



FINAL EVALUATION

STRENGTHENING THE INVOLVEMENT OF DISADVANTAGED URBAN COMMUNITIES IN MADAGASCAR IN QUALITY SCREENING AND CARE (TB AND HIV/AIDS)

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EVALUATION DATES: MAY-NOVEMBER 2024



COUNTRY:
MADAGASCAR



BUDGET:
€675,452



**LEAD
ORGANIZATION:**
ATIA

PARTNERS:
KOLOAINA, VAHATRA
MAMPITA



START DATE:
07/01/2021

END DATE:
30/06/2024

THE PROJECT

Background

In Madagascar, access to health care is limited due to an underfunded health system and significant human resource constraints. Despite a policy being in place for free TB care and there being significant commitments at national and international levels, TB remains endemic with an incidence rate of 233 per 100,000 population. Social factors, such as poverty, stigma, overpopulation and gender issues, contribute to the spread of TB and to drug resistance, and impact access to health care for people living in poverty in urban areas. Factors that impact people defaulting on their treatment include lack of food, alcoholism, lack of transportation, family conflicts, and patients not prioritizing their treatment.

Project operating model

The RAITRA project is led by the NGO ATIA in collaboration with three national NGOs in different regions: Koloaina (Antananarivo), Vahatra (Antsirabe) and Mampita (Mahajanga). These three NGOs implement project activities in disadvantaged neighborhoods through their networks of community facilitators. They support patients that have been put on anti-tuberculosis treatment in treatment and testing centers to improve their adherence to treatment and prevent drug-resistant tuberculosis. Community workers in the project areas are also involved in patient monitoring. Communities in these neighborhoods are regularly sensitized on TB prevention and screening, and to a lesser extent on HIV and malaria.

OBJECTIVES

Overall objective

Contribute to the involvement of vulnerable urban communities in programs to combat tuberculosis (TB), HIV and malaria in Madagascar.

Specific objectives

- ▶ Communities in the supported disadvantaged neighborhoods have more adequate knowledge and practices to prevent and manage TB transmission.
- ▶ National control programs for the three diseases involve a greater number of community health actors in a more accountable way in their interventions and the control/response system as a whole.
- ▶ The three NGO partners are operating independently in terms of inclusive TB community health techniques and local advocacy against gender imbalances, and have integrated this into all of their interventions.

EVALUATION RESULTS

Relevance

Needs were identified based on the experiences of ATIA and NGO partners working with particularly vulnerable populations in neighborhoods identified as high-risk. These are neighborhoods that are overpopulated with poor sanitary conditions, where people often suffer from malnutrition, which are conditions conducive to increased transmission of tuberculosis. It is therefore relevant to target these populations in the context of the project. The KAP survey conducted at the beginning of the project generated information around TB knowledge, but little data on practices and barriers around accessing screening and adherence to treatment.

Effectiveness

24 community facilitators supported 1,948 patients on anti-tuberculosis treatment through home visits to ensure they regularly take their treatment. 37 community workers were trained. Collaboration was difficult at the start of the project due to a lack of understanding of the role of social facilitators, but this improved later on. Awareness-raising activities, mainly on tuberculosis, were carried out in treatment and testing centers, in neighborhoods and during the delivery of community care services. Active screening sessions were organized with the health system to test suspected TB cases and identify positive cases, but this was not a generalized approach taken by the project.

Efficiency

RAITRA experienced changes within the team during the project, for various different reasons. Methodological guides and awareness-raising tools were provided to teams during implementation. NGOs developed their tools independently, which raises questions in terms of duplication of effort and resources. The flexibility shown by Expertise France in terms of accepting extensions on reporting and adapting budget lines, has facilitated implementation.

Impact

Psychosocial support has had an impact on adherence to treatment among vulnerable populations and has reduced dropout rates to less than 2%. The NTCP's target is to keep rates of loss to follow up below 7%. Although the health authorities are interested in the project's results, they do not plan to take into account vulnerable populations in a targeted way. It is difficult to assess the impact of awareness-raising interventions. Conducting active screening during awareness sessions provides significant potential to improve screening rates. The potential for cooperation between social NGOs and the health system have been demonstrated.

Sustainability

Despite the clear contribution of community facilitators to reducing TB treatment dropout rates, questions remain about how these roles will be funded, as it is difficult to envisage this cost being integrated into the health system. The involvement of social NGOs in community health remains anecdotal and requires external resources. It is likely that community workers, whose capacities have been strengthened, can continue to be involved, but this will depend on the ability of the health system to maintain their incentives and supervision.



Conclusions and recommendations

The project made it possible to improve adherence to anti-tuberculosis treatment among patients in the target areas through close monitoring of patients by community facilitators. Although this approach has been appreciated by institutional partners, it can only be continued beyond the project's lifetime through external funding.

The project strengthened the skills of partner NGOs and community facilitators around TB, HIV and malaria, and of community workers involved in psychosocial support and interpersonal communication interventions.

Collaboration between NGOs and institutional partners took a long time to be established, however the mechanisms that have been put in place have helped to strengthen more individualized follow-up for patients during treatment and have demonstrated the potential for this collaborative approach.

Recommendations to the lead implementer and implementing actors:

- ▶ Linking social and health interventions has significant potential, however, it is necessary to have a clear concept and ensure early involvement of all partners to develop the approaches, in order to ensure their buy-in.
- ▶ Continue to conduct advocacy with health authorities to take into account the specific context for populations in high-risk neighborhoods, by developing a strategy based on disaggregated data on these population groups.
- ▶ More specific targeting of awareness messages based on the different barriers to screening and adherence to treatment.
- ▶ Take into account the broader context and maintain relationships with all actors involved in the response to TB and HIV, beyond institutional partners.
- ▶ Increase monitoring of community facilitators and have a clear strategy on gender issues to enable them to provide more practical and comprehensive support to the families they work with.

Recommendations to institutional partners:

- ▶ Collaboration with social NGOs has proven beneficial in the response to TB among vulnerable families. If health authorities were to systematically collaborate in this way, it would certainly contribute to improving adherence to treatment and reduce dropout rates.
- ▶ Maintain incentives for community workers, whose role is essential in the TB response, through capitalizing on the skills they have acquired through the project.

Recommendations for L'Initiative:

- ▶ Support the establishment of a monitoring system with clearly defined and measurable indicators, and the collection of data disaggregated by characteristics of the target populations. This will make it possible to hone targeting of Expertise France interventions and document lessons learned in very specific intervention contexts with vulnerable populations.

DECEMBER 2024