noted that the MDM project shows clear improvements in access to care for people who use drugs thanks to comprehensive and adapted service provision.

The link between capacity building and advancing human rights has been more clearly proven. By improving the credibility and recognition of the technical skills of CBOs and key populations in the eyes of institutional stakeholders, capacity building positively influences human rights. Improvements seems to be more significant when capacity building relates to technical subject areas (access to healthcare for people who use drugs or migrants, testing, gender, good financial management, etc.) rather than when human rights are addressed head-on.

Unanimously, capacity building of key populations and CBOs was seen as a real asset in the projects, especially when it resulted from a needs assessment that fully involved target populations. However, these projects have not yet sufficiently addressed the role of key populations in ensuring the quality programs that target them, nor their status as peer educators, members of care provision teams, nor stability in terms of their remuneration.

Institutional and community mentoring

Institutional mentoring involves one organization providing support to another to strengthen organizational structure. This played an important role in several projects using different methods :

- → Peer to peer, between mentor organization and learning organization.
- → Through ongoing training that develops into coaching.
- → Through a series of regular, participatory and collegial meetings.
- → Through remote support.

Community mentoring is support provided by peer educators to members of a community. This is an important component of the Alliance Ukraine project. "Women mentors" are recruited and trained to follow-up new recruits to harm reduction centers, to ensure women on substitution therapy are less isolated, can help each other and have fun together.

BEST PRACTICE

The objective of the PU-AMI project in Myanmar was to provide structural support to a group of people living with HIV, Myanmar Positive Group (MPG), and its self-help groups. Training was based on needs assessments of key populations and their organizations and developed at a rate that fitted with participants' understanding. Community leaders, who received dedicated training, carried out post-training follow-up with learners to strengthen learning. MPG also received intensive mentoring support from PU-AMI on structural issues and organizational management. As a result of the project, the organization was legally recognized as an NGO and it went from being a sub-sub-recipient to a Global Fund sub-recipient.

Skills building and combating stigma and discrimination

Entrenched stigma and discrimination in the public health care system had a particularly significant impact on the PHPT and VDH projects, which were facing difficulties providing care to key populations and resistance from health staff, who were sometimes even refusing to provide care. To ensure key populations' human rights are respected and that they have access to healthcare, it is essential to integrate health professionals into projects and to strengthen their skills around combating stigma and discrimination. The MDM and PU-AMI projects did just this and they now experience less stigmatizing behavior. In the Alliance Ukraine project, addressing gender issues in harm reduction centers has changed the way all staff work with women and couples who use drugs. Finally, there is one issue that remains under-explored, that of self-discrimination among key populations, who exclude themselves from care.

Recommendations

- → Carry out systematically:
  - at project start-up: an assessment of the capacity of CBOs and / or a needs assessment involving project beneficiaries to ensure strengthening activities are appropriate.
  - at project end: an assessment of the skills strengthened.
- → Ensure that clear objectives to build the capacity of CBOs are set out.
- → Ensure that a skills transfer plan is developed.

AREA 2

Recognition and legitimacy of key population participation

"I can sit at the same table as a commissioner or an army officer to discuss things, whereas before, that was unimaginable"

Drug user involved in the MDM project in Côte d'Ivoire

Intervention strategies used

Various different strategies have made it possible to recognize the legitimate participation of key populations in the health system:

- → Adapting skills building to beneficiaries (see Area 1);
- → Involving local and national authorities in the project, including through regular communication of results;
- → Involving beneficiaries in the project team, in all aspects of their care and advocacy with the health authorities (see box p.12);
- → Distributing documents or organizing training courses on the recognition of issues relating to drug use and managing drug use linked to gender.

BEST PRACTICE

Integrating people who use drugs into staff teams at MDM and implementing partner organizations has strengthened their sense of belonging to the project, and to even feel like they are "majority shareholders of the project". As a result of this, people who use drugs are now represented in most of the country's coordination and governance bodies. The project enabled Côte d'Ivoire to have epidemiological and behavioral data and strategies to reach this previously ignored target group and, in the process, positioned people who use drugs on the country's health and political agenda. This resulted in them being included as a priority target in the National Strategic Plan for AIDS and funding requests to the Global Fund. In addition, advocacy carried out within the context of the project made the political authorities aware of the need to change laws on drug use, and following authorization by the Ministry of Health, the methadone was introduced as a substitute therapy within the harm reduction strategy.

