EVALUATION OVERVIEW

L'INITIATIVE
sida, tuberculose, paludisme

CROSS-CUTTING EVALUATION

EVALUATION OF L'INITIATIVE'S INTERVENTIONS IN UKRAINE (2022-2025)

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EVALUATION DATES: MARCH – JUNE 2025

COUNTRY:
UKRAINE

BUDGET :
€9,000,000

LEAD ORGANIZATIONS:
AFEW Ukraine
Alliance for Public Health 100% Life
TB People Ukraine
Alliance, UPHC

INTERVENTIONS OF L'INITIATIVE

Background

Between 2022 and 2025, Ukraine experienced an unprecedented humanitarian and health crisis following the full-scale invasion by the Russian Federation. Over 6.3 million people fled the country, with millions more displaced internally. Health systems were severely impacted, with more than 3,300 health facilities damaged or destroyed. L'Initiative responded by mobilizing €9 million through three funding modalities: the Emergency Fund for Ukraine (FUU), Technical Assistance (TA), and Appel à Projets (AAP). These interventions supported urgent health needs, including HIV and TB services, harm reduction, and psychosocial care, while helping local actors maintain service delivery and advance key reforms despite the war. Civil society organizations played a crucial role, adapting services through mobile clinics, telemedicine, and peer-led models to reach vulnerable populations under extreme conditions.

Portfolio of the inverventions

L'Initiative deployed a multi-modal approach, mobilizing €9 million between 2022 and 2025: (i) Emergency Fund for Ukraine (FUU): Rapid funding to CSOs and international NGOs to address emergencies and maintain harm reduction services. (ii) Technical Assistance (TA): Short-term missions to public institutions on HIV governance, TB planning, and pharmaceutical management. (iii) Appel à projets (AAP): Structured projects led by Ukrainian actors. The approach was flexible, allowing continuous adaptation of activities. Coordination was supported by national authorities, multilateral actors, and humanitarian partners. CSOs played a central role.

OBJECTIVES

Overall objective

The evaluation aimed to assess the relevance, coherence, effectiveness, efficiency, impact, and sustainability of L'Initiative's €9 million portfolio in Ukraine (2022–2025), covering eight projects across emergency funding, technical assistance, and grants. It also examined the added value of L'Initiative's support in a conflict-affected setting, with a focus on system strengthening, support to key populations, and the humanitarian–development nexus.

Specific objectives

- Assess the results and effects of L'Initiative's interventions since 2022, including contributions to service continuity, civil society support, and system resilience.
- Analyze the coherence and complementarity of the three modalities (FUU, TA, AAP) in the Ukrainian context.
- Identify lessons and strategic recommendations to guide future interventions in crisis-affected and transition settings.

The evaluation used a mixed-methods approach and applied OECD-DAC criteria (relevance, coherence, effectiveness, efficiency, impact, and sustainability), expanded to include cross-cutting themes such as humanitarian–development linkages and L'Initiative's catalytic role.

EVALUATION RESULTS

Relevance
FUU and AAP projects were highly aligned with emergency needs and targeted critical gaps in harm reduction, HIV/TB care, and psychosocial support. They focused on key populations–youth, LGBTQ+, persons who use drugs, especially women–often neglected by major donors. TA relevance was more mixed, as some missions lacked alignment with rapidly shifting institutional priorities or had unclear scopes.

Coherence
Funded interventions complemented Global Fund and PEPFAR programs, addressing areas such as gender-sensitive opiod substitution therapy (OST), mobile outreach, and community-led testing. Coordination improved through engagement with the UPHC, WHO, and other partners, but TA integration into national processes remained uneven.

Effectiveness
Projects delivered strong service outcomes: thousands accessed HIV and TB services in disrupted regions; OST coverage expanded; and peer-led support networks were strengthened. TA achieved some strategic results (e.g., roadmap on pediatric TB, input on pharmaceutical reforms), but limited follow-through on certain assignments reduced long-term effectiveness.

Efficiency
Emergency funding (FUU) was disbursed rapidly with simplified procedures, enabling fast implementation even in unstable zones. Adaptive management allowed partners to modify activities in response to evolving needs, though delays in procurement and security disruptions occasionally affected timelines.

Humanitarian and Development Nexus
The portfolio successfully linked emergency and development logic. Civil society actors moved from crisis response to long-term models (e.g., mobile units, harm reduction in shelters). TA lacked continuity to fully support systemic transitions but helped initiate reforms in some sectors.

Impact
Innovations like PrEP via teleconsultation, mobile clinics for adolescents, and TB screening in prisons gained visibility and, in some cases, policy traction. Beneficiaries were often trained as peer educators, creating a ripple effect in community resilience. Institutional uptake of TA outputs was uneven, depending on timing, demand, and staff availability. TA offered strategic value in launching institutional dialogue (e.g., pediatric TB, pharmaceutical reform), but suffered from mismatched expectations, short timelines, and limited follow-up.

Sustainability
A few practices–digital reporting tools, OST adaptations, and peer education models–are being integrated by national actors or continued with new donor funding. However, most interventions remain externally dependent, and limited absorption by the Ministry of Health constrains long-term sustainability.
TA uptake was uneven, in part due to the novelty of the modality in Ukraine and shifting institutional priorities. The three modalities were complementary but often implemented in parallel, with missed opportunities for learning and coordination.
Sustainability of the results remains fragile. While some models have gained traction or been adopted by public actors, most activities remain donor-dependent and face limited integration into national systems. Continued support is needed to protect gains and support long-term resilience.

Conclusions and **recommendations**

Between 2022 and 2025, L'Initiative mobilized €9M to support Ukraine through three complementary funding modalities: the Emergency Fund (FUU), Technical Assistance (TA), and Appel à projets (AAP). The response was timely, relevant, and well-adapted to the wartime context. Emergency and AAP projects reached thousands of vulnerable people with essential services, particularly in HIV, TB, mental health, harm reduction, and psychosocial care. Civil society played a leading role in delivering these services through innovative models such as mobile units, peer educators, and telemedicine, with strong results in OST access for women, TB screening in prisons, and digital PrEP access.

Recommendations:

- Strengthen in-country presence through a local representative or focal point to improve visibility and coordination.
- Prioritize short-term, high-impact TA, co-designed with national counterparts, with built-in follow-up mechanisms.
- Support formal adoption and scale-up of community-led models (e.g., mobile clinics, peer navigators, gender-sensitive OST) through policy engagement.
- Simplify funding access for grassroots CSOs by streamlining application and reporting processes.
- Expand thematic focus to include underserved areas like mental health, poly-substance use, and displaced populations.
- Improve MEL systems across all modalities with clearer outcome indicators, baseline data, and systematic results tracking.
- Enhance synergy between funding streams by developing shared objectives and learning platforms across FUU, TA, and AAP.

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