Half of the projects (MDM, VDH, PHPT, Moto Action) focused on advocating for non-discrimination and access to testing and treatment for target populations. The other four projects, although they did not have a clearly defined advocacy objective, have made progress in the environment by recognizing new vulnerable populations or by expanding the range of testing or prevention services on offer. In the four projects where key populations are at the heart of advocacy, they were both the focus **and the voice of advocacy work**. Advocacy focused on challenging discrimination against key populations, recognition of their participation in health decisions that affect them and even implementation of these decisions. Through their advocacy work, projects were able to make changes in certain areas, in particular in terms of the priority given to key populations and recognition of the legitimacy of their involvement. For example, the AfriCASO project was a pioneer in allowing MSM representatives to formally sit on national decision-making bodies, such as CCMs.

Impact on national strategies

The evaluation concludes that six of the eight projects had a considerable influence on national strategies and have succeeded in transforming the methods of providing care to target key populations:

- → By allowing neglected populations to be taken into account and by providing intervention responses adapted to people who use drugs (MDM), children under five (The Union), transport workers (Moto Action), women and couples who use drugs (Alliance Ukraine).
- → By broadening the range of testing interventions, such as the VDH project, which has proven the feasibility of non-clinical HIV testing for key populations in Haiti and enabled it to be included in the National AIDS Control Program's testing protocol.
- → By transforming the environment for the response to HIV and AIDS, to make it more tolerant and to enable recognition of the technical expertise of people living with HIV (PLHIV) by the Myanmar health authorities (PU-AMI).

In addition to the impact on national strategies, strategies for improving access to HIV testing (VDH) or preventing tuberculosis in children (The Union) have a real potential to influence international recommendations around care for PLHIV and people living with tuberculosis.

The evaluation noted that when projects succeed in influencing national strategies, this almost automatically translates into influence on technical proposals made to the Global Fund, one of the only funders of interventions for key populations. The vast majority of projects were well-aligned with GF grants and with principal recipient (PR) or sub-recipient (SR) project leads. Capacity building provided by the PU-AMI project undoubtedly enabled its partner MPG to go from being an SSR to a SR, thereby promoting ownership in financial participation in the Global Fund by a local organization[2]. However, the experience of the projects evaluated shows that synergy with the Global Fund does not necessarily require close proximity to those managing the grants: rather it is effective coordination of activities that makes it possible to achieve this synergy, as well as implementation autonomy that promotes innovation.

Recommendations

- → **Call for key beneficiary populations to participate in project decision-making bodies from design through to evaluation and monitoring.**
- → **Systematically measure the progress of human rights of key populations (access to healthcare, access to work, integration into the family, etc.) throughout projects.**
- → **In projects focusing on access to healthcare, include a compulsory training component for health professionals and advocacy aimed at political decision-makers on issues relating to key populations.**
- → **Promote projects enabling improvements to the legal environment relating to the human rights of key populations.**

2. See box p.10

AREA 3
A broad and inclusive partnership

"It is the first time we have been considered as real stakeholders and not just beneficiaries. We have felt a level of empowerment that we never had before."

Manager of an AfriCASO project implementation partner

All projects were based on solid partnerships and strong capacity to listen to partners. The majority of project leads prioritized the involvement of partners during project development and included a strong skills-building component[3]. Establishing these partnerships was based on the following points:

→ **Long-standing partnership**: most partnerships existed before the project was conceived. For example, AfriCASO partnered with MSM organizations that they had a long history of working with through their affiliation to the regional coalition, AMSHeR.

→ **Multiple complementary partners**: most projects have various partners that bring added value and different expertise: implementing partners, partners they link with on specific aspects of the project (healthcare facilities for the referral of people diagnosed with HIV, national or international advocacy organizations), public service partners...

→ **Focus on geographical coverage of the project**: Moto Action worked with partners with a presence in different regions to be able to cover the entire country (Cameroon). Conversely, some projects have been limited to a geographical area due to a lack of partners or because the project lead was more comfortable working in a restricted area. For the VDH project, the strategic positioning of key population organizations, such as lesbian, gay, bisexual, transgender and sex worker organizations, as well as their geographical synergy, were real factors for project mobilization and for its success.

3. See Area 1.

→ **Flexibility of the project to adapt to needs that emerge during implementation**: when the needs assessment showed that PLHIV were keen to focus on improved family and structural management, PU-AMI involved Entrepreneurs du monde in its partnership to have skills that were essential to the project. Likewise, PHPT joined forces with MAP Foundation to benefit from their expertise on migrants, the need for which was identified after the start of the project[4].

BEST PRACTICE

The PHPT project partner, the MAP Foundation, works with migrants in the Chiang Mai area in Thailand. This partnership with an organization which already has the required linguistic and cultural capacity has made it possible to tackle the subject of HIV and other infections in a non-stigmatizing manner. The organization's staff and a laboratory technician were trained on providing HIV testing and the MAP Foundation was integrated into a referral network: while the project made it possible to finance the start-up of care for migrants testing HIV-positive, MAP Foundation staff were also able to make changes to allow them to integrate into the health system, which is free in Thailand. This partnership has made it possible to truly improve access to HIV, hepatitis and syphilis screening and care for migrants.

4. See box.

Promoting equitable participation of key populations has been carried out differently depending on where project leads originate: for projects carried out by organizations in the south, the participation of CBOs of key populations is mainly based on collegial decision-making and co-management of activities. While for projects led by organizations in the north, different approaches were used:

→ In MdM and PU-AMI projects, mentoring / coaching enables excellent ownership of the project by CBOs. PU-AMI has all but disappeared from the HIV and AIDS response landscape in Myanmar, as MPG take the lead.

→ The Moto Action project opted for fairly horizontal project delivery, with the involvement of transport workers, and PHPT have set up community research councils (see box).

→ The Alliance Ukraine project adopted a traditional approach, with a rather marginal involvement of key populations in the strategic and operational decisions of the project.

Recommendations

While access to harm reduction and testing services was improved in certain projects, access to care, such as treatment and adherence support, was an area that was overlooked in the majority of projects. It is therefore recommended to:

→ Request guarantees of access to care for all testing projects through partnerships established before the start of the project.

→ Encourage partnerships that guarantee comprehensive provision throughout the care cascade, from prevention to achieving and maintaining viral load suppression, and taking into account co-infections.

Conclusion

The cross-cutting evaluation demonstrated that nearly all of the evaluated projects have proven to be particularly relevant and clearly effective in their implementation. The projects were able to generate positive outcomes for key populations in terms of public health, which were used by countries to change health policies in general and to respond to AIDS in particular.

This evaluation made it possible to learn lessons that can be capitalized on as good practices, not only within countries covered by the evaluation, but also in others, by contributing to strengthening the response to the HIV and tuberculosis epidemics.

The evaluation also made it possible to identify limitations in project implementation and areas for improvement, which could guide future interventions by L'Initiative projects.

Among them, the reduction of gender disparities, particularly in terms of access to care, services and resources, should be strongly encouraged, even for projects targeting men and children. Differentiated approaches must be presented to take into account vulnerability factors and gender-specific needs of women and men, as well as gender differences in care pathways.

REFLECTIONS

L'Initiative continues to have a targeted focus on key populations. Access to services for the most vulnerable populations and gender mainstreaming are now identified as a priority in our 2020-2022 strategy.

Since 2016, a call for projects focused on access to quality health services for marginalized populations has been launched annually. Through this mechanism, the MDM, PHPT and Moto Action projects have received a second round of funding, which will make it possible to scale up the impact made to date.

Between 2016 and 2019, 32 new projects targeting marginalized populations were selected, totaling more than 33 million Euros.

ACRONYMS AND ABBREVIATIONS

AMSHeR	African Men for Sexual Health and Rights
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
MSM	Men who have sex with men
CBO	Community-based organization
CSO	Civil Society Organization
NGO	Non-Governmental Organization
PE	Peer educators
NACP	National AIDS Control Program
PLHIV	Person living with HIV
HR	Harm reduction
DU	Drug user
HIV	Human Immunodeficiency Virus

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 full and overview versions, in French and in English:

This cross-cutting evaluation was carried out by Dr Fatim Louise Dia, Dr Hélène Rossert and Dr Abdoulaye Wade from OASYS firm, between April 2018 and February 2019.

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

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official point of view of Expertise France or of the organizations and projects evaluated.

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